

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

May 8, 2001

Mr. Young K. Chung
Winter Park Cleaners
161 West Fairbanks Avenue
Winter Park, Florida 32789

Re: Facility No.: 0951243-001

Dear Mr. Chung:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on April 4, 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.

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

RECEIVED
APR - 4 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): <i>Young K. Chung Winter Park Cleaners</i>
2. Site Name (For example, plant name or number): <i>161 W. Fairbanks Ave. Winter Park</i>
3. Hazardous Waste Generator Identification Number:
4. Facility Location: Street Address: City: <i>Winter Park</i> County: <i>Orange</i> Zip Code: <i>32789</i>
5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>0951243-001</i>

Responsible Official

6. Name and Title of Responsible Official: Name: <i>Young K Chung</i> Title: <i>owner</i>
7. Responsible Official Mailing Address: Organization/Firm: <i>Winter Park Cleaners, Inc.</i> Street Address: <i>161 W. Fairbanks Av</i> City: <i>Winter Park</i> County: <i>Orange</i> Zip Code: <i>32789</i>
8. Responsible Official Telephone Number: Telephone: <i>(407) 644-6626</i> Fax: () -

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")
Eastern Machinery, Inc.	Existing <input checked="" type="radio"/> New	RC/CA/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?

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/New	RC/CA/None required	_____
_____	Existing/New	RC/CA/None required	_____
_____	Existing/New	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? months

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

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

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.

Young K. Chung
Print name of responsible official

Young K. Chung
Signature

3/25/01
Date

WINTER PARK LAUNDRY
161 W. Fairbanks Ave.
Winter Park, FL 32789
(407) 644-6626

General permits Section
Bureau of Air Monitoring and Mobile Sources MS 5510
Dept. of Environmental Protection
2600 Blair Stone Rd
Tallahassee, FL 32399-2400

RECEIVED

PERCHLOROETHYLENE DRY CLEANER
AIR GENERAL PERMIT NOTIFICATION FORM

Bureau of Air Monitoring
& Mobile Sources
APR - 4 2001

RECEIVED

APR 16 2001

Part III. Notification of Intent to Use General Permit

Bureau of Air Monitoring
& Mobile Sources
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):	Young K. Chung Winter Park Cleaners		
2. Site Name (For example, plant name or number):	161 W. Fairbanks Ave. Winter Park		
3. Hazardous Waste Generator Identification Number:			
4. Facility Location: Street Address: City:	County: Orange	Zip Code:	32789
5. Facility Identification Number (DEP Use ONLY - do not fill in):	0951243-001		

Responsible Official

6. Name and Title of Responsible Official: Name:	Young K. Chung	Title:	Owner
7. Responsible Official Mailing Address: Organization/Firm: Street Address: City:	Winter Park Cleaners, Inc. 161 W. Fairbanks Ave Winter Park	County:	Orange
		Zip Code:	32789
8. Responsible Official Telephone Number: Telephone:	(407) 644-6626	Fax:	() -

Facility Contact (If different from Responsible Official)

9. Name and Title of Facility Contact (For example, plant manager):			
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11. Facility Contact Telephone Number: Telephone:	() -	Fax:	() -

RECEIVED
APR 11 2001
ORANGE COUNTY ENVIRONMENTAL
PROTECTION DIVISION

Facility Information

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Eastern Machinery, Inc. 1993-April	Existing <input checked="" type="radio"/> New <input type="radio"/>	RC <input checked="" type="radio"/> CA <input type="radio"/> None required <input type="radio"/>	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?

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

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_____	Existing/New	RC/CA/None required	_____
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*CONTROL DEVICE KEY: RC = refrigerated condenser CA = carbon adsorber

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

Approx. gallons (You must fill this in)

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

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.)

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

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

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:

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- (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.

Young K. Chung
 Print name of responsible official

Young K. Chung
 Signature

3/25/01
 Date

4/12/01

Bowman, Sandy

From: John.Parker@ocfl.net
Sent: Tuesday, January 27, 2004 1:03 PM
To: Bowman, Sandy
Cc: Butler, Rick
Subject: Winter Park Cleaners (0951243)

Hi Sandy:

Winter Park Cleaners (0951243) is under new ownership. The new responsible official is Jinho Han, his company name is: Angel Life Inc. I supplied him with an application which should be forthcoming. Please contact me if you have any questions.

Have a great day,

John X. Parker
Environmental Specialist
Orange County Air Quality
Phone: (407) 836-1445
Fax: (407) 836-1498
<mailto:John.Parker@ocfl.net>

8/16/02

To whom it may concern,

There is a change of address of Winter Park Cleaners. The new address is 595 W. Fairbanks Ave. Winter Park, FL 32789.

