

Florida Department of Environmental Protection



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## **Completed Document Details**

NATIVE NAME: WEAVERTOWN TRANSPORT LEASING INC

**DOC LOG ID:** 31655 CHAZ ID: PAD980707442 **COUNTY: ALL FL CNTYS** CITY: **MCDONALD** 

View email records

RHWT Email Template RHWT Approvals

**Document Types** 

**Discontinued On Document Type Primary Type** 

RHWT

**Email Addresses** 

Affiliation-ID **Email Native ID Native Name Interest Type** PAD980707442 416435 HWT srice@weavertown.com Weavertown Transport Leasing Inc

**Processes** 

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/10/2015	SIMMONS_JLS	×
RHWT	Completeness Review	08/13/2015	HORLICK_S	×
RHWT	Waiting for information	08/13/2015	HORLICK_S	×
RHWT	Waiting for information	09/09/2015	HORLICK_S	×
RHWT	Ready for Data Entry	09/24/2015	HORLICK_S	×
RHWT	Data Entry Completed	09/25/2015	SIMMONS_JLS	×
RHWT	Final Review	10/07/2015	HORLICK_S	×
RHWT	Notification Letter Emailed	10/07/2015	HORLICK_S	×
RHWT	Booked into Oculus	10/08/2015	THURSBY_K	×

## Comments

Document Type	Date	Comment	Author
RHWT	08/13/2015	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	08/13/2015		HORLICK_S

Email toKim Wagers: In reviewing your submittals, we notice additional information is needed. Our records indicate we did not receive all the required documents to process your HWT insurance update. You must maintain valid liability insurance during the entire HWT registration period. To date we received only an ACORD form. An ACORD form is acceptable evidence of current insurance only if the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The policy number does not match. This ACORD form cannot be used to update the insurance in our data system. In order to process your HWT insurance update, please submit a State of Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form (blank form attached for your convenience). The documents submitted must be signed (original ¿wet¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

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RHWT	09/09/2015	Updated HWT/UOH Certificate of Liability insurance form received. 8700-12FL Notification form received.	HORLICK_S
RHWT	09/09/2015	Email to Scott Rice: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. The 8700-12FL Notification form is incomplete (see attached with highlights). Please submit updated pages 1 & 2 of the 8700-12FL Florida Notification of Regulated Waste Activity. Since these are not signature pages you may email the corrected pages to me at email below. (a blank form is attached for your convenience). As soon as possible, please mail the required forms to: DEP Waste Management Division&HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	09/24/2015	Updated pages 1 & 2 of 8700-12FL Notification form received.	HORLICK_S

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