

Jeb Bush  
Governor

# Department of Environmental Protection

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Scruhs  
Secretary

August 3, 2001

Mr. C. Mohanlal  
Liberty Cleaners  
10006 University Boulevard  
Orlando, Florida 32817

Re: Facility No.: 0950324-002

Dear Mr. Mohanlal:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on June 27, 2001.

Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements of the Title V general permit.

If you have or expect to have any changes in your mailing address, location address, responsible official, or phone number, please notify the Department at the following address:

Title V General Permits Office  
Bureau of Air Monitoring and Mobile Sources MS 5510  
Department of Environmental Protection  
2600 Blair Stone Road  
Tallahassee, FL 32399-2400

If there are any changes in the facility status, including change of operating parameters or equipment, or if you have any additional questions regarding the Title V General Permit Program, please contact the district or local air program compliance inspector in your area.

Sincerely,

  
Dotty Diltz, Chief  
Bureau of Air Monitoring  
and Mobile Sources

DD/jw

cc: Ms. Marie Driscoll, Orange County

"More Protection, Less Process"

Printed on recycled paper.

407-679-5816

Fees Paid  
SOC 4  
Compliance IN

0950324-002

P15

1(a) New should be circled under Status

Choose RC or CA under Control Device Required

add Date Control Device Installed.

If same as purchase date add "Same."

P16

4. New machines at small area source should be marked.

P17 Responsible official sign and date for changes made.

\* B/16/01

Spoke to C. Mohanlal and he stated the dry clean machine has a refrigerated condenser as a control device and it was built into the machine.

PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Management  
& Mobile Source Control  
JUN 27 2000  
RECEIVED  
AIRS ID # 0950324001AG

Part III. Notification of Intent to Use General Permit

Prior to filling out this form, please read the instructions provided at the end of the form. Send completed form to the address listed in the instructions and keep a copy of the form for your files.

Facility Name and Location

1. Facility Owner/Company Name (Name of corporation, agency, or individual owner):	LIBERTY CLEANERS.
2. Site Name (For example, plant name or number):	—
3. Hazardous Waste Generator Identification Number:	FLD 984247668
4. Facility Location: Street Address: City:                      County:                      Zip Code:	10006 UNIVERSITY BLVD. ORLANDO                      ORANGE                      FL. 32817
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0950324-002

Responsible Official

6. Name and Title of Responsible Official: Name:                      Title:	C. MOHANLAL                      OWNER
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:                      County:                      Zip Code:	10006 UNIVERSITY BLVD. ORLANDO                      ORANGE                      FL. 32817
8. Responsible Official Telephone Number: Telephone:                      Fax: (                      )	(407) 677-7100                      (                      )

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):	
10. Facility Contact Address: Street Address: City:                      County:                      Zip Code:	
11. Facility Contact Telephone Number: Telephone: (                      )                      Fax: (                      )	

**Facility Information**

**1.(a) DRY-TO-DRY MACHINES ONLY**

How many dry-to-dry machines do you have on-site?

For each dry-to-dry machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
1994	Existing	RC/CA/None required	
	Existing	RC/CA/None required	
	Existing	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

How many dryers/reclaimers do you have on-site?

If the transfer machine was purchased from the manufacturer prior to or on December 9, 1991, it is an **EXISTING** unit. If the transfer machine was purchased from the manufacturer between December 9, 1991 and September 22, 1993, it is a **NEW** unit (no units purchased after September 22, 1993 are allowed to operate under this general permit). For each transfer machine on-site, please provide the following information:

Date Initially Purchased From Manufacturer	Status (circle one)	Control Device Required* (circle one)	Date Control Device Installed (if already included at time of purchase, write "SAME")
	Existing	RC/CA/None required	
	Existing	RC/CA/None required	
	Existing	RC/CA/None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

2.(a) How much perchloroethylene (perc) have you used within the last 12 months?

gallons (You must fill this in)

(b) If less than 12 months, how many?

Check why it is less than 12 months: New owner:  Did not keep records:

New store:  New machine

Unopened store  (date of expected opening \_\_\_\_\_)

3. What is the facility's source classification based on the definitions found in section (3) of Part II? Indicate with an "X". Select one classification only.)