Sincerely,

Y. K. Chey
(owner of business)

AIRS ID#: 0951243

RECEIVED

AUG 21 2002

**Bureau of Air Monitoring
& Mobile Sources**

Bowman, Sandy

From: John.Parker@ocfl.net
Sent: Tuesday, April 16, 2002 3:58 PM
To: Butler, Rick
Cc: Bowman, Sandy
Subject: Winter Park Cleaners

Hello Rick:

In reference to Winter Park Cleaners, airs# 0951243. I spoke with Mr. Young K. Chung (responsible official) today, and he intends to add his son Jihoon Chung as a co-responsible official / owner. They have relocated from:

161 West Fairbanks Ave.
Winter Park, FL. 32789

to

595 W. Fairbanks Avenue
Winter Park, FL. 32789

He will be sending you a letter referencing this change in the near future.

John X Parker
Environmental Specialist
Phone: 407-836-1445
Fax: 407-836-1498

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

7000 0520 0020 9373 1289

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

Postmark
Here

Total AIRS ID # 0951243
 WINTER PARK CLEANERS
 Recipient YOUNG K CHUNG
 161 W FAIRBANKS AVENUE
 Street WINTER PARK FL
 32789
 City,

PS Form 3800, February 2000 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 # 0951243
 WINTER PARK CLEANERS
 YOUNG K CHUNG
 161 W FAIRBANKS AVENUE
 WINTER PARK FL
 32789

2. Article Number (Copy from service label)

70000520002093731289

PS Form 3811, July 1999 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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

102595-99-M-1789

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 •

DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

RECEIVED





THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

423164 FEB19 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

AIRS ID#0951243
WINTER PARK CLEANERS YOUNG K CHUNG 595 W FAIRBANKS AVENUE WINTER PARK FL 32789

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

RECEIVED
 FEB 21 2003
 Bureau of Air Monitoring
 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414138 FEB14 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 # 0951243
WINTER PARK CLEANERS YOUNG K CHUNG 161 W FAIRBANKS AVENUE WINTER PARK FL 32789

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)

OFFICIAL USE

7001 0320 0001 7976 4733

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

Postmark Here

To AIRS ID#0951243

Ser WINTER PARK CLEANERS
 YOUNG K CHUNG

Str 595 W FAIRBANKS AVENUE

or f WINTER PARK FL

City 32789

PS Form 3811, January 2001 Use 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#0951243

WINTER PARK CLEANERS
 YOUNG K CHUNG
 595 W FAIRBANKS AVENUE
 WINTER PARK FL
 32789

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

x [Signature]

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

Minho Solm 2/7/05

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7001 0320 0001 7976 4733

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

1 Air Monitor
Mobile Sources

FEB 10 2003

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6665 44TD 4000 0050 E002

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 \$	2 nd Cert. Postmark Here 2003
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	AIRS ID # 951243
Sent To YOUNG CHUNG WINTER PARK CLEANERS Street, Apt. No. or PO Box No. 595 W FAIRBANKS AVENUE City, State, ZIP WINTER PARK, FL 32789	
PS Form 3800, June 2002 Seal Reverse for Instructions	

<p>SENDER: COMPLETE THIS SECTION</p> <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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> AIRS ID # 951243 YOUNG CHUNG WINTER PARK CLEANERS 595 W FAIRBANKS AVENUE WINTER PARK, FL 32789 </div> <p>2. Article Number (Transfer from service label)</p>	<p>COMPLETE THIS SECTION ON DELIVERY</p> <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> <i>Ellen Chung</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <input checked="" type="checkbox"/> <i>CHUNG</i></p> <p>D. Is delivery address different from item 1? <input 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 5999	

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 •

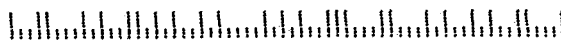
DARMMOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

MAR 19 2004

RECEIVED

01

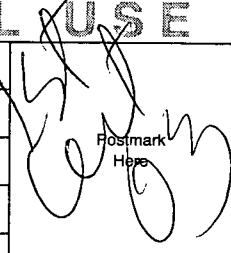


7003 2260 0003 5650 8946

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	\$	
ID# 951243		
Sent To	YOUNG CHUNG	
Street, Apt. No. or PO Box No.	WINTER PARK CLEANERS 595 W FAIRBANKS AVENUE	
City, State, ZIP	WINTER PARK, FL 32789	
PS Form 3800		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

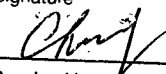
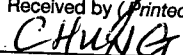
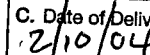
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ID# 951243
 YOUNG CHUNG
 WINTER PARK CLEANERS
 595 W FAIRBANKS AVENUE
 WINTER PARK, FL 32789

2. Article Number
 (Transfer from service label)

7003 2260 0003 5650 8946

COMPLETE THIS SECTION ON DELIVERY

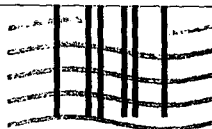
A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee 	
B. Received by (Printed Name) 	C. Date of Delivery 
D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	

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.

4. Restricted Delivery? (Extra Fee) Yes

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.

DARM/MOBILE SOURCE CONTROL PROGRAM
DEPT. OF ENVIRONMENTAL PROTECTION
MAIL STATION 5510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

RECEIVED
Bureau of Air Monitoring
& Mobile Sources
FEB 12 2004

