FORM REV. 10/14/2026

Department of Regulatory and Economic Resources (RER)
701 NW 1st Court • 7th Floor
Miami, Florida 33136-3912
T 305-372-6600

Stratospheric Ozone Protection Program-Operating Permit Application

Pursuant to the provisions of sections 24-41.11 and 24-18, Miami-Dade County Code, an operating permit is required for the handling (recovery, recharge, sale and/or purchase) of refrigerants. In accordance with section 24-5 of the Code, a refrigerant is defined as a substance containing any ozone-depleting compound which is utilized in a refrigeration system. These operating permits are issued and managed by the Stratospheric Ozone Protection Program of the Department of Regulatory and Economic Resources (RER).

Instructions: Complete permit application packages (inclusive of all required supporting documentation and permit fees) must be submitted in accordance with the instructions provided in Section E of this form. For the current list of permit fees, refer to the operating permits section of the current fee schedule published at https://www.miamidade.gov/global/environment/code-compliance/fees.page.

(A) Applicant Information:

Applicant Name (Corp., LLC, sole proprietor): _____

Facility Business Address: _____
Street / P.O. Box City State Zip

Facility Address Type (select one of the following): ☐ Residential property ☐ Non-residential property

Mailing Address: _____
Street / P.O. Box City State Zip

Contact person name: _____ Title: _____

Contact number: _____ Email: _____

(B) Refrigerant Types:

In the space below identify the type(s) of refrigerants to be handled by the business for any purpose. Be advised that a Stratospheric Ozone Protection Program Permit is not required if the refrigerants to be handled do not contain ozone-depleting compounds. If you are unsure that the refrigerants to be handled by the business are ozone-depleting, please contact the Department for further assistance.

(C) Type of Activity (select all that apply):

Select all applicable activities which are to be conducted by the applicant within the geographical boundaries of Miami-Dade County that involve the handling of refrigerants containing ozone-depleting compounds.

- ☐ Purchase of refrigerants
- ☐ Sale of refrigerants
- ☐ Recharge / recovery of refrigerants (installation, repair, and/or maintenance of refrigeration systems)
- ☐ Recharge / recovery of refrigerants (salvaging or dismantling facility)

In the space below provide a detailed description of the activities to be conducted by the applicant in Miami-Dade County:

(D) List of EPA-certified Technicians:

If you selected any of the "recharge / recovery" options in Section C of this form, list the EPA-certified technicians that will engage in such activities in the table below and attach copies of the respective certifications. If no such activities apply, leave the space blank or enter "N/A".

Name of Technician	Type of Certificate / Company	EPA Certificate #

(E) Location of Business/Activity and Application Submittal Instructions:

Check the appropriate box below (select one option only) and submit the complete permit application package following the instructions applicable to the selected option.

☐ **Mobile Operation**: The applicant/business does not have a fixed base/facility located in Miami-Dade County and its operations are only conducted as a mobile business.

Submittal Instructions: For mobile operators, the Stratospheric Ozone Protection Permit application package may be submitted in person at the Department of Regulatory and Economic Resources, 701 NW 1st Court, 7th Floor, Miami, FL 33136 or via email at EnvOperatingPermits@miamidade.gov. For in-person submittals, payment of required permit fee will be collected upon receipt of the application. For submittals sent via email, payment will be required to be submitted using an electronic payment process which will be provided to the applicant via email upon review of the application package.

☐ **Stationary/Fixed Facility**: The applicant/business has a fixed base/facility located in Miami-Dade County at the location indicated in Section A of this form. If available, attach a copy of the Miami-Dade County Certificate of Use (CU) approval issued to said facility location.

Submittal Instructions:

a) If the facility does not have a valid CU issued to the named Applicant, a CU application must be submitted to the Department for review and approval using the portal linked below. The applicant is required to submit the Stratospheric Ozone Protection Permit application package as part of the CU review process. The required permit fees will be invoiced and collected as part of the CU review process.

Link to CU app portal: https://www.miamidade.gov/Apps/RER/EPSPortal/PlanReview/CUApplications/Landing

b) If the facility has a valid CU issued to the named Applicant, the complete Stratospheric Ozone Protection Permit application package may be submitted in person at the Department of Regulatory and Economic Resources, 701 NW 1st Court, 7th Floor, Miami, FL 33136 or via email at EnvOperatingPermits@miamidade.gov. For in-person submittals, payment of required permit fee will be collected upon receipt of the application. For submittals sent via email, payment will be required to be submitted using an electronic payment process which will be provided to the applicant via email upon review of the application package.

Note: Depending on the nature of activities authorized by the CU, RER may require the submittal of a new/updated CU application prior to approval of the Stratospheric Ozone Protection Permit application package. In such cases the applicant must instead follow the submittal instructions outlined in sub-item (b) below.

(F) Applicant Certification:

Under the penalty of perjury, I swear or affirm that I have read the foregoing application and that the statements made in this application for permit are true and correct, and understand and acknowledge that Miami-Dade County reserves the right to deny, revoke, cancel, void, or suspend, any permit issued pursuant to any application that contains any materially false or fraudulent statements, and acknowledge that continued operation or maintenance of the permitted acts after the permit is revoked, canceled, voided, or suspended, may subject the undersigned to enforcement penalties allowed by law. Further, the undersigned agrees to comply with the conditions of operating permit (if issued by the Department), the provisions of Chapter 24, Miami-Dade County Code ("the Code"), and all applicable State and federal rules and regulations, and I understand and agree that Miami-Dade County reserves the right to revoke, cancel, void, or suspend, any permit for material failures to comply with the conditions of said permit (if issued by the Department), the provisions of Chapter 24 of the Code, and all applicable State and federal rules and regulations. The undersigned further agrees to grant access to Department personnel at reasonable times for the purposes of inspection and testing to determine compliance with permit conditions and Chapter 24 of the Code, and all applicable State and federal rules and regulations.

*Name of Authorized Representative: _____ Title: _____

Mailing Address: _____
Street / P.O. Box City State Zip

Phone: _____ Email: _____

_____ _____
Signature of Authorized Representative Date

*If the individual signing in the space above is not the owner or a registered officer of the applicant listed on page 1 of this form, a current delegation of authority letter (i.e. less than 1 year old) that conveys signatory authority to said individual must be attached.

THIS FORM MUST BE NOTARIZED IN THE SPACES BELOW:

Sworn to and subscribed before me this _____ day of _____, 20____

_____ _____
Notary Seal Notary Signature