

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

August 1, 2001

Mr. Arthur G. Martineau
Electro Chromium Company, Inc.
549 North orange Blossom Trail
Orlando, Florida 32805

Re: Facility No.: 0950329-002

Dear Mr. Martineau:

The Department has received the Title V General Permit Notification Form for the chromium electroplating and anodizing facility that you submitted on June 21, 2001.

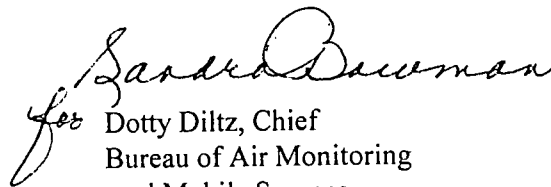
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

Fees Paid
SOC. 2
Compliance IN

0950329-002

p21

1(a) $a = 0.03 \text{ mg/dscm}$ is applicable standard for hard chrome tanks that are existing.

p22 4(g) Required for Hard chrome tanks.

p23 Responsible official sign and date for changes made.

DEP ROUTING AND TRANSMITTAL SLIP

TO: (NAME, OFFICE, LOCATION) 3. _____
1. _____ 4. _____
2. _____ 5. _____

PLEASE PREPARE REPLY FOR:

- SECRETARY'S SIGNATURE
- DIV/DIST DIR SIGNATURE
- MY SIGNATURE
- YOUR SIGNATURE
- DUE DATE _____

ACTION/DISPOSITION

- DISCUSS WITH ME
- COMMENTS/ADVISE
- REVIEW AND RETURN
- SET UP MEETING
- FOR YOUR INFORMATION
- HANDLE APPROPRIATELY
- INITIAL AND FORWARD
- SHARE WITH STAFF
- FOR YOUR FILES

COMMENTS:

FROM: _____ DATE: _____ PHONE: _____

RECEIVED
JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
JUN 21 2001
Bureau of Air Monitoring
& Mobile Sources

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): Electro Chromium Co., Inc.
2. Site Name (For example, plant name or number): Electro Chromium Co., Inc.
3. Hazardous Waste Generator Identification Number: FLD982107211
4. Facility Location: Street Address: 549 N. Orange Blossom Tr. City: Orlando County: Orange Zip Code: 32805
5. Facility Identification Number (DEP Use ONLY - do not fill in) 0950329-002

Responsible Official

6. Name and Title of Responsible Official: Name: Arthur G. Martineau Title: Pres.
7. Responsible Official Mailing Address: Organization/Firm: Electro Chromium Co., Inc. Street Address: 549 N. Orange Blossom Tr. City: Orlando County: Orange Zip Code: 32805
8. Responsible Official Telephone Number: Telephone: (407) 425 - 2217 Fax: (407) 425 - 9725

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. Provide the information below for each hard electroplating machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

HARD CHROMIUM PLATING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

PBS = packed-bed scrubber
 CMP = composite mesh pad
 PBS/CMP = packed-bed scrubber and composite mesh pad
 FS = fume suppressant only
 FS/WA = fume suppressant with a wetting agent
 FM = fiber-bed mist eliminator
 WA = wetting agent

Applicable Standard Key

a = 0.03 mg/dscm
 b = 0.015 mg/dscm
 c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

DECORATIVE AND ANODIZING TANKS

DATE PURCHASED	UNIT CLASS (circle one)	DATE CNTRL DEVICE INSTALLED	CONTROL DEVICE (see key)	APPLICABLE STANDARD (see key)
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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FM = fiber-bed mist eliminator
WA = wetting agent

Applicable Standard Key

x = 0.01 mg/dscm
y = 45 dynes/cm
z = records of bath components
(trivalent Cr tanks only)
c = alternative standard for multiple tanks
under common control

2. Indicate the date by which the facility must meet the requirements of paragraph (5) of Part II:

(Note: if your facility contains both hard and decorative plating or anodizing units, you must check each applicable date)

omit January 25, 1996 January 25, 1997

3. Indicate how the facility will fulfill the compliance demonstration:

- The facility will conduct an initial performance test
- The facility will use a wetting agent to reduce emissions and will meet the existing surface tension limit in No. 1 above.

