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Completed Document Details

NATIVE NAME: ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT INC

DOC LOG ID: 34634

CHAZ ID: NYR000115733

CITY: SYRACUSE

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
274081	HWT	bclarke@epsofvermont.com	NYR000115733	Environmental Products & Services of Vermont Inc
274082	UOP	bclarke@epsofvermont.com	NYR000115733	Environmental Products & Services of Vermont Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/10/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	06/13/2016	HORLICK_S	✕
RHWT	Waiting for information	06/13/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	06/29/2016	HORLICK_S	✕
RHWT	Data Entry Completed	06/30/2016	SIMMONS_JLS	✕
RHWT	Final Review	06/30/2016	HORLICK_S	✕
RHWT	Booked into Oculus 🌿🌿	07/01/2016	THURSBY_K	✕
RUOH	Logged	06/10/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	06/15/2016	ASHWOOD_J	✕
RUOH	Waiting for information	06/15/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	06/29/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	06/30/2016	SIMMONS_JLS	✕
RUOH	Final Review	06/30/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 🌿🌿	07/01/2016	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
RHWT	06/13/2016	The ACORD insurance carrier and policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	06/13/2016	Email to Robert Clarke: 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	HORLICK_S

the same policy with the same insurance provider found on the Hazardous Waste Certificate of Liability Insurance in our file is renewed. The insurance provider and 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, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

RHWT	06/29/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	06/15/2016	ACORD form does not match Insurance form on file. Per Susan email, we are waiting for a revised Insurance form.	ASHWOOD_J
RUOH	06/29/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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