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NATIVE NAME: ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT INC

DOC LOG ID: 37459

CHAZ ID: NYR000115733

CITY: SYRACUSE

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
274081	HWT	bclarke@epsofvermont.com	NYR000115733	Environmental Products & Services of Vermont Inc
274082	UOP	bclarke@epsofvermont.com	NYR000115733	Environmental Products & Services of Vermont Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/05/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	06/06/2017	HORLICK_S	✕
RHWT	Waiting for information	06/06/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	08/02/2017	HORLICK_S	✕
RHWT	Data Entry Completed	08/02/2017	SIMMONS_JLS	✕
RHWT	Final Review	08/02/2017	HORLICK_S	✕
RHWT	Booked into Oculus 🚩	08/03/2017	THURSBY_K	✕
RUOH	Logged	06/05/2017	SIMMONS_JLS	✕
RUOH	Completeness Review	06/06/2017	ASHWOOD_J	✕
RUOH	Waiting for information	06/06/2017	ASHWOOD_J	✕
RUOH	Waiting for information	06/22/2017	ASHWOOD_J	✕
RUOH	Ready for Data Entry	08/02/2017	ASHWOOD_J	✕
RUOH	Data Entry Completed	08/02/2017	SIMMONS_JLS	✕
RUOH	Final Review	08/02/2017	ASHWOOD_J	✕
RUOH	Booked into Oculus 🚩	08/03/2017	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
RHWT	06/06/2017	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	06/21/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RHWT	08/02/2017	Updated HWT/UOH Certificate of Liability received as requested.	HORLICK_S
RUOH	06/06/2017	Email sent to Robert Clarke: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Insurance form on file (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 you to submit two separate Insurance forms. Please submit the following to continue updating our database (see attached blank form for your convenience): Combined HWT/UO Certificate of Liability Insurance form for pollution liability. As soon as possible, please mail the required forms 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.	ASHWOOD_J
RUOH	06/22/2017	Email sent to Robert Clarke: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Department of Insurance website http://www.flor.com/companysearch . The Name of the Insurer must be listed exactly as it is registered (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 to submit 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 for automobile and pollution liability. 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.	ASHWOOD_J
RUOH	08/02/2017	Received 2nd original revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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