



Carlos A. Gimenez, Mayor

Department of Regulatory and Economic Resources
Environmental Resources Management
701 NW 1st Court, Suite 700
Miami, Florida 33136-3912
T 305-372-6600 F 305-372-6410
miamidade.gov

Stratospheric Ozone Protection Program
Annual Operating Permit Application

Under Miami-Dade County law (Section 24-25 of the Code of Miami-Dade County, Florida) no persons shall knowingly vent ozone depleting compounds, such as halons, and refrigerants, into the atmosphere while maintaining, servicing, repairing, or disposing of equipment (fire extinguishing, refrigeration, air conditioning) that use these compounds.

A fee of \$100.00 must accompany this application. Make checks payable to Miami-Dade County.

Instructions:

Please provide the information in full. Submitting this application DOES NOT relieve you of any responsibility for complying with orders issued to you by the CODE ENFORCEMENT SECTION or stop or delay any normal enforcement procedures. (Must apply in person) Read this application carefully BEFORE you begin to fill out. Call the Permitting Section at 305-372-6600, if there are questions.

A. Permit To Be Issued To:

Business Name: Telephone:

Mailing Address: City: State: Zip:

Location Address: City: State: Zip:

Check here if Location Address is your place of residence

Contact Person: Title:

Dade County Occupational License #: (Enclose a copy)

B. Permit Request For:

- Purchase of refrigerants
Salvaging or Dismantling Facility
Sale of refrigerants
Service Facility (Recharging or Repair)

Does this establishment have any other DERM permits? No Yes Permit #

C. Description of Business:

Large empty rectangular box for business description.



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D. Description of Recovery/Recycling Equipment: (Enclose purchase receipt or pictures of equipment).

Type (Recovery/Recycle) Manufacturer Model # Serial #

[Empty box for equipment details]

(Attach additional sheet(s) if necessary)

E. List of EPA Certified Technician(s)/Type of Certification(s): (Enclose a Copy)

Name of Technician(s) Type of Certificate/Company EPA Certificate #

[Empty box for technician details]

(Attach additional sheet(s) if necessary)

F. List the Type of Refrigerants (being sold or used):

\_\_\_\_\_

The issuing of an AIR POLLUTION CONTROL OPERATION PERMIT for the equipment herein described is subject to FIELD EVALUATION.

Let in be known that any statements shown on this document are made in full knowledge of the contents of Section 21-24-.1, Code of Miami-Dade County, titled "False Statements with Intent to Receive Benefit" which states "It shall be unlawful for any person directly or indirectly, on his own behalf or on behalf of another or others, to make or file, with any officer or employee or Department or Division of the County, any false statements or representation with knowledge of the falsity thereof and for the purpose or with intention of receiving for himself or another or others any benefit, including but not limited to, any permit license, service, certificate, contract." Conviction of a violation of this section is punishable by a \$500.00 fine or sixty days imprisonment, or both. It is with full understanding of all the above that these statement made:

I, \_\_\_\_\_
Name in Print (Owner or Corporate Officer)

\_\_\_\_\_
Signature

of \_\_\_\_\_
Business Name

\_\_\_\_\_
Telephone Number

Sworn to and Subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Personally know \_\_\_\_\_, or produced identification \_\_\_\_\_. DL #: \_\_\_\_\_

Notary: \_\_\_\_\_

Notary Stamp