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Completed Document Details

NATIVE NAME: UNIVAR USA INC

DOC LOG ID: 37464

CHAZ ID: FLD020985727

CITY: TAMPA

COUNTY: HILLSBOROUGH

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Document Types

Document Type

RHWT
RUOH

Primary Type

Y
N

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
383447	UOP	freddie.franks@univarusa.com	FLD020985727	Univar USA Inc
386224	HWR	freddie.franks@univarusa.com	FLD020985727	Univar USA Inc
446866	MP	scott.stevens@univar.com	FLD020985727	Univar USA Inc
448545	HWT	scott.stevens@univar.com	FLD020985727	Univar USA 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	09/14/2017	HORLICK_S	✖
RHWT	Data Entry Completed	09/21/2017	SIMMONS_JLS	✖
RHWT	Final Review	09/21/2017	HORLICK_S	✖
RHWT	Booked into Oculus	09/27/2017	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	Ready for Data Entry	09/21/2017	ASHWOOD_J	✖
RUOH	Data Entry Completed	09/21/2017	SIMMONS_JLS	✖
RUOH	Final Review	09/21/2017	ASHWOOD_J	✖
RUOH	Booked into Oculus 	09/27/2017	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
General Comment	06/05/2017	For all facilities.	SIMMONS_JLS
RHWT	06/06/2017	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	09/14/2017	Updated HWT/UOH Certificate of Liability received for Jacksonville, Tampa and Norcross facility locations.	HORLICK_S
RUOH	06/06/2017	Email sent to Freddie Franks: 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 automobile and 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	09/21/2017	Received updated original Combined HWT/UO Insurance form - Good.	ASHWOOD_J