4. 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) Equipment maintenance
- (b) Equipment inspection and repair
- (c) Equipment malfunctions
- (d) Operation and maintenance checklist
- (e) Instrument calibration
(used during initial performance test)
- (f) Start-up, shutdown, malfunction plan
- (g) Performance test results
- (h) Equipment monitoring
- (i) Excess emissions
- (j) Operating periods
- (k) Rectifier capacity
- (l) Fume suppressant records
- (m) Purchase records of wetting agent components

5. Surrender of Existing DEP Air Permit(s)

Please indicate with an "X" the appropriate selection:

- omit* 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.

Arthur Martineau
Print name of responsible official


Signature

June 19, 2001
Date

Instructions for Completing Part III of Notification Form

The Chromium Electroplating and Anodizing Facility Notification of Intent to Use General Permit, Part III of this form, shall be completed and submitted to the Division of Air Resources Management **at least 30 days prior to beginning operations under the general permit.** Please type or print clearly all information. A copy of this notification form shall be kept on-site and made available for review by Department personnel.

The responsible official of the facility, as defined in Part II of this notification form, is responsible for ensuring that the facility complies with all applicable terms and conditions of this general permit, as set forth in Part II of this form.

Mail the signed and completed Part III, of this form to:

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

Facility Name and Location

1. **Facility Owner/Company Name** - Enter the name of the corporation, agency, or individual that has ownership or control of the chromium electroplating or anodizing facility for which this notification is submitted.
2. **Site Name** - Enter the common name, if any, of the facility site; for example, Plant A, Metropolis plant, etc. If more than one facility is owned, a notification form must be completed for each.
3. **Hazardous Waste Generator Identification Number** - Enter the hazardous waste generator identification number, if known, assigned by the Department to the facility.
4. **Facility Location** - Enter the street address and zip code of the facility and the city and county in which it is located.
5. **Facility Identification Number (DEP Use ONLY)** - Please leave this space blank. DEP will enter the facility identification number assigned to you by ARMS.

Responsible Official

6. **Name and Title of Responsible Official** - Enter the name and title of the designated responsible official for the facility who, by signing this form, is certifying that the facility is eligible for a general permit pursuant to the requirements of Part II of this notification form and Rule 62-213.300, F.A.C.
7. **Responsible Official Mailing Address** - Enter the mailing address for the responsible official if different than the address entered in No. 4 above.
8. **Responsible Official Telephone Number** - Enter the telephone number and facsimile number, if available, at which the responsible official can be contacted.

Facility Contact

9. **Name and Title of Facility Contact** - Enter the name of the facility contact, if other than the responsible official. For example, a plant manager could be designated as the facility contact for Department inspections.
10. **Facility Contact Address** - Enter the mailing address for the facility contact, if different than the address entered in No. 4 above.

0950329-002

RECEIVED
JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources
Prior to filling
completed form

p21

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RECEIVED
OCT 15 2001
Bureau of Air Monitoring
& Mobile Sources

Facility Name and I

1. Facility Owner/C
Electro Ch

2. Site Name (For e
Electro Ch

3. Hazardous Waste
FLD9821072

4. Facility Location
Street Address:
City: Orlando

5. Facility Identific

p22 4(g) Required for Hard chrome tanks.

p23 Responsible official sign and date for changes made.

Responsible Official

6. Name and Title
Name: Arthur

7. Responsible Offi
Organization/Fir
Street Address:
City: Orlando

8. Responsible Offi
Telephone: ()

RECEIVED
JUL 31 2001
ORANGE COUNTY - SCIENCE & TECHNOLOGY
PROTECTION DIVISION

Facility Contact (If

9. Name and Title

10. Facility Contact Address:
Street Address:
City: County: Zip Code:

11. Facility Contact Telephone Number:
Telephone: () - Fax: () -

RECEIVED
JUN 21 2001

Bureau of Air Monitoring
& Mobile Sources

CHROMIUM ELECTROPLATING AND ANODIZING
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
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Bureau of Air Monitoring
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8/01/81	New/Existing	8/01/81	FS/WA	A
8/01/81	New/Existing	8/01/81	FS/WA	A
8/01/81	New/Existing	8/01/81	FS/WA	A
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

Key for Control Device Type

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- c = alternative standard for multiple tanks under common control

Is the facility's cumulative potential rectifier capacity greater than 60 million ampere-hours per year?

