



# Florida Department of Environmental Protection

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

DEP Form #: 62-716.470  
Form Title: Application for Voluntary  
Materials Recovery Facility  
Certification  
Effective Date:  
Incorporated in Rule: 62-716.470 F.A.C.

## APPLICATION FOR VOLUNTARY MATERIALS RECOVERY FACILITY CERTIFICATION

1. Specify the Calendar Year for Voluntary Certification: \_\_\_\_\_

2. Name of Facility Requesting Certification: \_\_\_\_\_

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

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

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

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

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

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

4. Has the Facility, owner, or operator had any violations of Department of Environmental Protection rules, statutes, orders or permits issued in the past 12 months?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

**NOTE:** This form may be submitted electronically to recycling@dep.state.fl.us or by mail to the Waste Reduction and Registration Section, MS 4555, Division of Waste Management, Department of Environmental Protection, 2600 Blair Stone Road, Tallahassee, Florida 32399-2400.