What is the purpose of this form?
This form is used to notify the Florida Department of Environmental Protection (FDEP) of regulated waste activities taking place at sites located in Florida. It is designed to help generators, transporters and processors of hazardous waste, universal waste and used oil meet both the federal and state notification requirements. It is also used to update information previously supplied to FDEP, and to notify FDEP when the facility closes, goes out of business, and other changes.

Who must fill out this form?
The Florida hazardous waste rules require that certain information be submitted by any site that generates hazardous waste, transports hazardous waste, or operates a treatment/storage/disposal facility (TSDF) for hazardous waste. Included are facilities that manage, in any month, over 100 kilograms (kg) [220 pounds (lbs)] of hazardous waste regulated under the Resource Conservation and Recovery Act (RCRA), or 1 kg of acute RCRA hazardous waste; or 5,000 kg (11,000 lbs) or more of combined universal waste on-site at any one time. Sites that manage, transport and/or process used oil must notify; generators of used oil destined for recycling do not need to notify. This form should also be used to notify FDEP of changes in previously submitted information, including status of hazardous waste generators.

An EPA identification number must be obtained before beginning hazardous waste activities, except for Conditionally Exempt Small Quantity Generators (CESQGs) who are exempt from this regulation under Title 40 Code of Federal Regulations (CFR), §261.5. CESQGs generate no more than 100 kg (220 lbs) of hazardous waste in any month.

Temporary/Emergency identification numbers are handled by the FDEP district offices. If you need a Temporary/Emergency identification number for a one-time generation of hazardous waste or for an emergency clean-up, contact the district office handling the county in which your hazardous waste generation will occur. See the attached FDEP Regulatory District Map for contact information.

Where can I get, help filling out this form?
In addition to reading these instructions, you can obtain further guidance in filling out this form by:

- Visiting our web site at http://www.dep.state.fl.us/waste/categories/hazardous/pages/publications.htm where you will find electronic versions of these documents and additional notification information;
- Calling us at (850) 245-8761 from 8:00 AM to 5:00 PM, Monday through Friday. We can help you go through the form item by item, if you wish, or answer any specific questions you may have.

Where do I send this form once completed?
Please mail signed form and any related correspondence to:

EPA ID Notification Coordinator
Hazardous Waste Program MS 4560
Department of Environmental Protection
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

After I submit this form, will I hear back from you?
After we have entered your information into our database, you should receive a confirmation letter from us within two weeks. If you do not receive a confirmation letter stating that we received your notification form within 30 days of sending it to us, please call the hazardous waste program at (850) 245-8761.
To start filling out this form, please place any Environmental Protection Agency (EPA) identification number that was previously assigned to your site address in the box in the upper left hand corner of the notification form. If you are not sure whether your site already has an identification number, please contact the district office serving your county for assistance in searching our database (see attached District Map). If, to your knowledge, your site has never been assigned a number, please leave the box blank and we will provide you with a new number. Please continue through each item on this form to supply us with the necessary information to assign a number for your site.

Item 1. Choose the correct box to indicate the reason for submittal.

**Initial Notification:** Put an “X” in this box if this is (as far as you know) the first time a notification form has been submitted for this site address.

**Subsequent Notification:** Put an “X” in this box if this form is to change information that was previously supplied on a notification form. Provide updated status and facility identification information in pertinent sections of the form.

**Final Notification:** Put an “X” in this box if this facility has closed or moved and this is the last notification form for this site address. Note: all applicable items of this form must be completed even if the facility has closed or moved.

**FL Registration(s):** Put an “X” in this box if this facility is a UW Mercury, HW Transporter and/or Used Oil.

Item 2. **Facility or Business Name:** Provide the legal company name of your facility as it will appear on your manifests. If the company is doing business under another name (d/b/a), include this information on this line and indicate which name will appear on the manifest.

Item 3. **Facility Operator:** Enter the name of the facility operator, the “Date Became Owner” (mm/dd/yyyy), complete mailing address and put an “X” in the operator-type box that applies to the facility. The operator is the person responsible for the overall operation of a RCRA facility. Note: Florida Statutes defines person as “any and all persons, natural or artificial, including any individual, firm, or association; any municipal or private corporation organized or existing under the laws of this state or any other state; any county of this state; and any governmental agency of this state or the Federal Government.” The facility operator is the legal entity which controls the RCRA operation rather than the plant or facility manager. This is usually a company or business name, not an individual. List additional operators in the Comments section on page 5.

