



# Florida Department of Environmental Protection

Bob Martinez Center  
2600 Blair Stone Road, MS 4555  
Tallahassee, Florida 32399-2400

DEP Form #: 62-722.400(9)(a), F.A.C.

Form Title Application for Recovered Materials  
Certification

Effective Date: December 17, 2013

Incorporated in Rule: 62-722.400, F.A.C.

## APPLICATION FOR RECOVERED MATERIALS CERTIFICATION

Submit to: 2600 Blair Stone Road, MS 4555, Tallahassee FL 32399-2400

### Section 403.7046, Florida Statutes

This application form is for the below named person who, at the Florida location(s) listed handles, purchases, receives, recovers, sells or is an end user or non-exempt generator of recovered materials and who is required to be certified and report the Department of Environmental Protection on an annual basis pursuant to Rule 62-722 FAC.

Applications which do not include the \$50.00 fee shall be deemed incomplete and will be returned.

1. Name of Applicant:

\_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone number (\_\_\_\_) \_\_\_\_\_ Fax number (\_\_\_\_) \_\_\_\_\_ Contact Person \_\_\_\_\_

E-mail \_\_\_\_\_ Web address \_\_\_\_\_

List Owners, general or limited partners, corporate officers and directors (use additional pages if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please indicate which of the following describes your current certification:

Certification Renewal

New Certification

3. Describe the applicant. Please check which of the following describes your recovered materials operation:

*PLEASE SEE INSTRUCTIONS PART B2 FOR DEFINITIONS*

	<i>Public (government)</i>	<i>Private (business or nonprofit)</i>
Dealer /Processor	<input type="checkbox"/>	<input type="checkbox"/>
Non-exempt Generator	<input type="checkbox"/>	<input type="checkbox"/>
End User	<input type="checkbox"/>	<input type="checkbox"/>

(continued on reverse)

4. List location(s) and types of facility(ies) owned or operated by applicant in Florida (under "Type" use the appropriate facility code as identified in part B3 of the instructions). Specify Latitude & Longitude using a global positioning system (GPS) reading only.

**Facilities Listing:**

Name	Physical Address	County	Latitude			Longitude			Type
			deg	min	sec	deg	min	sec	
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

5. \_\_\_\_\_  
Signature (authorized Representative)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name