



Welcome, Kim Thursby. You are logged on with a role of CHAZ\_USER. [\[Sign Out\]](#)

[\[Pending List\]](#) [\[Completed List\]](#)

[\[Completed List - this DocLog\]](#)

## Completed Document Details

**NATIVE NAME:** HAZMAT ENVIRONMENTAL GROUP INC

**DOC LOG ID:** 38093

**CHAZ ID:** NYD980769947

**CITY:** BUFFALO

**COUNTY:** ALL FL CNTYS

[View email records](#)

[RHWT Email Template](#) [RHWT Approvals](#)

### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

287227

**Interest Type**

HWT

**Email**

[corth@hazmatinc.com](mailto:corth@hazmatinc.com)

**Native ID**

NYD980769947

**Native Name**

Hazmat Environmental Group Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/29/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	08/31/2017	HORLICK_S	✕
RHWT	Waiting for information	08/31/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	09/22/2017	HORLICK_S	✕
RHWT	Data Entry Completed	09/22/2017	SIMMONS_JLS	✕
RHWT	Final Review	09/25/2017	HORLICK_S	✕
RHWT	Notification Letter Emailed	09/25/2017	HORLICK_S	✕
RHWT	Booked into Oculus	09/26/2017	THURSBY_K	✕

### Comments

**Document**

**Date**

**Comment**

**Author**

Type			
General Comment	08/29/2017	Notification and all insurance forms have original signatures.	SIMMONS_JLS
RHWT	08/31/2017	Email sent to Colleen Orth: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; 1 The Name of the Insurer, as listed on the forms (see attached), is not registered with the Florida Office of Insurance Regulation website <a href="http://www.floir.com/companysearch/">http://www.floir.com/companysearch/</a> . The Name of the Insurer must be listed exactly as it is registered. Please submit a revised combined HWT/Used Oil Certificate of Liability Insurance form (see attached blank form 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	09/22/2017	Updated HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received for primary and excess coverage.	HORLICK_S

[DEP Home](#) | [About DEP](#)