

Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

April 21, 2000

Mr. Bernard J. Audet
Bernie's Cleaners
8081 West McNab Road
North Lauderdale, Florida 33068

Re: Facility No.: 0112391-002

Dear Mr. Audet:

The Department has received the Title V General Permit Notification Form for the dry cleaning facility that you submitted on March 16, 2000.

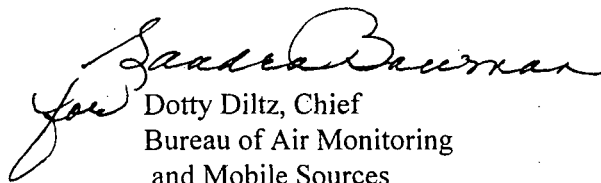
Please note that in January of each year the Department will be mailing fee notices to those facilities using the Title V general permit. This annual operation fee is \$50 and it is due and payable between January 15 and March 1 of each year the facility is in operation and is subject to the requirements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

"Protect, Conserve and Manage Florida's Environment and Natural Resources"

Printed on recycled paper.

0112391-002
Bernies Cleaners

1(a) Based upon date of purchase, the machine is considered New. New should be circled.

p13 4. New machines at small area source should be circled marked. Mark out existing machines and initial.

p14

(6F) Required. Should be marked.

7. List permit #'s. If none exist, then mark ~~No~~ DEP air permits exist. Mark out Surrender of DEP air permits.

Responsible official sign and date for changes made.

Perchloroethylene Dry Cleaning Facility Notification
(keep a copy of the completed form on-site)
Facility Name and Location

RECEIVED
MAR 16 2000
Bureau of Air Monitoring
& Mobile Sources

| |
|--|
| 1. Facility Owner/Company Name (Name of corporation, agency, or individual owner): <i>RITE TOUCH CLEANERS INC.</i> |
| 2. Site Name (For example, plant name or number): <i>BERNIE'S CLEANERS</i> |
| 3. Hazardous Waste Generator Identification Number: <i>FLD 981476443</i> |
| 4. Facility Location: Street Address: <i>8088 WEST MCNAB ROAD</i> City: <i>NORTH LAUDERDALE</i> County: <i>BROWARD</i> Zip Code: <i>FL 33068</i> |
| 5. Facility Identification Number (DEP Use ONLY - do not fill in): <i>D112391-002</i> |

Responsible Official

| |
|--|
| 6. Name and Title of Responsible Official: Name: <i>BERNARD J AUDET</i> Title: <i>PRESIDENT</i> |
| 7. Responsible Official Mailing Address: Organization/Firm: <i>RITE TOUCH CLEANERS INC</i> <i>6/0N BERNIE'S CLEANERS</i> Street Address: <i>7600 WEST CAMINO REAL #100</i> City: <i>B.O.LA RATON</i> County: <i>PALM BEACH</i> Zip Code: <i>FL 33433</i> |
| 8. Responsible Official Telephone Number: Telephone: <i>(561) 338-7843</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? 1

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") |
|---|------------------------|--|---|
| 11/5/99 PURCHASE PLANT SAINT DE MACHINE | Existing | 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? N/A

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?

[65] gallons (You must fill this in)

(b) If less than 12 months, how many? [4] months

Check why it is less than 12 months: New owner: [X] 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

[X]

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".)

Existing machines at small area source

(NONE REQUIRED)

[X]

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).

All steam and hot water generating units exempt

[X]

OR

No such units on-site

[]

How many boilers do you have on-site?

[1]

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

[10]

[HP]

What type of fuel do you use?

[X]

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) Instrument calibration
- (f) Start-up, 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.

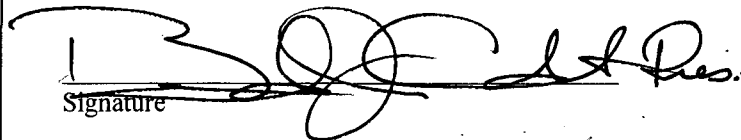
Responsible Official Certification

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.

BERNARD J. AUDET PRES.

Print name of responsible official


Signature

3/4/2000
Date

THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

449273 MAR172005

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#0112391.....2nd Cert 05
BERNIE'S CLEANERS
8088 W MCNAB ROAD
N LAUDERDALE, FL 33068

Printed on recycled paper.

