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Completed Document Details

NATIVE NAME: TRADEBE TRANSPORTATION LLC

DOC LOG ID: 36451

CHAZ ID: CTD021816889

CITY: MERIDEN

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
310548	HWT	peter.olsen@tradebe.com	CTD021816889	Tradebe Transportation LLC
397032	UOP	peter.olsen@tradebe.com	CTD021816889	Tradebe Transportation LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	02/13/2017	SIMMONS_JLS	
RHWT	Completeness Review	02/16/2017	HORLICK_S	
RHWT	Waiting for information	02/16/2017	HORLICK_S	
RHWT	Ready for Data Entry	03/01/2017	HORLICK_S	
RHWT	Data Entry Completed	03/07/2017	SIMMONS_JLS	
RHWT	Final Review	03/17/2017	HORLICK_S	
RHWT	Notification Letter Emailed	03/17/2017	HORLICK_S	
RHWT	Booked into Oculus	03/17/2017	THURSBY_K	

RUOH	Logged	02/13/2017	SIMMONS_JLS	✖
RUOH	Completeness Review	02/16/2017	ASHWOOD_J	✖
RUOH	Waiting for information	02/16/2017	ASHWOOD_J	✖
RUOH	Ready for Data Entry	03/02/2017	ASHWOOD_J	✖
RUOH	Data Entry Completed	03/03/2017	SIMMONS_JLS	✖
RUOH	Final Review	03/14/2017	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	03/14/2017	ASHWOOD_J	✖
RUOH	Booked into Oculus 	03/15/2017	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
General Comment	02/13/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	02/16/2017	HWT 8700-12FL notification and HWT/UOH Certificate of Liability received. Signature not original on Cert.	HORLICK_S
RHWT	03/01/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	02/16/2017	Received original 8700 form, registration fee, training manual statement and Annual Report.	ASHWOOD_J
RUOH	02/16/2017	Email sent to Peter Olsen: In reviewing your submittal, we noticed additional information is needed. The automobile liability Insurance form submitted does not have an original (wet) signature and we need submittal of the pollution prevention policy Insurance form with original (wet) signature (see attached). UO transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need two separate Insurance forms. Please submit the following to continue processing your UO registration (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form (automobile and pollution prevention policies). 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	03/02/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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