



FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
DIVISION OF LAW ENFORCEMENT
EMERGENCY RESPONSE UNIT
3900 Commonwealth Boulevard, M. S. 659
Tallahassee, FL 32399
Phone# (850) 245-2010/Fax# (844) 891-4627

FORM 62S-6.012(1):
APPLICATION FOR APPROVAL AS A DISCHARGE CLEANUP ORGANIZATION
Effective date of January 2014, Incorporated into Subsection 62S-6.012(1), F.A.C.

1. Applicant information:

Name of Organization: _____

Street Address: _____ Mailing Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Business Phone: (____) _____ Emergency Phone: (____) _____

Contact Person: _____

2. Type of organization (check one):

☐

Cooperative/Non-profit

☐

Third Party Contractor

☐

Local Government

3. Type of response provided (check all which apply):

☐

First Responder (containment and minor cleanup)

☐

Complete Cleanup and Remediation

4. Legal authority to operate:

Attach a copy of the corporate charter, by-laws, constitution agreement, or other legal basis of operation.

5. Equipment inventory and price list/schedule:

Attach a list of equipment that your organization has available. This list should include the following information for each piece of equipment listed: **description, quantity, owner, storage location, and fee schedule.**

Fee Schedule provided shall reflect the fees charged in the event of response to a pollutant discharge.

6. Brief narrative of organization's history and pollutant discharge related accomplishments/expertise (attach additional sheet if needed):

In the table below, check the boxes which correspond with the coastal counties in the State in which your organization is requesting approval. Write in your organization's response time to each county checked in the box to the right or the county name. Response time is considered the average time from initial notification of a discharge to deployment of containment equipment at this discharge site. DO NOT FILL IN THE SHADED BOXES. THE DEP REGIONAL COASTAL PROTECTION COORDINATOR WILL INITIAL THE SHADED AREA BY EACH COUNTY FOR WHICH APPROVAL IS GRANTED.

Check Counties Desired	Coastal County Name	Response Time (Hours:Minutes)	DEP Approval	Check Counties Desired	Coastal County Name	Response Time (Hours:Minutes)	DEP Approval
☐	Bay			☐	Brevard		
☐	Broward			☐	Charlotte		
☐	Citrus			☐	Clay		
☐	Collier			☐	Miami-Dade		
☐	Dixie			☐	Duval		
☐	Escambia			☐	Flager		
☐	Franklin			☐	Gulf		
☐	Hernando			☐	Hillsborough		
☐	Indian River			☐	Jefferson		
☐	Lake			☐	Lee		
☐	Levy			☐	Manatee		
☐	Marion			☐	Martin		
☐	Monroe			☐	Nassau		
☐	Okaloosa			☐	Palm Beach		
☐	Pasco			☐	Pinellas		
☐	Putnam			☐	Santa Rosa		
☐	Sarasota			☐	Seminole		
☐	St. Johns			☐	St. Lucie		
☐	Taylor			☐	Volusia		
☐	Wakulla			☐	Walton		

This organization does hereby request approval as a Discharge Cleanup Organization in the State of Florida.

Signature of Organization's Representative

Print Name of Organization's Representative

Title of Organization's Representative

Date

Directions: Upon completion of this application, submit all copies to the Emergency Response Unit at the letterhead address on the first page. Application will be forwarded to the Regional Emergency Response Manager for inspection. After the inspection is completed, distribution of copies will be made by the inspector.

THIS PAGE FOR DEP USE ONLY

1. Equipment inventory verified? ☐ Yes ☐ No
2. Equipment levels meet DEP minimum standards/requirements of contracted facilities? ☐ Yes ☐ No
3. Do response times appear to be sufficient for mobilization of equipment required? ☐ Yes ☐ No

If no, explain:

Approve as a Discharge Cleanup Organization: ☐ Yes ☐ No

If yes, approve as: ☐ First Responder ☐ Complete Cleanup ☐ Both

If no, list significant discrepancies requiring correction before reinspection:

The undersigned representative acknowledges receipt of a copy this Discharge Cleanup Organization Inspection, including a list of all Discrepancies requiring correction prior to approval. The representative further acknowledges that any changes in the terms or conditions Under which approval was granted must be reported immediately to the Department of Environmental Protection. Such changes would Include, but not be limited to: inventory levels, equipment availability, or contractor support. **THIS APPROVAL AS A DISCHARGE CLEANUP ORGANIZATION IS VALID FOR A MAXIMUM OF 1 YEAR FROM THE APPROVAL DATE SHOWN BELOW. A RENEWAL FORM SHOULD BE COMPLETED BY THE DISCHARGE CLEANUP ORGANIZATION AND IS AVAILABLE UPON REQUEST FROM:**

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Signature of Representative: _____ Date: _____

Signature of Inspector: _____ Date: _____

Time expended for Discharge Cleanup Organization Inspection, including travel: _____

Reinspection required: ☐ Yes ☐ No

FOR EMERGENCY RESPONSE UNIT, TALLAHASSEE USE ONLY			
Date Received from Organization: _____	Date Forwarded to District Office: _____	Date Received from District Office: _____	
Action Taken: ☐ Certificate Issued ☐ Placed on Inactive Status		Date: _____	
Certificate Number Issued: _____	Date Certificate Issued: _____	Date Certificate Expires: _____	Employee Taking Action: _____