Item 4. **Physical Facility Location Information:** Provide the complete location address (number, street, town and county) of the site. This must be a physical address and not a post office box or rural route number. If the facility cannot be assigned a street name and number, attach a legal description of the property and its parcel number as assigned by the county Property Appraiser. If the mailing address and facility operator (Item 3) address are the same, check the same box and indicate which item number it matches. Note: A new EPA Identification Number is required if you change the location of your site.
Item 5. North American Industry Classification System (NAICS) Code(s):

Box A Provide the North American Industry Classification System (NAICS) code that best describes the primary products or services provided by your facility.

Boxes B – D List other NAICS codes that describe the primary products and services provided by your facility.

You can obtain NAICS codes from the following sources:
- NAICS web site at [http://www.naics.com](http://www.naics.com),
- Income Tax Form 1120 series,
- Some libraries, or
- From our department (by request).

Item 6. Facility Mailing Address: Provide the mailing address of the facility. If the mailing address and the physical location (Item 4) and/or facility operator (Item 3) address are the same, check the same box and indicate which item number it matches.

Item 7. Facility Contact Person: Enter the name, title, telephone number and extension, e-mail address and mailing address of the employee who should be contacted regarding this site’s hazardous and regulated waste activities. If the mailing address is the same in any of the above items, check the same box and indicate which item number it matches. DO NOT enter the name of your facility’s hazardous waste contractor.

Item 8. Real Property Owner:
For all owners of this site, please provide the following information:
- Legal Owner
- Date Became an Owner (mm/dd/yyyy)
- Complete mailing address
- Phone number
- Owner Type: Put an “X” in the box that best describes the owner type. If you have an owner/operator type not listed, please put an “X” in the “Other” box and write the appropriate owner/operator type in the space provided.

We have provided room for one owner/operator; please list additional owners/operators in the Comments section (Item 16) on page 5 or attach additional sheets.

Type of Regulated Waste Activity:

Item 9. A. Hazardous Waste Activities: Put an “X” in the applicable box(es) to indicate which hazardous waste activities are being conducted at this site. For Items (1) a. through (1) c., choose only one box; for the remainder, please choose all that apply.

Item 9. A. (1) Generator of Hazardous Waste
a. Large Quantity Generator (LQG)
Put an “X” in this box if your site meets any of the following criteria, at least once a year.
- Generates in any one calendar month 1,000 kg (2200 lbs) or more of hazardous waste,
- Generates in any one calendar month or accumulates at any one time more than 1 kg (2.2 lbs) of acute hazardous waste, or
- Generates in any one calendar month, or accumulate at any one time, more than 100 kg (220 lbs) of spill cleanup material contaminated with RCRA acute hazardous waste.
b. **Small Quantity Generator (SQG)**
   Put an “X” in this box if your site generates in any one calendar month more than 100 kg but less than 1,000 kg (220 lbs to 2,200 lbs) of hazardous waste, at least once a year.

c. **Conditionally Exempt SQG (CESQG)**
   Put an “X” in this box if your site generates in any one calendar month no more than 100 kg (220 lbs) of hazardous waste and less than 1 kg (2.2 lbs) of acute hazardous waste, and has not accumulated at any one time more than 1000 kg of hazardous waste or 1 kg of acute hazardous waste.

d. **Short-Term Generator**
   Put an “X” in this box if your site is a one-time generator and is not considered on-going.

e. **Episodic Generator**
   Put an “X” in this box if your site has no more than 1 episodic higher quantity waste generation event per year and indicate if this episodic event is an SQG or an LQG quantity. An episodic higher quantity waste generation event is the generation in any one month of the minimum quantity to place the facility into a higher status (100 KG for SQG, 1000 KG or 1 KG of Acute waste for LQG). For examples: If your facility generally generates 20 KG/month except for an annual cleanout of 1200 KG, you would be a CESQG and an Episodic LQG. If the facility generated the 1200 KG twice (or more) a year you would be an LQG and not Episodic. If the 20 KG facility generated 120 KG every 2 or 3 years you would be a CESQG and an Episodic SQG. If your facility generally generates 120 KG/month except for a cleanout every 2 or 3 years of 1200 KG, you would be an SQG and an Episodic LQG.

f. **United States Importer of Hazardous Waste**
   Put an “X” in the box if you import hazardous waste from another country into the United States. Refer to 40 CFR §262.60 for additional information.

g. **Mixed Waste Generator**
   Put an “X” in the box if you are a generator of mixed waste (waste that is both hazardous and radioactive). RCRA defines “mixed waste” as waste that contains both hazardous waste and source, special nuclear, or by-product material subject to the Atomic Energy Act (AEA).

