# **MyFDEP**

Florida Department of Environmental Protection



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# **Completed Document Details**

### NATIVE NAME: THOMAS GRAY & ASSOCIATES DOC LOG ID: 32642 CITY: ORANGE

## CHAZ ID: CAD066151648 COUNTY: ALL FL CNTYS

[Completed List - this DocLog]

View email records

BRHWT Email Template CRHWT Approvals

### **Document Types**

Document Type	Primary Type	<b>Discontinued On</b>
RHWT	Y	

#### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native	Name
252212	HWT	rich@tgainc.com	CAD066151648	Thomas Gray & Associates	
Processes					
Document Type	I	Process	Date	Author	Delete
RHWT		Logged	12/28/2015	SIMMONS_JLS	×
RHWT	Comple	eteness Review	12/30/2015	HORLICK_S	×
RHWT	Waiting	for information	12/30/2015	HORLICK_S	×
RHWT	Ready	for Data Entry	01/08/2016	HORLICK_S	×
RHWT	Data Er	ntry Completed	01/13/2016	SIMMONS_JLS	×
RHWT	Fir	nal Review	01/14/2016	HORLICK_S	×
RHWT	Booked i	nto Oculus 🖗 🛝	01/14/2016	THURSBY_K	×

#### Comments

Document Type	Date	Comment	Author
RHWT	12/30/2015	The ACORD insurance carrier and policy number do not match the Certificate of Liability form on file.	HORLICK_S
RHWT	12/30/2015	Email to Richard Gallego: 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 insurance carrier and policy number do 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	HORLICK_S
RHWT	01/08/2016	Updated HWT/UOH Certificate of Liability for primary and excess coverage received.	HORLICK_S
RHWT	01/14/2016	Insurance forms have original signatures.	HORLICK_S

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