

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** VICKERY TRANSPORTATION INC

**DOC LOG ID:** 32112

**CHAZ ID:** OHR000103762

**CITY:** VICKERY

**COUNTY:** ALL FL CNTYS

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[RHWT Email Template](#) [RHWT Approvals](#)

### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

414321

**Interest Type**

HWT

**Email**

[tdrown@vickerytransportation.com](mailto:tdrown@vickerytransportation.com)

**Native ID**

OHR000103762

**Native Name**

Vickery Transportation Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	10/06/2015	SIMMONS_JLS	✕
RHWT	Completeness Review	10/12/2015	HORLICK_S	✕
RHWT	Waiting for information	10/12/2015	HORLICK_S	✕
RHWT	Ready for Data Entry	10/21/2015	HORLICK_S	✕
RHWT	Data Entry Completed	10/21/2015	SIMMONS_JLS	✕
RHWT	Waiting for information	10/22/2015	HORLICK_S	✕
RHWT	Final Review	10/28/2015	HORLICK_S	✕
RHWT	Notification Letter Emailed	10/30/2015	HORLICK_S	✕
RHWT	Booked into Oculus	11/02/2015	THURSBY_K	✕

**Comments**

<b>Document Type</b>	<b>Date</b>	<b>Comment</b>	<b>Author</b>
RHWT	10/12/2015	The ACORD policy number matches the Certificate of Liability form on file.	HORLICK_S
RHWT	10/12/2015	Email to Paul Baute: Your hazardous waste transporter (HWT) registration will expire on November 30, 2015. Our records indicate we did not receive all the required documents to process your HWT registration renewal. In order to process your HWT registration renewal, please submit an 8700-12FL Florida Notification of Regulated Waste Activity (blank forms attached for your convenience). As soon as possible, mail the required forms with the original signature to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Please let me know if you have any questions. Thanks	HORLICK_S
RHWT	10/21/2015	8700-12FL Notification form received.	HORLICK_S
RHWT	10/22/2015	Email to Terri Drown: Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The document must be hand signed (original ¿wet¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a copy or a stamp (see attached). As soon as possible, please mail the required form 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	10/27/2015	Updated HWT/UOH Certificate of Liability insurance form received.	HORLICK_S

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