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Completed Document Details

NATIVE NAME:	AMERICAN COMPLIANCE TECHNOLOGIES INC	CHAZ ID:	FLR000011049
DOC LOG ID:	35704	COUNTY:	POLK
CITY:	BARTOW		

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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
425753	MP	ashive@a-c-t.com	FLR000011049	American Compliance Technologies Inc
425832	UOP	ashive@a-c-t.com	FLR000011049	American Compliance Technologies Inc
426080	HWT	ashive@a-c-t.com	FLR000011049	American Compliance Technologies Inc
426246	HWR	ashive@a-c-t.com	FLR000011049	American Compliance Technologies Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	11/07/2016	SIMMONS_JLS	
RHWT	Completeness Review	11/10/2016	HORLICK_S	
RHWT	Ready for Data Entry	12/09/2016	HORLICK_S	

RHWT	Data Entry Completed	12/09/2016	SIMMONS_JLS	✕
RHWT	Final Review	12/09/2016	HORLICK_S	✕
RHWT	Booked into Oculus 	12/14/2016	THURSBY_K	✕
RUOH	Logged	11/07/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	11/10/2016	ASHWOOD_J	✕
RUOH	Waiting for information	11/10/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	12/12/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	12/12/2016	SIMMONS_JLS	✕
RUOH	Final Review	12/12/2016	ASHWOOD_J	✕
RUOH	Booked into Oculus 	12/14/2016	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
RHWT	11/10/2016	Insurance expired 06/28/2016. The ACORD insurance carrier and policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	12/09/2016	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	11/10/2016	The ACORD form received does not match Insurance form on file.	ASHWOOD_J
RUOH	11/10/2016	Email sent to Ashley Shive: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (see attached). Please submit the following to continue updating your Insurance on file (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required form 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	12/12/2016	Received updated original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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