- Small Area Source
- Dry-to-dry machines only on-site (used less than 140 gallons of perc per year)  
Transfer only on-site (used less than 200 gallons of perc per year)  
Both machine types on-site (used less than 140 gallons of perc per year)
- Large Area Source
- Dry-to-dry machines only on-site (used 140 - 2,100 gallons of perc per year)  
Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form? (Indicate with an "X".)

- |  |  |
|--|--|
| <u>Existing machines at small area source</u><br>(NONE REQUIRED) <input type="checkbox"/>  | <u>New machines at small area source</u><br>Refrigerated condenser <input type="checkbox"/>            |
| <u>Existing machines at large area source</u><br>Carbon adsorber <input type="checkbox"/><br>Refrigerated condenser <input type="checkbox"/> | <u>New machines at large area source</u><br>Refrigerated condenser <input checked="" type="checkbox"/> |

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

All steam and hot water generating units exempt  OR  
No such units on-site

How many boilers do you have on-site?  1

For each boiler, indicate its horsepower (HP) rating:   1  5

What type of fuel do you use?  propane  natural gas  
 No. 2 fuel oil  No. 4 fuel oil  
 No. 6 fuel oil  Other (please list) \_\_\_\_\_

#### 6. Equipment Monitoring and Recordkeeping Information

Check all logs which are required to be kept on-site in accordance with the requirements of this general permit:

- (a) Purchase receipts and solvent purchases/solvent addition log
- (b) Leak detection inspection and repair
- (c) Refrigerated condenser temperature monitoring
- (d) Carbon adsorber exhaust perc concentration monitoring
- (e) Startup, shutdown, malfunction plan

7. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- I hereby surrender all existing DEP air permits authorizing operation of the facility indicated in this notification form; the permit number(s) are \_\_\_\_\_
- No DEP air permits currently exist for the operation of the facility indicated in this notification form.

**Responsible Official Certification**

*I, the undersigned, am the responsible official, as defined in Part II of this form, of the facility addressed in this notification. I hereby certify, based on information and belief formed after reasonable inquiry, that the statements made in this notification are true, accurate and complete. Further, I agree to operate and maintain the air pollutant emissions units and air pollution control equipment described above so as to comply with all terms and conditions of this general permit as set forth in Part II of this notification form.*

*I will promptly notify the Department of any changes to the information contained in this notification.*

CHANDRAKANT MOHANLAL.

Print name of responsible official

Signature

C. Mohanlal

Date

6/22/01.

p15

(a) New should be circled  
Status

RECEIVED  
OCT 15 2001  
Bureau of Air Monitoring  
& Mobile Sources  
RECEIVED  
A.G.

Prior to fill completed fr

Facility Name :

1. Facility Ow

2. Site Name

3. Hazardous

4. Facility Loc  
Street Adc  
City:

5. Facility Ic

Responsible t

6. Name and  
Name:

7. Responsi  
Organiza  
Street A  
City:

8. Respons  
Telepho

Facility Cor

9. Name a

10. Facility Contact Address:

Street Address:  
City:

County:

11. Facility Contact Telephone Number:

Telephone: ( )

Fax: ( )

Choose RC or CA under Control  
Device Required  
add Date Control Device Installed.  
if same as purchase date add "Same"

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4. New machines at small area source  
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dry clean machine has a refrigerated condenser  
as a control device and it was built into  
the machine.

AUG 6 2001

Zip Code:



PERCHLOROETHYLENE DRY CLEANER  
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring  
& Mobile Source  
JUN 27 2007  
RECEIVED

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AIRS ID # 0950324001AG

Facility Name and Location

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5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0950324-002</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>C. MOHANLAL</i> Title: <i>OWNER</i>
7. Responsible Official Mailing Address: Organization/Firm: Street Address: <i>10006 UNIVERSITY BLVD.</i> City: <i>ORLANDO.</i> County: <i>ORANGE</i> Zip Code: <i>FL. 32817</i>
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AUG - 6 2007  
Zip Code: \_\_\_\_\_

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1994	<del>Existing</del> / New	RC / <del>CA</del> / None required	SAME
	Existing / New	RC / CA / None required	
	Existing / New	RC / CA / None required	

\*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

**1.(b) TRANSFER MACHINES ONLY**

How many washers do you have on-site?

