

STATE OF FLORIDA SOLID WASTE MANAGEMENT FACILITY IRREVOCABLE LETTER OF CREDIT TO DEMONSTRATE FINANCIAL ASSURANCE

Director, Division of Waste Management
Florida Department of Environmental Protection
Bob Martinez Center
2600 Blair Stone Road MS 4565
Tallahassee, Florida 32399-2400

Name of Issuing Institution

Address of Issuing Institution

This credit is for Closing Long-Term Care Corrective Action
Check Appropriate Box(es)

Dear Sir or Madam:

We hereby establish our Irrevocable Standby Letter of Credit No. _____ in your favor, at the request and for the account of _____

Legal Name of Owner or Operator

(hereinafter the "Owner or Operator"), _____

Business Address of Owner or Operator

up to the aggregate amount of _____

Amount in Words

U.S. dollars (\$ _____), available upon presentation of

- (1) your sight draft, bearing reference to this letter of credit No. _____, and
- (2) your signed statement reading as follows: "I certify that the amount of the draft is payable pursuant to the requirements of Rule 62-701.630(6) or 62-711.500(3), F.A.C."

This letter of credit is effective as of _____ and shall expire on _____, but such

Date

Date at Least One Year Later

expiration date shall be automatically extended for a period of _____ on _____

At Least One Year

Date

and on each successive expiration date, unless, at least 120 days before the current expiration date, we notify both you and the Owner or Operator by certified mail that we have decided not to extend this letter of credit beyond the current expiration date. In the event you are so notified, any unused portion of the credit shall be available upon presentation of your sight draft for 120 days after the date of receipt by both you and the Owner or Operator as shown on the signed return receipts.

Whenever this letter of credit is drawn on under and in compliance with the terms of this credit, we shall duly honor such draft upon presentation to us, and we shall deposit the amount of the draft directly into the standby trust fund of the Owner or Operator, in accordance with your instructions.

The person whose signature appears below hereby certifies that they are authorized to execute this letter of credit and that the wording of this letter of credit is identical to the wording as adopted and incorporated by reference in Rule 62-701.630(6)(a), F.A.C.

Signature of Authorized Official of Issuing Institution

Date

Type Name and Title

Telephone Number

E-mail Address

This credit is subject to _____

Insert governing words such as "the most recent edition of the Uniform Customs and Practice for Documentary Credits, published and copyrighted by the International Chamber of Commerce," or "the Uniform Commercial Code."