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**Item 9. A. (2) Treater, Stored, or Disposer of Hazardous Waste:**

*Do not complete this section if all of the following are true: (1) your facility hires another company to dispose of hazardous wastes from the site, and (2) storage or treatment of hazardous waste at your site complies with the generator requirements in 40 CFR §262.34, and (3) your site does not have any postclosure or corrective action obligations.*

If you have a permit to treat, store, or dispose of regulated hazardous waste at your site, or if your site is not permitted to treat, store or dispose of regulated hazardous but your site has on-going postclosure or corrective obligations via a permit or consent order (Hazardous and Solid Waste Amendments (HSWA), etc.), put an “X” in the correct box or boxes below. (Burning hazardous wastes in boilers and industrial furnaces and storing hazardous wastes before recycling them fall into this category as well if the activities require a permit. Disposal may include the presence of contaminated media at or under your site.) A hazardous waste permit is required for the operating TSD activities and may be required for postclosure or corrective action. Call our hazardous waste permitting staff at (850) 245-8792 for more details.
Item 9. A. (3) **Recycler of Hazardous Waste:**
If you recycle regulated hazardous wastes (recyclable materials), put an “X” in this box and specify whether you are a commercial or non-commercial recycler. In some cases, a permit is required for this activity. You may contact our hazardous waste permitting staff at (850) 245-8792 for more details.

Item 9. A. (4) **Exempt Boiler and/or Industrial furnace:**
   a. If you burn small quantities of hazardous waste in an on-site boiler or industrial furnace in accordance with the conditions in 40 CFR §266.108, put an “X” in this box to indicate that you qualify for the Small Quantity On-Site Burner Exemption.
   
   b. If you process hazardous wastes in a smelting, melting, or refining furnace solely for metals recovery, as described in 40 CFR §266.100(d), or to recover economically significant amounts of precious metals, as described in 40 CFR §266.100(g), or if you process hazardous wastes in a lead recovery furnace to recover lead, as described in 40 CFR §266.100(h), put an “X” in this box to indicate that you qualify for the Smelting, Melting, and Refining Furnace Exemption.

Item 9. A. (5) **Person Authorized to Manage Conditionally Exempt Waste generated at other facilities:**
Put an “X” in this box if you consolidate hazardous waste from sites that generate no more than 100 kg (220 lb.) of hazardous waste per month. If you choose this box, attach the appropriate documents indicating authorization.

Item 9. A. (6) **Receives Hazardous Waste from Offsite:**
Put an “X” in this box if you receive hazardous waste from offsite.

Item 9. A. (7) **Underground Injection Control (UIC):**
If you generate, treat, store, or dispose of hazardous waste and there is an underground injection well located at your site, put an “X” in this box, even if the UIC well is not used for disposal of hazardous waste. The Federal regulations for operators or owners of underground injection wells are found in 40 CFR Part 148. Contact the Department for permit information.

Item 10. A. **Waste Codes:** List the appropriate waste codes as they are listed in 40 CFR Part 261. If you are unsure of wastes or waste number, contact your transporter or the Department’s Hazardous Waste Program staff at (850) 245-8792.

**Below is as useful link for filling out waste codes:**

Item 11. **Other Status Changes:**
If no longer handling waste or closed, sections 9 and 10 should be blank and skip Section 12-16.

Item 11. A. **Non-Handler of Regulated Waste at This Facility:**
Put an “X” in the applicable box(es) if waste generation changes have occurred at your facility.

Note: Sections 9, 10 and 12-16 should be blank.

Item 11. B. **Facility Closed:** Please notify if your facility has closed or moved by putting an “X” in the applicable box(es). If a facility moves to another physical location, then it should apply for a new EPA ID number as the numbers are site specific and cannot be transferred to another location.