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3. What is the facility's source classification based on the definitions found in section (3) of Part II?

Indicate with an "X". Select one classification only.)

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Large Area Source

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Transfer only on-site (used 200 - 1,800 gallons of perc per year)  
Both machine types on-site (used 140 - 1,800 gallons of perc per year)

4. What control technology is required on machines pursuant to section (5) of Part II of this notification form?  
(Indicate with an "X".)

Existing machines at small area source

(NONE REQUIRED)

New machines at small area source

Refrigerated condenser

Existing machines at large area source

Carbon adsorber

Refrigerated condenser

New machines at large area source

Refrigerated condenser

5. A facility which contains non-exempt emissions units shall not be eligible to use the general permit pursuant to Rule 62-213.300, F.A.C. Verify that all steam and hot water generating units on-site meet the following exemption criteria or that no such units exist on-site (see attached memo for the criteria).

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*I will promptly notify the Department of any changes to the information contained in this notification.*

CHANDRAKANT MOHANLAL

Print name of responsible official

Signature

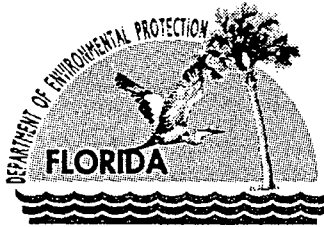
*C. Mohanlal*

Date

6/22/01

*C. Mohanlal*

8/14/01



# Department of Environmental Protection

Jeb Bush  
Governor

Twin Towers Office Building  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400

David B. Struhs  
Secretary

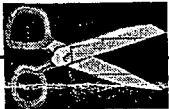
**TO: Holder of Title V Air General Permit**

Our records indicate that, as the owner or operator of an eligible facility, you have claimed entitlement to the use of a Title V Air General Permit under Rule 62-213.300, Florida Administrative Code (F.A.C.).

For your facility to maintain its eligibility for the Title V Air General Permit, Rule 62-213.300(3)(b), F.A.C. states "...the owner or operator of the facility must, upon written notice from the Department, submit payment of an annual operation fee in the amount of \$50.00. This fee is due and payable between January 15 and March 1 of each year for which the facility is in operation and subject to the requirements of this rule and the general permit." This invoice constitutes the Department's written notice, as required under the general permit rule.

Please make your check or money order payable to the Department of Environmental Protection and staple it to the detachable portion of this invoice below. To maintain your facility's eligibility for the general permit, the fee must be received by the Department not later than March 1. Your check and the detachable portion of this invoice below should be mailed to:

Title V Air General Permits  
Receipts  
Post Office Box 3070  
Tallahassee, FL 32315-3070



(cut here)

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

422498 FEB 4 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

RECEIVED ✓

**TOTAL AMOUNT DUE: \$50.00**

FEB 07 2003

Bureau of Air Monitoring  
& Mobile Sources

Do NOT Remove Label

AIRS ID#0950324

LIBERTY CLEANERS  
CHANDRAKANT MOHANLAL  
10006 UNIVERSITY BLVD  
ORLANDO FL  
32817

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: A1  
Fund: 20-2-035001  
Obj.: 002273



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

413252 JAN17 2002

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID # 0950324  
LIBERTY CLEANERS  
CHANDRAKANT MOHANLAL  
10006 UNIVERSITY BLVD  
ORLANDO FL  
32817

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: AI  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
JAN 22 2002  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

~~434700~~ DEC26 2003

Please include your AIRS ID# on your check or money order. This number can be found below on your mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

950324  
CHANDRAKANT MOHANLAL  
LIBERTY CLEANERS  
10006 UNIVERSITY BLVD  
ORLANDO FL 32817

FOR GOVERNMENT USE ONLY  
Org.: 37550101000 EO: AI  
Fund: 20-2-035001  
Obj.: 002273

RECEIVED  
DEC 31 2003  
Bureau of Air Monitoring  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

445199 FEB 2 2005

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

AIRS ID# 950324 10  
LIBERTY CLEANERS  
10006 University Blvd  
ORLANDO, FL 32817

Printed on recycled paper.