Bureau of Air Maintenance
& Mobile Services

MAR 21 2005

RECEIVED

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

| | | |
|---|--|------------------|
| 7521 7521 3939 0002 2510 7004 | U.S. Postal Service™ | |
| | CERTIFIED MAIL™ RECEIPT | |
| | <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
| | 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#0112391.....2 nd Cert 05 | | |
| Sent To | BERNIE'S CLEANERS | |
| Street, Apt. No., or PO Box No. | 8088 W MCNAB ROAD | |
| City, State, ZIP+4 | N LAUDERDALE, FL 33068 | |
| PS Form 3800, J1 | | |

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#0112391.....2nd Cert 05
 BERNIE'S CLEANERS
 8088 W MCNAB ROAD
 N LAUDERDALE, FL 33068

2. Article Number
(Transfer from service label)

7004 2510 0002 3939 7521

Form 3811, August 2001

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY
A. Signature

 X *Raymond Abd...* Agent Addressee

B. Received by (Printed Name)
BERNIE'S
C. Date of Delivery
3-4-5
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

102595-02-M-1540

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

Air Monitor
Sources

MAR 15 2005

RECEIVED

01



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OFFICIAL USE

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

ID# 112391

Sent To **BERNARD AUDET**

Street, Apt. **BERNIE'S CLEANERS**

or PO Box **7600 WEST CAMINO REAL #100**

City, State **BOCA RATON, FL 33433**

PS Form 3811, August 2001

7003 2260 0003 5650 8571

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:

ID# 112391
 BERNARD AUDET
 BERNIE'S CLEANERS
 7600 WEST CAMINO REAL #100
 BOCA RATON, FL 33433

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

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

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 2260 0003 5650 8571

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
2800 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of
& Mobile
Sources
Monitoring

FEB 12 2004

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OFFICIAL USE

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

AIRS ID# 112391 1stC
 BERNIE'S CLEANERS
 8088 W MCNAB ROAD
 N LAUDERDALE, FL 33068

PS Form 3800, June 2002 See Reverse for Instructions

7003 0500 0004 0144 8457

| 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. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Marilyn Byrd</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Byrd</i> <i>2/7/05</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>1. Article Addressed to:</p> <div style="border: 1px dashed black; padding: 10px; margin: 10px 0;"> <p>AIRS ID# 112391 1stC BERNIE'S CLEANERS 8088 W MCNAB ROAD N LAUDERDALE, FL 33068</p> </div> | <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>2. Article Number</p> <p><i>(Transfer from service label)</i></p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>7003 0500 0004 0144 8457</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 •

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

DEPT. OF ENVIRONMENTAL PROTECTION
Mobile Source

FEB 15 2005

CEIVED



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

OFFICIAL USE

7001 0320 0001 7976 5501

| | | |
|---|----|-------------------------------------|
| Postage | \$ | <i>[Signature]</i> Postmark Here |
| Certified Fee | | |
| Return Receipt Fee (Endorsement Required) | | |
| Restricted Delivery Fee (Endorsement Required) | | |
| Total Postage & Fees | ¢ | |

AIRS ID#0112391

Sent To **BERNIE'S CLEANERS**
Street, Ap **BERNARD J AUDET**
or PO Box **7600 WEST CAMINO REAL #100**
City, State **BOCA RATON FL**
33433

PS Form 3849

Postnet

| 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) HAROLD WILLIAM B. Date of Delivery 9/14/01</p> |
| <p>1. Article Addressed to:</p> | <p>C. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> |
| <p>ONE LOW PRICE CLEANERS MALCOLM LAING 2455-59 NW 40TH AVE (SR 7) LAUDERHILL FL 33313</p> <p style="text-align: right;">AIRS ID # 0112392</p> <p style="font-size: 2em; font-weight: bold;">Z 210 661 170</p> | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>2. Article Number (Copy from service label)</p> | <p>3. Service Type</p> <p><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>PS Form 3811, July 1999</p> | <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> |
| <p>Domestic Return Receipt 102595-99-M-1789</p> | |

Z 210 661 170

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

| | |
|---|----|
| Sent to | |
| Street & Number | |
| Post Office, State, & ZIP Code | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom | |

AIRS ID # 0112392

ONE LOW PRICE CLEANERS
 MALCOLM LAING
 2455-59 NW 40TH AVE (SR 7)
 LAUDERHILL FL 33313

April 1995



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

X

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#0112391 |
| BERNIE'S CLEANERS BERNARD J AUDET 7600 WEST CAMINO REAL #100 BOCA RATON FL 33433 |

425235 MAR10 2003
RECEIVED

MAR 13 2003
FOR GOVERNMENT USE ONLY
Org.: 37550101000, EO: A1
Fund: 20-2-035001 Bureau of Air Monitoring
Obj.: 002273 & Mobile Sources



THIS PORTION MUST BE ATTACHED TO REMITTANCE FOR PROPER HANDLING

414298 FEB19 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 # 0112391
BERNIE'S CLEANERS
BERNARD J AUDET
7600 WEST CAMINO REAL #100
BOCA RATON FL
33433

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 | |
| Postage \$ | Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total Postage | AIRS ID # 0112391 |
| Sent To | BERNIE'S CLEANERS BERNARD J AUDET 7600 WEST CAMINO REAL #100 BOCA RATON FL 33433 |
| Street, Apt. No. | |
| City, State, ZIP | |
| PS Form 3800, May 2000 See Reverse for Instructions | |

7000 2870 0000 7027 4862

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 # 0112391

BERNIE'S CLEANERS
BERNARD J AUDET
7600 WEST CAMINO REAL #100
BOCA RATON FL
33433

2. Article Number (Copy from service label)

70002870000070274862

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) B. Date of Delivery
MARIA RAMIREZ 2/19

