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Completed Document Details

NATIVE NAME: DART TRUCKING COMPANY INC

DOC LOG ID: 37955

CHAZ ID: OHR000159129

CITY: NORTH LIMA

COUNTY: ALL FL CNTYS

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Document Types

Document Type

RHWT

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID

436609

Interest Type

HWT

Email

whoffman@dartamerica.com

Native ID

OHR000159129

Native Name

Dart Trucking Company Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	08/10/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	08/11/2017	HORLICK_S	✕
RHWT	Waiting for information	08/11/2017	HORLICK_S	✕
RHWT	Waiting for information	08/31/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	09/25/2017	HORLICK_S	✕
RHWT	Data Entry Completed	09/25/2017	SIMMONS_JLS	✕
RHWT	Final Review	09/25/2017	HORLICK_S	✕
RHWT	Notification Letter Emailed	09/25/2017	HORLICK_S	✕
RHWT	Booked into Oculus	09/27/2017	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	08/10/2017	Notification has an original signature.	SIMMONS_JLS
RHWT	08/11/2017	Certificate of Liability insurance form on file is expired.	HORLICK_S
RHWT	08/11/2017	Email sent to Wendy Hoffman: In reviewing your submittals, we notice additional information is needed. Your Hazardous Waste Transporter (HWT) registration cannot be processed until we receive the required documents listed below (blank forms attached for your convenience). ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form hand signed (WET signature) by an authorized agent of the insurance provider. As soon as possible, mail the required forms with the original signature to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Please let me know if you have any questions. Thanks	HORLICK_S
RHWT	08/31/2017	Email sent to Wendy Hoffman: In reviewing your submittals, we notice additional information is needed. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Form as follows; ¿ List only one FLOIR compliant insurance company per Certificate of Liability form (see attached). Use a separate form for each additional insurance carrier. ¿ 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	09/25/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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