Item 11. C. and D. **Property Tax Default and Bankruptcy:** Please put an “X” in the applicable box.
Item 12-14 Registration Activities Contact Information:
Please fill this section out only if this submission is a Registration or Registration information update: Put an “X” in this box if the facility RCRA contact is the same as page 1. Put an “X” in this box if this contract is for HW Transporter, Used Oil Handler and/or Universal Waste. If the contact is not the same as page 1. Please enter the name of the facility contact, title, phone number and extension, email address and mailing address.

Item 12. Universal Waste (UW) Activities: UW’s are specific hazardous wastes that may be managed under the streamlined hazardous waste regulations in 40 CFR §273 and state rules. In Florida, universal wastes include most rechargeable batteries; pesticides that are recalled or collected under a pesticide waste collection program; mercury-containing thermostats and devices such as manometers and switches; mercury-containing lamps such as fluorescent lamps that are recycled; and hazardous pharmaceutical wastes.

Item 12. A. Federal Notification:
Put an “X” in all box(es) that apply to each UW accumulated at your site at any one time:

If you accumulate 5,000 kg (11,000 lbs) or more total of any one type of UW or all types of UW combined, you will be considered a Large Quantity Handler (LQH) of UW.

However, if you accumulate more than 1kg of acute hazardous (P-listed) pharmaceuticals, you will be considered an LQH of Universal Pharmaceutical Waste (UPW).

For mercury-containing lamps, 4 lamps = 1 kg [62-737.200(10), F.A.C.]

For Destination Facility for universal waste the facility must treat, dispose or recycle universal waste. A permit is required for the storage prior to recycling. Please call our hazardous waste permitting staff at (850) 245-8792 for more details.

Item 12. B. Florida Universal Pharmaceutical Waste (UPW):
This is a one-time registration for PUW. Put an “X” in all box(es) that apply to the facility.

If you accumulate 5,000 kg (11,000 lbs) or more total of any one type of UPW or all types of UPW combined, you will be considered a Large Quantity Handler (LQH) of UPW.

However, if you accumulate more than 1kg of acute hazardous (P-listed) pharmaceuticals, you will be considered an LQH of Universal Pharmaceutical Waste (UPW).

For Reverse Distributor for Universal Pharmaceutical Waste (UPW): Put an “X” in the box following Reverse Distributor of UPW if:

a. You are a person engaged in the reverse distribution of prescription drugs who operates a warehouse licensed by the Drugs, Devices, and Cosmetics Program of the Florida Department of Health, under Chapter 499, F.S., as a reverse distributor; and you have management systems in place to ensure compliance with applicable requirements of 40 CFR Parts 260 through 273.

Item 12. C. Florida Annual Mercury Handler Registration:
For-hire transporters, transfer facilities, handlers, reclamation and recovery facilities, and destination facilities of Mercury-Containing lamps and devices in the State of Florida are required to register annually with the Department using this section of the form [Chapter 62-737, F.A.C.]. A one-time fee of $1,000 is required for first time registration as Large Quantity for-hire Handler of Mercury-
Containing lamps and devices as detailed below (please contact Universal Waste/Mercury Section at (850) 245-8759).

If you only generate lamps and/or devices or manage pharmaceuticals, do not register or complete the information below.

Item 12. C. (1) **Florida Registration of Universal Waste (UW) Transporter/Handler for-hire:**

Put an “X” in all box(es) that apply to the facility.

If you accumulate less than 5,000 kg (11,000 lbs) of any one type of UW you will be considered a Small Quantity Handler (SQH) of UW.

However, if you accumulate 1 kg of less of acute hazardous (P-listed) pharmaceuticals, you will be considered a Small Quantity Handler (SQH) of Universal Pharmaceutical Waste (UPW).

Reminder if the facility is a For-hire Transporter/Transfer Facility of Universal Waste Mercury-Containing Lamps or Devices, Mercury-containing devices (thermostats, etc.) SQH = less than 100 kg accumulated by for-hire handler and/or Mercury-containing lamps SQH = less than 2,000 kg (8,000 lamps) accumulated by for-hire handler. You are required to submit an Annual Registration.

