

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** TRADEBE TRANSPORTATION LLC

**DOC LOG ID:** 30689

**CHAZ ID:** CTD021816889

**CITY:** MERIDEN

**COUNTY:** ALL FL CNTYS

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### Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
310548	HWT	<a href="mailto:peter.olsen@tradebe.com">peter.olsen@tradebe.com</a>	CTD021816889	Tradebe Transportation LLC
397032	UOP	<a href="mailto:peter.olsen@tradebe.com">peter.olsen@tradebe.com</a>	CTD021816889	Tradebe Transportation LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	04/15/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	04/17/2015	HORLICK_S	✕
RHWT	Waiting for information	04/17/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	05/12/2015	HORLICK_S	✕
RHWT	Data Entry Completed	05/12/2015	SIMMONS_JLS	✕
RHWT	Final Review	06/10/2015	HORLICK_S	✕
RHWT	Notification Letter Emailed	06/11/2015	HORLICK_S	✕
RHWT	Booked into Oculus	06/11/2015	THURSBY_K	✕

RUOH	Logged	04/15/2015	SIMMONS_JLS	✕
RUOH	Completeness Review	04/20/2015	ASHWOOD_J	✕
RUOH	Waiting for information	04/20/2015	ASHWOOD_J	✕
RUOH	Ready for Data Entry	05/20/2015	ASHWOOD_J	✕
RUOH	Data Entry Completed	05/21/2015	SIMMONS_JLS	✕
RUOH	Final Review	06/09/2015	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	06/11/2015	ASHWOOD_J	✕
RUOH	Booked into Oculus 	06/11/2015	THURSBY_K	✕

## Comments

Document Type	Date	Comment	Author
General Comment	04/15/2015	Notification has an original signature, but is not dated.	SIMMONS_JLS
RHWT	04/17/2015	8700-12FL Notification form received. HWT/UOH Certificate of Liability to be mailed directly from insurance provider.	HORLICK_S
RHWT	05/12/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	06/09/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RUOH	04/20/2015	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	04/20/2015	Email sent Peter Olsen: In reviewing your submittal, we noticed additional information is needed. The policy number on the ACORD form submitted does not match the Certificate of Liability Insurance form on file (see attached). Please submit the following to continue processing your UO renewal (see attached blank forms for your convenience): Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	05/20/2015	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	05/21/2015	Email sent to Peter: There is an error on the Combined HWT/UO Insurance form (see attached). Please submit revised Insurance form to continue processing your registration. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	06/09/2015	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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