

## MyFDEP

Florida Department of Environmental Protection

Welcome, Kim Thursby. You are logged on with a role of CHAZ\_USER. [\[Sign Out\]](#)[\[Pending List\]](#) [\[Completed List\]](#)[\[Completed List - this DocLog\]](#)

## Completed Document Details

**NATIVE NAME:** STERICYCLE SPECIALTY WASTE SOLUTIONS INC**DOC LOG ID:** 31880**CHAZ ID:** MNS000110924**CITY:** BLAINE**COUNTY:** ALL FL CNTYS[View email records](#)
[RHWT Email Template](#) 
[RHWT Approvals](#) 

## Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

## Email Addresses

**Affiliation-ID**

415778

**Interest Type**

HWT

**Email**[eholten@ijkeller.com](mailto:eholten@ijkeller.com)**Native ID**

MNS000110924

**Native Name**

Stericycle Specialty Waste Solutions Inc

## Processes

**Document Type****Process****Date****Author****Delete**

RHWT

Logged

09/01/2015

SIMMONS\_JLS

✕

RHWT

Completeness Review

09/14/2015

HORLICK\_S

✕

RHWT

Ready for Data Entry

09/14/2015

HORLICK\_S

✕

RHWT

Data Entry Completed

09/14/2015

SIMMONS\_JLS

✕

RHWT

Waiting for information

09/18/2015

HORLICK\_S

✕

RHWT

Waiting for information

10/21/2015

HORLICK\_S

✕

RHWT

Final Review

10/28/2015

HORLICK\_S

✕

RHWT

Notification Letter Emailed

10/29/2015

HORLICK\_S

✕

RHWT

Booked into Oculus

10/30/2015

THURSBY\_K

✕

## Comments

**Document Type****Date****Comment****Author**

General Comment

09/01/2015

Notification has an original signature.

SIMMONS\_JLS

RHWT

09/14/2015

The ACORD policy number matches the Certificate of Liability form on file.

HORLICK\_S

RHWT

09/18/2015

Email to Emily Holten: 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 registration renewal. 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 as proof of insurance in

HORLICK\_S

our data system. In order to process your HWT registration renewal, 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, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

RHWT	09/29/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S
RHWT	10/21/2015	Email to Emily Holten: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Florida Hazardous Waste Transporter registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1. Correct the address of Name of Insured on line 4 (see attached). 2. The center section under 2 coverage applies at 2 correct the physical location address of insured. 3. Submit the revised insurance form hand signed (wet signature) 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 Division, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	10/27/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S

[DEP Home](#) | [About DEP](#)