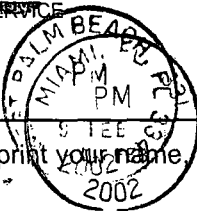
C. Signature Agent
Maria Ramirez Addressee

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

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

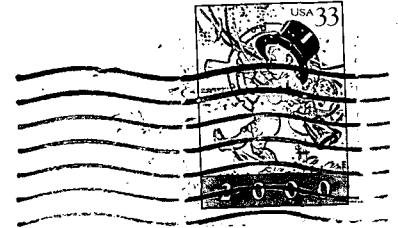
Bureau of Air Monitoring
& Mobile Sources

FEB 14 2002

RECEIVED



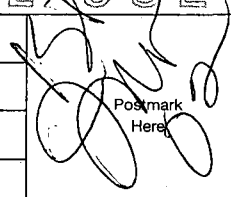
BERNIE'S CLEANERS
7500 WEST CAMINO REAL #100
BOCA RATON, FL 33433



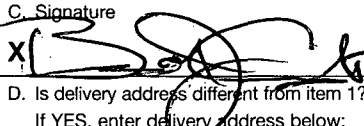
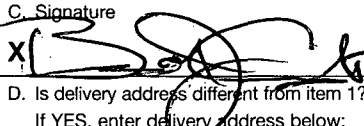
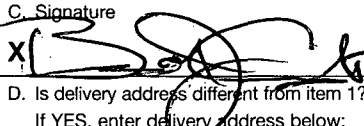
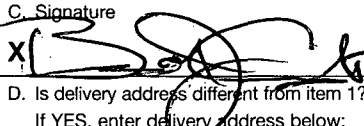
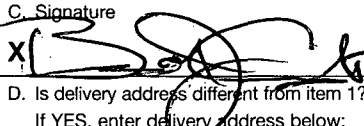
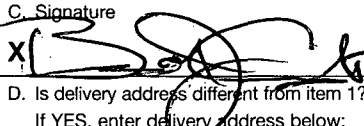
GENERAL PERMITS SECTION
BUREAU OF AIR MONITORING MS5510
DEPARTMENT OF ENVIRONMENTAL PROTECTION
2600 BLAIR STONE ROAD
TALLAHASSEE, FL 32399-2400

32399-6342 01



| U.S. Postal Service CERTIFIED MAIL RECEIPT <i>(Domestic Mail Only; No Insurance Coverage Provided)</i> | |
|--|---|
| OFFICIAL USE | |
| Postage \$ |  Postmark Here |
| Certified Fee | |
| Return Receipt Fee (Endorsement Required) | |
| Restricted Delivery Fee (Endorsement Required) | |
| Total P | |
| AIRS ID#0112391 | |
| Sent To | BERNIE'S CLEANERS |
| Street, / or PO B. | BERNARD J AUDET 7600 WEST CAMINO REAL #100 |
| City, Sta | BOCA RATON FL 33433 |
| PS Form | Instructions |

7001 0320 0001 7976 7499

| PLACE STICKER AT TOP OF MAILPIECE TO THE RIGHT | | | | | | | | | | | | | |
|--|--|--|--|--|--|---|--|--------------------------------|--|--|------------------------------------|---|--|
| 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. | <table border="1"> <tr> <td>A. Received by <i>(Please Print Clearly)</i></td> <td>B. Date of Delivery 2/7</td> </tr> <tr> <td colspan="2">C. Signature <table border="0"> <tr> <td style="vertical-align: middle;">X</td> <td style="vertical-align: middle;"></td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Addressee</td> </tr> </table> </td> </tr> <tr> <td colspan="2">D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</td> </tr> </table> | A. Received by <i>(Please Print Clearly)</i> | B. Date of Delivery 2/7 | C. Signature <table border="0"> <tr> <td style="vertical-align: middle;">X</td> <td style="vertical-align: middle;"></td> <td><input type="checkbox"/> Agent</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Addressee</td> </tr> </table> | | X |  | <input type="checkbox"/> Agent | | | <input type="checkbox"/> Addressee | D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | |
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| X |  | <input type="checkbox"/> Agent | | | | | | | | | | | |
| | | <input type="checkbox"/> Addressee | | | | | | | | | | | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No | | | | | | | | | | | | | |
| 1. Article Addressed to: <div style="text-align: right;">AIRS ID#0112391</div> BERNIE'S CLEANERS BERNARD J AUDET 7600 WEST CAMINO REAL #100 BOCA RATON FL 33433 | 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. | | | | | | | | | | | | |
| 2. Article Number <i>(Copy)</i> | 4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes | | | | | | | | | | | | |
| 7001 0320 0001 7976 7499 | | | | | | | | | | | | | |

UNITED STATES POSTAL SERVICE



U.S. POSTAGE

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 3510
2600 BLAIR STONE ROAD
TALLAHASSEE, FLORIDA 32399-2400

Bureau of Air Monitoring
& Mobile Sources

FEB 10 2003

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