If the facility is a Mercury-containing devices Large Quantity Handler (LQH) = 100 kg (220 lb.) or more accumulated at any one time by for-hire handler and/or Mercury-containing lamps LQH = 2,000 kg (4400 lbs/8,000 lamps) or more accumulated by for-hire handler. You’re required to submit an Annual report, one-time $1,000 fee and other requirements. Please contact Universal Waste/ Mercury Section at (850)245-8759 for these requirements.

Item 12. C. (2) **Mercury Recovery and/or Reclamation Facility:**

Put an “X” in the box that applies to this facility.

Please note that a hazardous waste permit is required for this activity. Please contact the Universal Waste/Mercury Section at (850) 245-8759 for more information.

Item 13. **Other State Regulated Waste Activities:**

Put an “X” in the box that apply to what type of Petroleum Contact Water (PCW) that this facility handles.

Note: A water facility permit may be required for this activity. An annual report is required for a recovery facility [62-740.300(5)]

Item 14. **Transporter of Hazardous Waste:**

Transporters of and Transfer Facilities for Hazardous Waste in the State of Florida are required to register and annually renew their registration. Evidence of Casualty/Liability Insurance Pursuant to 62-730.170(2)(a) is required in addition to this registration. Transfer Facilities must submit several additional documents as detailed on page 5 the first time they register and when the information changes. Registered Transporters and Transfer Facilities may only begin operations after receiving approval from the Department.

Generators of Hazardous waste who transport waste only within the boundaries of their facility should not register.

The applicable Florida Hazardous Waste Rules can be obtained by calling (850) 245-8778.

*This section does not apply to a facility that hires another company to transport hazardous wastes from its site or to CESQGs who transport only their own wastes.*
Item 14. **HW Transporter Registration information:**
Put an “X” in the box that applies to this facility (Initial notification, Renewal, Notification of changes and Cancel Registration).

Put an “X” for only one of the following options:
1. For own waste only
2. For commercial purposes
3. Both commercial and own waste

Transportation Mode: Indicate all modes of transportation that you use by putting an “X” in the box in front of each mode of transportation that you use: air, rail, highway, water and/or other. If you choose the box in front of “Other,” specify the other mode of transportation on the line provided.

Hazardous Waste Transporter Insurance Information: Provide all the requested insurance information in the spaces provided. If additional space is needed continue in Comments section (Item 16) on page 5.

Item 14. B. **HW Transfer Facility Registration information**
Florida requires any location where hazardous waste is stored for more than 24 hours but ten days or less to be registered as a **Hazardous Waste Transfer Facility** and to renew that registration annually.

Put an “X” in the box that applies to this facility (Initial notification, Renewal, Notification of changes and Cancel Registration).

Note: Hazardous Waste transfer facilities must comply with the requirements of Rule 62-730.171, F.A.C., and Rule 62-730.182, F.A.C.

Please indicate where the Transfer Facility records are kept Rule 62-730.171(6), F.A.C., and the EPA ID Number of the HW Transporter who carries the insurance for this Transfer Facility.

**Please see the top of page 5 for additional items that must be submitted in addition to the above registration for Hazardous Waste.**

Put an “X” in the box that applies to this facility (Initial notification, Renewal Notification of changes and Cancel Registration).

Item 14. Cont. **The following is located on top of page 5. Please indicate with an “X” if they apply to this facility:**

**Hazardous Waste Transfer Facilities:** In addition to the registration required for transfer Facilities on Page 4, Section 14, the following items are required to be submitted with the initial notification for a transfer facility and any changed items must be submitted with any subsequent submission [Rule 62-730.171(3), Florida Administrative Code (F.A.C.)]:

Certification by a responsible corporate officer of the transporter that the proposed location satisfies the criteria of

- Evidence of the transporter's financial responsibility [Rule 62-730.171(3)(a)3., F.A.C.]
- A brief general description of the transfer facility operations [Rule 62-730.171(3)(a)4., F.A.C.]
- A copy of the facility closure plan [Rule 62-730.171(3)(a)5., F.A.C.]
- A copy of the contingency and emergency plan [Rule 62-730.171(3)(a)6., F.A.C.]
- A map or maps of the transfer facility [Rule 62-730.171(3)(a)7., F.A.C.]
Item 15. Used Oil (UO) and Oil Filter Activities:

Transporters (Exemptions in 40 CFR 279.40(a) (1-4), Transfer Facilities, Processors, Off-Specification Burners, and/or Marketers must annually register with the Department using this form. All except FL UO Processors and Collection Centers must pay an annual $100 registration fee. If applicable, a check or money order, in the amount of $100, payable to Florida Department of Environmental Protection is enclosed.