FOR GOVERNMENT USE ONLY  
ORG.: 3750101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

RECEIVED  
FEB 3 2005  
U.S. DEPARTMENT OF AIR FORCE  
& Mobile Sources

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

458848 FEB 13 2006

Please include your AIRS ID# on your check or money order. This number is located on the mailing label.

**TOTAL AMOUNT DUE: \$50.00**

Do **NOT** Remove Label

950324 10  
LIBERTY CLEANERS  
10006 University Blvd  
ORLANDO, FL 32817

Printed on recycled paper.

FLAIR ACCT. CODE 372020350013755010000  
BENEFITTING OBJECT CODE 002000  
BENEFITTING CATEGORY 000200  
Monitoring  
Mobile Sources

FOR GOVERNMENT USE ONLY  
ORG.: 3750101000 EO: A1  
FUND: 20-2-035001  
OBJECT: 002273

RECEIVED

FEB 15 2006

U.S. Postal Service CERTIFIED MAIL RECEIPT (Domestic Mail Only, No Insurance Coverage Provided)	
OFFICIAL USE	
Postage \$	Postmark Here
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total F</b>	AIRS ID#0950324
Sent To	LIBERTY CLEANERS
	CHANDRAKANT MOHANLAL
Street, P or PO Box	10006 UNIVERSITY BLVD
City, Sta	ORLANDO FL
	32817
PS Form 3811, August 2001	

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AIRS ID#0950324

LIBERTY CLEANERS  
CHANDRAKANT MOHANLAL  
10006 UNIVERSITY BLVD  
ORLANDO FL  
32817

2. Article Number

(Transfer from service label)

7001 0320 0001 7975 7513

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

- Agent  
 Addressee

B. Received by (Printed Name)

M. Mohanlal Naran 2-70

C. Date of Delivery

- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

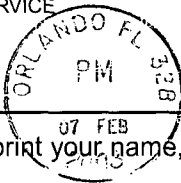
- Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes



UNITED STATES POSTAL SERVICE



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-40

• Sender: Please print your name, address, and ZIP+4 in this box •

BUREAU OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2600 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 12 2003

RECEIVER

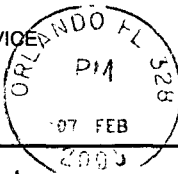


<b>U.S. Postal Service™</b>											
<b>CERTIFIED MAIL™ RECEIPT</b>											
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>											
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> ®											
<b>OFFICIAL USE</b>											
<table border="1"> <tr> <td>Postage</td> <td>\$</td> </tr> <tr> <td>Certified Fee</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$</b></td> </tr> </table>	Postage	\$	Certified Fee		Return Receipt Fee (Endorsement Required)		Restricted Delivery Fee (Endorsement Required)		<b>Total Postage &amp; Fees</b>	<b>\$</b>	Postmark Here
Postage	\$										
Certified Fee											
Return Receipt Fee (Endorsement Required)											
Restricted Delivery Fee (Endorsement Required)											
<b>Total Postage &amp; Fees</b>	<b>\$</b>										
Sent To Street, or PO B City, St	AIRS ID# 950324 1stC LIBERTY CLEANERS 10006 University Blvd ORLANDO, FL 32817										
PS Form	Instructions										

7003 0500 0004 0144 4985

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse, so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>AIRS ID# 950324 1stC LIBERTY CLEANERS 10006 University Blvd ORLANDO, FL 32817</p> <p>2. Article Number (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          MOHAMMAD NARAYAN 2/7/05</p> <p>C. Date of Delivery          2/7/05</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7003 0500 0004 0144 4985	

UNITED STATES POSTAL SERVICE



First-Class Mail <sup>2005</sup>  
Postage & Fees Paid  
USPS  
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4 in this box •

BUR. OF AIR MONITORING & MOBILE SOURCES  
DEPT. OF ENVIRONMENTAL PROTECTION  
MAIL STATION 5510  
2800 BLAIR STONE ROAD  
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring  
& Mobile Sources

FEB 9 2005

RECEIVED

342400

