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## **Completed Document Details**

NATIVE NAME: JANUARY ENVIRONMENTAL SERVICES INC

**DOC LOG ID:** 36722 **CHAZ ID:** FLD982162943

CITY: BARTOW COUNTY: POLK

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RUOH Email Template RUOH Approvals

**Document Types** 

 Document Type
 Primary Type
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Email Addresses

Affiliation-IDInterest TypeEmailNative IDNative Name406367UOPloren@januaryservices.comFLD982162943January Environmental Services Inc407602HWRloren@januaryservices.comFLD982162943January Environmental Services Inc

## **Processes**

Document Type	Process	Date	Author	Delete
RUOH	Logged	03/10/2017	SIMMONS_JLS	×
RUOH	Completeness Review	03/16/2017	ASHWOOD_J	×
RUOH	Waiting for information	03/16/2017	ASHWOOD_J	×
RUOH	Waiting for information	03/27/2017	ASHWOOD_J	×
RUOH	Ready for Data Entry	04/05/2017	ASHWOOD_J	×
RUOH	Data Entry Completed	04/05/2017	SIMMONS_JLS	×
RUOH	Final Review	04/05/2017	ASHWOOD_J	×
RUOH	Booked into Oculus	04/05/2017	THURSBY K	×

## Comments

 Document Type
 Date
 Comment
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 General
 03/10/2017
 Insurance form is a color copy, not an original "wet" signature.
 SIMMONS\_JLS

Comment http://webapps.dep.state.fl.us/DepDocLog/36722/document-details

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RUOH	03/16/2017	Email sent to Loren: Insurance form submitted is a colored copy, not an original ¿wet¿ signature. Please submit the following to continue updating your Insurance in our database (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	03/27/2017	Email sent to Loren: Please have Insurance carrier complete form and have them send email copy for review before you put it the mail to us. Let me know if you have any further questions.	ASHWOOD_J
RUOH	04/05/2017	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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