

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** SCHIBER TRUCK COMPANY INC

**DOC LOG ID:** 34766

**CHAZ ID:** ILD006493191

**CITY:** HARTFORD

**COUNTY:** ALL FL CNTYS

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### Document Types

Document Type

Primary Type

Discontinued On

RHWT

Y

### Email Addresses

Affiliation-ID

Interest Type

Email

Native ID

Native Name

257446

HWT

[casey@schiber.com](mailto:casey@schiber.com)

ILD006493191

Schiber Truck Company Inc

### Processes

Document Type

Process

Date

Author

Delete

RHWT

Logged

06/28/2016

SIMMONS\_JLS



RHWT

Completeness Review

06/28/2016

HORLICK\_S



RHWT

Waiting for information

06/28/2016

HORLICK\_S



RHWT

Ready for Data Entry

07/06/2016

HORLICK\_S



RHWT

Data Entry Completed

07/06/2016

SIMMONS\_JLS



RHWT

Final Review

07/06/2016

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RHWT

Booked into Oculus

07/06/2016

THURSBY\_K



**Comments**

| Document Type | Date       | Comment  | Author    |
|---------------|------------|--|-----------|
| RHWT          | 06/28/2016 | The ACORD policy number does not match the Certificate of Liability form on file.  | HORLICK_S |
| RHWT          | 06/28/2016 | Email to Casey Baysden: 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 | HORLICK_S |
| RHWT          | 07/06/2016 | Updated HWT/UOH Certificate of Liability received.   | HORLICK_S |

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