Yes No

1.b. Provide the information below for each decorative electroplating or anodizing machine at the facility. Indicate the type of machine, the date of its purchase, and the date the control device was installed, if applicable.

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8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
8/01/81	New/Existing	8/01/81	FS/WA	Y
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			
	New/Existing			

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

Arthur Martineau
Print name of responsible official

Arthur Martineau
Signature

June 19, 2001
Date

Arthur Martineau

Aug. 10, 2001

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7004 2510 0004 6986 5807

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OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total	AIRS ID#0950329.....2 nd Cert 05	
Sent To	ELECTRO CHROMIUM CO INC	
	549 N Orange Blossom Trail	
Street, or PO Box	ORLANDO, FL 32805	
City, State, and ZIP+4		

PS Form 3800, June 2002 See Reverse for Instructions

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#0950329.....2nd Cert 05
 ELECTRO CHROMIUM CO INC
 549 N Orange Blossom Trail
 ORLANDO, FL 32805

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Glenn Martineau

B. Received by (Printed Name) C. Date of Delivery
Glenn Martineau *3-4-04*

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

2 Article Number (Transfer from service label) **7004 2510 0004 6986 5807**

ified

UNITED STATES POSTAL SERVICE



First-Class Mail
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USPS
Permit No. G-10

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

DARWIN MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2100

Bureau of Air Mail
Mobile Station
MAR 17 2005
RECEIVED

01



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

448391 MAR 4 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# 950329 1stC
ELECTRO CHROMIUM CO INC
549 N Orange Blossom Trail
ORLANDO, FL 32805

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

Printed on recycled paper.

RECEIVED
MAR 7 2005
Bureau of
& Marine Services

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

437496 MAR10 2004

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 # 950529
ARTHUR MARTINEAU
ELECTRO CHROMIUM CO INC
549 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

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

7003 0500 0004 0144 8839

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

2nd Cert.

Postmark Here

2003

AIRS ID# 950329

Total Postage \$

ARTHUR MARTINEAU
ELECTRO CHROMIUM CO INC
549 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

PS Form 3800, June 2002

See Reverse for Instructions

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# 950329
ARTHUR MARTINEAU
ELECTRO CHROMIUM CO INC
549 N ORANGE BLOSSOM TRAIL
ORLANDO, FL 32805

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Arthur Martineau Addressee

B. Received by (Printed Name) C. Date of Delivery
3/8

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

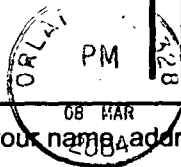
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2 Article Number
(Transfer from service label)

7003 0500 0004 0144 8839

UNITED STATES POSTAL SERVICE



First-Class Mail
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
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

MAR 11 2004

7003 2260 0003 5651 0994

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OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Handwritten signature
Postmark Here

Total Pc ID# 950329

ARTHUR MARTINEAU

Sent To ELECTRO CHROMIUM CO INC

Street, Apt. 549 N ORANGE BLOSSOM TRAIL

or PO Box: ORLANDO, FL 32805

City, State

PS Form 3800, June 2002

See Reverse for Instructions

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 ARTHUR MARTINEAU
 ELECTRO CHROMIUM CO INC
 549 N ORANGE BLOSSOM TRAIL
 ORLANDO, FL 32805

