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Completed Document Details

NATIVE NAME: DANA TRANSPORT INC

DOC LOG ID: 34966

CHAZ ID: FLR000035873

CITY: JACKSONVILLE

COUNTY: DUVAL

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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

415138

HWT

dwright@danacompanies.com


FLR000035873

Dana Transport Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/21/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	07/21/2016	HORLICK_S	✕
RHWT	Waiting for information	07/21/2016	HORLICK_S	✕
RHWT	Waiting for information	07/26/2016	HORLICK_S	✕
RHWT	Waiting for information	08/09/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	08/16/2016	HORLICK_S	✕
RHWT	Data Entry Completed	08/16/2016	SIMMONS_JLS	✕
RHWT	Final Review	08/17/2016	HORLICK_S	

RHWT

Booked into Oculus 

08/18/2016

THURSBY_K

**Comments**

Document Type	Date	Comment	Author
General Comment	07/21/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	07/21/2016	<p>Email to Deborah Wright: In reviewing your submittals, we notice additional information is needed in order 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: ¿ In the center section under ¿coverage applies at¿ please correct the EPA/DEP ID Number (see attached). ¿ 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¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	07/26/2016	<p>Email to Deborah Wright: Please submit the following to continue processing your Hazardous Waste Transporter insurance renewal update. ¿ Correct the expiration date on the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler. The expiration date is required. (see attached). ¿ The documents submitted must be signed 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 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</p>	HORLICK_S
RHWT	08/09/2016	<p>Email to Deborah Wright: Hopefully the fourth time is the charm. Please correct the EPA/DEP ID Number (see attached) and resubmit. Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	08/16/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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