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Completed Document Details

NATIVE NAME: RAIDER ENVIRONMENTAL SERVICES INC

DOC LOG ID: 34956

CHAZ ID: FLR000176271

CITY: MULBERRY

COUNTY: POLK

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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
409813	HWR	orlando@raiderenvironmental.com	FLR000176271	Raider Environmental Services Inc
409814	HWT	orlando@raiderenvironmental.com	FLR000176271	Raider Environmental Services Inc
409817	MP	orlando@raiderenvironmental.com	FLR000176271	Raider Environmental Services Inc
409818	UOP	orlando@raiderenvironmental.com	FLR000176271	Raider Environmental Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/19/2016	SIMMONS_JLS	✕
RHWT	Completeness Review	07/20/2016	HORLICK_S	✕
RHWT	Waiting for information	07/20/2016	HORLICK_S	✕
RHWT	Ready for Data Entry	11/01/2016	HORLICK_S	✕
RHWT	Data Entry Completed	11/02/2016	SIMMONS_JLS	✕
RHWT	Final Review	11/02/2016	HORLICK_S	✕
RHWT	Booked into Oculus 🚧	11/02/2016	THURSBY_K	✕
RUOH	Logged	07/19/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	07/20/2016	ASHWOOD_J	✕
RUOH	Waiting for information	07/20/2016	ASHWOOD_J	✕

RUOH	Waiting for information	10/13/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	11/02/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	11/02/2016	SIMMONS_JLS	✕
RUOH	Final Review	11/02/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 	11/02/2016	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	07/19/2016	Insurance form has an original signature.	SIMMONS_JLS
RHWT	07/20/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	11/01/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	07/20/2016	Email sent to Orlando Solis: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form, is not registered with the Florida Department of Insurance website http://www.floir.com/companysearch . The Name of the Insurer must be listed exactly as it is registered(see attached). Please submit the following to update our database (see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required forms with original (hand signed) signature to us at: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.	ASHWOOD_J
RUOH	10/13/2016	Email sent to Orlando Solis: We have not received the required Insurance documents to update our database for your facility. On July 20, 2016 , we sent you an email requesting additional information (see the email below). This is a final reminder. If we do not receive the required documents by October 27, 2016, we will assume that you are no longer interested in updating your Insurance at this time. However, you are required to verify and maintain Insurance at all times during your registration period. Transporting used oil without a valid registration is a violation of the law, subject to penalty. As soon as possible, please mail the required form(s) with original (hand signed) signatures to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any further questions	ASHWOOD_J
RUOH	11/02/2016	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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