

## Notification and Agreement

It is understood that the state of Florida Department of Environmental Protection (FDEP) and Escambia County have entered into an interlocal agreement pursuant to Section 403.707(10), Florida Statutes, that allows an owner/operator to provide a single financial mechanism when demonstrating proof of financial assurance if the financial mechanism provided adequately covers the largest closure cost estimate approved by either the FDEP or Escambia County.

Permittee/applicant has elected to participate in this joint financial assurance program and understands that only the following instruments have been approved for use:

- Performance Bond (PB) with Standby Trust Fund Agreement (SBTF)
- Trust Fund Agreement (TF)

Permittee/applicant agrees to include a completed signed copy of this agreement as part of any application package to any institution they solicit in the process of obtaining a financial assurance instrument. Only the FDEP may be listed on the instrument as beneficiary or payee. This completed agreement (with an original signature by the Surety or Trustee representative), by attachment, amendment or rider, becomes an integral part of the financial assurance instrument submitted.

**For purposes of this instrument, the terms “required action,” “permit,” “rule,” “regulation,” “statute,” or related terms shall include regulations, orders, and permit conditions established by the local government having jurisdiction over the facility.**

Participants in this program agree that the FDEP Solid Waste Financial Coordinator will act in accordance with all applicable federal, state, and county solid waste rules and ordinances when determining actions to take involving the financial assurance mechanism.

\_\_\_\_\_  
Facility Name

\_\_\_\_\_  
FDEP ID number (WACS #)

**Permittee/Applicant:** \_\_\_\_\_  
Date signed

**Instrument:** \_\_\_\_\_  
PB, SBTF or TF      Enter Attachment, Rider or Amendment

\_\_\_\_\_  
Name of Owner or Operator (Legal Entity)

\_\_\_\_\_  
Issuing Institution Name (include embossed company seal)

\_\_\_\_\_  
Authorized Signature for Owner or Operator (permittee/applicant)

\_\_\_\_\_  
Instrument Number      Original Effective Date

\_\_\_\_\_  
Type (or print) Name and Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Telephone Number      E-mail Address

\_\_\_\_\_  
Type (or print) Name and Title

**County:** \_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Witness or Notary

\_\_\_\_\_  
Signature of Escambia County Approving Authority

\_\_\_\_\_  
Printed Name of Witness or Notary Seal      Date (if bond, must match POA date)