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Completed Document Details

NATIVE NAME: HITTMAN TRANSPORT SERVICES INC

DOC LOG ID: 37201

CHAZ ID: TNR000034686

CITY: OAK RIDGE

COUNTY: ALL FL CNTYS

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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
366770	HWT	kkirby@energysolutions.com	TNR000034686	Hittman Transport Services Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	05/04/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	05/05/2017	HORLICK_S	✘
RHWT	Waiting for information	05/05/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	05/23/2017	HORLICK_S	✘
RHWT	Data Entry Completed	05/23/2017	SIMMONS_JLS	✘
RHWT	Final Review	05/23/2017	HORLICK_S	✘
RHWT	Booked into Oculus	05/23/2017	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
RHWT	05/05/2017	The ACORD insurance carrier and policy number does not match the Certificate of Liability	HORLICK_S

RHWT 05/05/2017

form on file.

HORLICK_S

Email to Karen Kirby: In reviewing your submittal, we noticed additional information is needed. The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. Please submit the following to continue processing your insurance update (see attached blank form for your convenience): 1 Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original 1WET1 signature) 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 with original (hand signed) signature to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions. Thanks

RHWT 05/05/2017

HORLICK_S

RHWT 05/18/2017 Email to Karen Kirby: In reviewing your submittals, we notice additional information is needed. Please revise the Hazardous Waste Transporter Liability Endorsement form as follows: The document must be hand signed (original 1WET1 signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a copy or a stamp (see attached). As soon as possible, please mail the required form to: DEP Waste Management Division1HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

RHWT 05/23/2017

HORLICK_S

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RHWT 05/23/2017

Updated HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received.

HORLICK_S

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