2 Article Numbr
(Transfer from)

7003 2260 0003 5651 0994

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Arthur Martineau* Addressee

B. Received by (Printed Name) C. Date of Delivery
 2/6/04

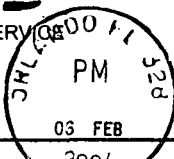
D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

ed

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

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

RECEIVED
FEB 7 2004
Bureau of Air
& Mobile Sources

VEHICLE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

*not all
SOCS*

17021



U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7001 0320 0001 7976 0087

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark
Here

AIRS ID # 0950329

Total Postage ELECTRO CHROMIUM CO INC
 Sent To ARTHUR G MARTINEAU
 549 N ORANGE BLOSSOM TRAIL
 Street, Apt. No. ORLANDO FL
 or PO Box No. 32805
 City, State, ZIP

PS Form 3800, January 2001

See Reverse for Instructions

SEND

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT BOTTOM LINE.

COMPLETE THIS SECTION ON DELIVERY

- 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 # 0950329
 ELECTRO CHROMIUM CO INC
 ARTHUR G MARTINEAU
 549 N ORANGE BLOSSOM TRAIL
 ORLANDO FL
 32805

A. Received by (Please Print Clearly) B. Date of Delivery

C. Signature

Agent
 Addressee

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

Article Number (Copy from service label)

7001 0320 0001 7976 0087

PS Form 3811, July 1999

Domestic Return Receipt

102595-99-M-1789



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414829 MAR 4 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 # 0950329
ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU
549 N ORANGE BLOSSOM TRAIL
ORLANDO FL
32805

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

**U.S. Postal Service
CERTIFIED MAIL RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)**

7000 0520 0020 9372 6384

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

AIKS ID # 0950329

Recip ELECTRO CHROMIUM CO INC
ARTHUR G MARTINEAU *(iler)*

Street 549 N ORANGE BLOSSOM TRAIL

City, St ORLANDO FL 32805

PS Form 3800, February 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Received by (Please Print Clearly) <i>073 GORE ST ANN ARBOR MI 48102</i></p> <p>B. Date of Delivery <i>2/11/02</i></p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">AIRS ID # 0950329</p> <p>ELECTRO CHROMIUM CO INC ARTHUR G MARTINEAU 549 N ORANGE BLOSSOM TRAIL ORLANDO FL 32805</p>	<p>C. Signature <i>Arthur G Martineau</i></p> <p>D. Is delivery address different from origin? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Copy from service label)</p> <p><i>7000 0520 0020 9372 6384</i></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7007 0500 0004 0144 4992

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

AIRS ID# 950329 1stC

Sent To ELECTRO CHROMIUM CO INC

Street, or PO Box 549 N Orange Blossom Trail

City, State, ZIP+4® ORLANDO, FL 32805

PS Form 3811, February 2004 Instructions

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# 950329 1stC
 ELECTRO CHROMIUM CO INC
 549 N Orange Blossom Trail
 ORLANDO, FL 32805

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Ben Montano Addressee

B. Received by (Printed Name) C. Date of Delivery
 2/7

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

2 Article Number 7003 0500 0004 0144 4992
 (Transfer from sender's copy)

ad P



UNITED STATES POSTAL SERVICE



First-Class Mail
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
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
FEB 9 2005
Air Monitoring
Mobile Sources

01





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

✓ *Adm*

TOTAL AMOUNT DUE: \$50.00

420716 DEC16 2002

Do NOT Remove Label

AIRS ID#0950329

ELECTRO CHROMIUM CO INC
 ARTHUR G MARTINEAU
 549 N ORANGE BLOSSOM TRAIL
 ORLANDO FL
 32805

Bureau of Air Monitoring & Mobile Sources

DEC 18 2002

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

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

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

950329 7
ELECTRO CHROMIUM CO INC
549 N Orange Blossom Trail
ORLANDO, FL 32805

Air Monitoring
Mobile Sources

FEB 27 2006

FLAIR ACCT. CODE 372020350013755010000
BENEFITTING OBJECT CODE 002000
BENEFITTING CATEGORY 000200

FOR GOVERNMENT USE ONLY
ORG.: 37550101000 EO: A1
FUND: 20-2-035001
OBJECT: 002273

RECEIVED

Printed on recycled paper.