Note UO Collection Centers must also complete this section of the form (not as a registration).

Item 15. (1) Indicate by putting an “X” if this facility is one of the following:

a. Used Oil (UO) Transporter: The State of Florida requires companies that transport used oil in the state to register with the FDEP prior to such transportation and renew that registration annually. Used Oil Generators who transport more than 55 gallons at a time must also notify as transporters. Registration forms and the applicable rules can be obtained by calling the Used Oil Coordinator at (850) 245-8789. You are transport of used oil if you transport from one facility to another.

b. Transfer Facility: If you own or operate a transportation-related facility, including loading docks, parking areas, storage areas and other areas where shipments of used oil are held for more than 24 hours and less than 35 days during the normal course of transportation, put an “X” in this box.

Item 15. (2) Collection Center: Put an “X” in this box if you are a Used Oil (UO) Collection center (managing used oil collected from other used oil generators).

Item 15. (3) If you are a Used Oil (UO) Processor, as defined in 40 CFR §279.50(a), or re-refine on- or off specification used oil, put an “X” in the appropriate box. This does not include generators processing UO generated on-site for on-site use. A permit may be required for used oil processing. You may contact our hazardous waste permitting staff at (850) 245-8792.

Item 15. (4) If this facility is an Off-Specification Used Oil Burner: If you burn used oil fuel on site, and the oil does not meet the analytical standards of on-specification used oil, but satisfies the rebuttable presumption defined in 40 CFR §279.10(b)(1)(ii), put an “X” in this box.

Item 15. (5) If this facility is a Used Oil Fuel Marketer, please indicate if its On-Spec or Off-Spec by put an “X” in the associated box.

If you market off-specification used oil directly to a burner, put an “X” in the Box labeled Off-Spec. If you are the first to claim the used oil meets the used oil specification established in 40 CFR §279.11, put an “X” in the Box labeled On-Spec. If either of these boxes is marked, you also must notify (or have previously notified) as a used oil transporter, used oil processor, or off-specification used oil fuel burner, unless you are a used oil generator. Used oil generators are not required to notify.

Item 15. (6) If this facility is a Used Oil Filter Management, please indicate if it’s one of the following by put an “X” in the associated box:

a. Transporter
b. Transfer Facility
c. Processor (Annual Report Required)
d. End User

Note: these are required to annually register. If you have any question, please contact the Used Oil Coordinator at (850) 245-8789.
Item 15. (7) Please indicate where the records are kept required under the provisions of Rule 62-710.510, FAC.

Item 15. Cont. The following is located on page 5. Used Oil (UO) Transporters: (Exemptions in 40 CFR 279.40(a) (1-4)) in addition to the requirements on Page 4 Section 15:
ALL Registered UO Transporters and facilities must submit an annual report except UO Transporters within their own company. UO Transporters transporting off-site over public highways only within their own company must submit proof of insurance. UO Transporters transporting more than 500 gallons/year must submit proof of insurance annually, and must sign and certify this submission as a UO Transporter in section 17 (except those exempted by Rule 62-710.600(1), F.A.C.):

Please put an “X” if this facility has attached the used oil annual report is attached and/or Evidence of Liability Insurance pursuant to 62-710.600(2)(e)., F.A.C.

Item 16. Comments: Use this space to complete Items or to provide additional information or suggestions.

Item 17. Certification:
I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. The information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Also, put an “X” if the following applies to this facility:
I certify as a UO Transporter that I am familiar with the applicable Florida and Federal laws and rules governing used oil transportation and have an annual and new employee training program in place covering the applicable UO rules. Evidence of financial responsibility is demonstrated by the UO Transporter Certificate of Liability Insurance, DEP form 62-710.901(4), F.A.C. In addition, please check the UO box located between the Printed Name/Title and Date Signed.

This certification must be signed by the owner, operator, or authorized representative of the facility. In addition, type or print the name and corporate or job title. If the person that filled in this form is not the Facility Operator listed in Number Item 3. or the Facility Contact Person listed in Number Item 7. on Page 1, please complete the information below the certification area to allow FDEP to more easily contact the correct person to make corrections or to complete missing information on the form.