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Florida Department of Environmental Protection



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Pending Document Details

NATIVE NAME: CROWLEY LINER SERVICES INC

DOC LOG ID: 29067

CHAZ ID: FL0000360560

CITY: FORT LAUDERDALE

COUNTY: BROWARD

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Document Types

Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
396580	HWT	Maxwell.Wigglesworth@Crowley.com	FL0000360560	Crowley Liner Services Inc
396581	HWR	Maxwell.Wigglesworth@Crowley.com	FL0000360560	Crowley Liner Services Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	10/21/2014	SIMMONS_JLS	✖
RHWT	Logged	10/21/2014	SIMMONS_JLS	✖
RHWT	Completeness Review	10/23/2014	HORLICK_S	✖
RHWT	Waiting for information	10/23/2014	HORLICK_S	✖
RHWT	Ready for Data Entry	10/29/2014	HORLICK_S	✖
RHWT	Data Entry Completed	10/29/2014	OUTLEY_D	✖
RHWT	Final Review	10/29/2014	HORLICK_S	✖
RHWT	Notification Letter Emailed	10/31/2014	HORLICK_S	✖
RHWT	Booked into Oculus 🚧	11/03/2014	THURSBY_K	✖

Add A New Process

Document Type	Process	Date	
<input type="text" value="Hazardous Waste Generator (HWG)"/>	<input type="text" value="Completeness Review"/>	<input type="text" value="11/03/2014"/>	<input type="button" value="Add Process"/>

Comments

Document Type	Date	Comment	Author
General Comment	10/21/2014	Notification has an original signature.	SIMMONS_JLS
RHWT	10/23/2014	8700-12FL Notification form received. HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received. Valid HWT/UOH Certificate of Liability insurance form on file. HWT registration package is complete.	HORLICK_S
RHWT	10/23/2014	Email to Maxwell Wigglesworth, In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; ı Please provide an expiration date for this insurance policy where indicated (see attached). ı Submit the revised insurance form hand signed (ıwet signatureı) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management DivisionıHWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	10/29/2014	Updated HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received.	HORLICK_S

Add A New Comment

Document Type	Comments	
Hazardous Waste Generator (HWG) <input type="button" value="v"/>	<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>	<input type="button" value="Add Comment"/>