



# Florida Department of Environmental Protection

Solid Waste Section, Mail Station 4565  
2600 Blair Stone Road, Tallahassee, Florida 32399-2400

DEP Form # 62-709.901(3)
Appl for Reg. and Ann Rep for a YT Trans
Form Title <u>Station or SW Organic Recycling Facility</u>
Effective Date <u>February 15, 2010</u>
DEP Facility ID No. _____ (Filled in by DEP)
DEP WACS ID No: _____ (Filled in by DEP)
This form is adopted by reference in subsection 62-709.901(3), F.A.C.

## Application for Registration and Annual Report for a Yard Trash Transfer Station or a Solid Waste Organics Recycling Facility

### PART A - GENERAL INFORMATION

1. Type of Application: New  Renewal (due July 1)  Annual report only for facility operating under permit:
2. Type of Facility: Yard trash recycling  Manure blending   
Yard trash transfer station  Vegetative, animal byproducts or manure composting
3. Type of Waste Processed: Yard trash  Manure  Animal byproducts  Pre-consumer Vegetative   
Vegetative (could/did come into contact with animal products or byproducts or end user)
4. Facility Name: \_\_\_\_\_
5. Registrant Name (or Permittee if annual report only): \_\_\_\_\_
6. Federal Employer Identification Number: \_\_\_\_\_
7. Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Street Mailing Address (if different): \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
8. Facility Location - Street Address or Property Number: \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_
9. Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

### PART B - ADDITIONAL INFORMATION REQUIRED FOR REGISTRATION APPLICATION

10. Records required by Rule 62-709.320, F.A.C., will be kept at the facility? Yes  No   
If no, please indicate where these records will be kept and made available upon Department request to review the records:  
\_\_\_\_\_
11. Does the registrant own the facility site? Yes  No   
**If you answered no, please attach evidence that the facility owner or operator has permission from the landowner to operate a yard trash transfer station or a solid waste organics recycling facility at this site.**
12. Has the organic recycling facility begun operations? Yes  No   
**If this facility was operating in the previous calendar year, the annual report in Part C must be completed.**
13. Include a check or money order for the \$35.00 registration fee made payable to the Florida Department of Environmental Protection.

I affirm that I have read Rules 62-709.320, 62-709.330 and 62-709.350, F.A.C., and shall comply with the requirements specified in those rules. I also affirm that the information provided in the application is true, accurate, and correct to the best of my knowledge. I have attached all documents and/or authorizations that are required.

Print Name and Title of Registrant or Authorized Agent

Signature

Date

Email address (if available): \_\_\_\_\_

