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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: SCHIBER TRUCK COMPANY INC

DOC LOG ID: 37665

CHAZ ID: ILD006493191

CITY: HARTFORD

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
257446	HWT	casey@schiber.com	ILD006493191	Schiber Truck Company Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	07/05/2017	SIMMONS_JLS	✘
RHWT	Completeness Review	07/05/2017	HORLICK_S	✘
RHWT	Waiting for information	07/05/2017	HORLICK_S	✘
RHWT	Waiting for information	07/24/2017	HORLICK_S	✘
RHWT	Ready for Data Entry	08/03/2017	HORLICK_S	✘
RHWT	Data Entry Completed	08/03/2017	SIMMONS_JLS	✘
RHWT	Final Review	08/03/2017	HORLICK_S	✘
RHWT	Booked into Oculus	08/04/2017	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
RHWT	07/05/2017	The ACORD insurance carrier and policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	07/05/2017	Email sent to Casey Nichols 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): ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ¿WET¿ 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	HORLICK_S
RHWT	07/24/2017	Email to Casey Nichols: Please submit the following to continue processing your Florida Hazardous Waste Transporter insurance update for continued registration. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; ¿ Please correct lines 3 and 4 with Name of Insured and Physical Address of Insured (see attached). ¿ Submit the revised insurance form hand signed (¿WET signature¿) by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	08/03/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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