



Matthew Rodriguez
Secretary for
Environmental Protection



Department of Toxic Substances Control

Barbara A. Lee, Director
1001 "I" Street
P.O. Box 806
Sacramento, California 95812-0806



Edmund G. Brown Jr.
Governor

*****HAZARDOUS WASTE TRANSPORTER REGISTRATION***
WITH CONSOLIDATED TRANSPORTER NOTIFICATION**

NAME AND ADDRESS OF REGISTERED TRANSPORTER:

K-VAC ENVIRONMENTAL SERVICES INC
PO BOX 1505
RANCHO CUCAMONGA CA 91729

TRANSPORTER REGISTRATION NO: 3613

EXPIRATION DATE: JULY 31, 2018

THIS IS TO CERTIFY THAT THE FIRM NAMED ABOVE IS DULY REGISTERED TO TRANSPORT HAZARDOUS WASTE IN THE STATE OF CALIFORNIA IN ACCORDANCE WITH THE PROVISIONS OF CHAPTER 6.5, DIVISION 20 OF THE HEALTH AND SAFETY CODE AND TITLE 22 OF THE CALIFORNIA CODE OF REGULATIONS, DIVISION 4.5.

THIS REGISTRATION CERTIFICATE MUST BE CARRIED WITH EACH SHIPMENT OF HAZARDOUS WASTE.

FOR REGISTRATION INFORMATION, PLEASE CALL (916) 440-7145.


(AUTHORIZED SIGNATURE)

July 11, 2017
(DATE)

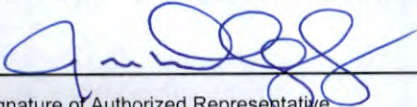
CONSOLIDATED TRANSPORTER NOTIFICATION

1. Business Name (Show d.b.a. name, show name exactly as it will appear on registration; same name or trademark is required on all vehicles): <u>K-VAC Environmental Services, Inc.</u>		2. Transporter Registration Number <u>3 6 1 3</u>		
3. Business Address Number/Street <u>8910 Rochester Ave.</u>	City <u>Rancho Cucamonga</u>	County/Province <u>San Bernardino</u>	State/Country <u>CA / USA</u>	Zip/Postal Code <u>91730</u>
4. Mailing Address (If different) P.O. Box/Street <u>P.O. Box 1505</u>	City <u>Rancho Cucamonga</u>	County/Province <u>San Bernardino</u>	State/Country <u>CA / USA</u>	Zip/Postal Code <u>91729</u>
5a. Telephone Number (Ext. Number) <u>(909) 476-2308</u>	6. Identification Numbers. If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers (12 characters) used by your company on these manifests. If necessary, list additional identification numbers on a separate sheet.			
5b. Fax Number () <u>N/A</u>	<u>CAR000163097</u>			
5c. E-mail Address <u>jeanne.delperdang@kvacenv.com</u>				

7. I intend to transport the following hazardous wastestream under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2. [Check all applicable box(es)]:

<input checked="" type="checkbox"/> A Used oil	<input checked="" type="checkbox"/> J Spent photographic solutions
<input checked="" type="checkbox"/> B Contents of an oil/water separator	<input checked="" type="checkbox"/> K Dry cleaning solvents (including perchloroethylene, naphtha, and silicone based solvents)
<input checked="" type="checkbox"/> C Solids contaminated with used oil	<input checked="" type="checkbox"/> L Filters, lint, and sludges contaminated with dry cleaning solvent
<input checked="" type="checkbox"/> D Brake fluid	<input checked="" type="checkbox"/> M Asbestos and asbestos-containing materials
<input checked="" type="checkbox"/> E Antifreeze	<input checked="" type="checkbox"/> N Inks from the printing industry
<input checked="" type="checkbox"/> F Antifreeze sludge	<input checked="" type="checkbox"/> O Chemicals and laboratory packs collected from K-12 schools
<input checked="" type="checkbox"/> G Parts cleaning solvents, including aqueous cleaning solvents	<input checked="" type="checkbox"/> P Absorbents contaminated with other wastes listed in Health and Safety Code Section 25160.2(c)
<input checked="" type="checkbox"/> H Hydroxide sludge contaminated solely with metals from a wastewater treatment process	<input checked="" type="checkbox"/> Q Filters from dispensing pumps for diesel and gasoline fuels
<input checked="" type="checkbox"/> I "Paint-related" wastes, including paints, thinners, filters, and sludges	

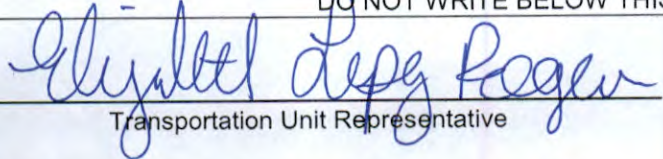
8. **Name and Title of Authorized Representative** (print or type): Jeanne Delperdang H&S Manager

 06-06-17

Signature of Authorized Representative Use blue or other non-black ink Date

Note: Keep this Consolidated Transporter Notification, signed by DTSC, with the valid Transporter Registration Certificate in the vehicle at all times during the transportation of hazardous waste. Transportation of wastestream(s) listed above, under the consolidated manifesting procedure, without notifying DTSC is a violation of Health and Safety Code (HSC) Section 25165(a), and may be subject to significant penalties. Consolidated transporters are also required to submit quarterly reports pursuant to HSC Section 25160.2(d).

DO NOT WRITE BELOW THIS LINE (FOR DTSC USE ONLY)

 6/12/2017

Transportation Unit Representative Received date

Elizabeth Lopez Rogers 7/31/2018

(Print or type name) Expiration date

6/23/2017

DTSC acknowledgement date

CONSOLIDATED TRANSPORTER NOTIFICATION

1. BUSINESS NAME -

- Enter the name, the "DBA" (doing business as) name, or fictitious name under which you are doing business. This will be the same name that will appear on the Registration Certificate issued by DTSC, the Certificate of Insurance for Public Liability Coverage (Form DTSC 8038), and the Endorsement for Motor Carrier Policies of Insurance for Public Liability (Form MCS-90).
- If you have more than one DBA or fictitious name, you must apply for a separate registration for each DBA or fictitious name under which you will transport hazardous waste.

2. TRANSPORTER REGISTRATION NUMBER - Enter your current Registration Number.

3. BUSINESS ADDRESS - Enter the complete business address.

4. MAILING ADDRESS - Enter the complete mailing address.

5. CONTACT NUMBERS - Enter the telephone number, fax number and e-mail address of the business contact person.

6. IDENTIFICATION NUMBER (Also Known as EPA ID Number) -

If your company transports hazardous wastes, operates the designated facility, and intends to submit only the facility copy of the consolidated manifests pursuant to Health and Safety Code Section 25160(b)(5)(A), you must provide all the transporter and facility identification numbers used by your company on these manifests.

7. Check all applicable boxes of wastestreams that you plan to transport under the consolidated manifesting procedure, as described in Health and Safety Code, Section 25160.2.

8. The business owner or officer who is authorized to make decisions for the business shall sign in the space provided. Enter the full printed name and title of the person signing the form, and the date that the form was signed. Since the original signature is required on the form, please use blue or other non-black ink.