



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:** ECO SERVICES DBR INC

**DOC LOG ID:** 38976

**CHAZ ID:** FLR000197939

**CITY:** DAVIE

**COUNTY:** BROWARD

[View email records](#)

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

### Document Types

**Document Type**

RUOH

**Primary Type**

Y

**Discontinued On**

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
368822	HWR	<a href="mailto:rocio@gmail.com">rocio@gmail.com</a>	FLR000197939	Eco Services DBR Inc
386099	UOP	<a href="mailto:ecodbr@gmail.com">ecodbr@gmail.com</a>	FLR000197939	Eco Services DBR Inc

### Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	01/31/2018	SIMMONS_JLS	
RUOH	Completeness Review	02/01/2018	ASHWOOD_J	
RUOH	Waiting for information	02/01/2018	ASHWOOD_J	
RUOH	Ready for Data Entry	03/06/2018	ASHWOOD_J	
RUOH	Data Entry Completed	03/06/2018	SIMMONS_JLS	
RUOH	Final Review	03/08/2018	ASHWOOD_J	
RUOH	Booked into Oculus	03/08/2018	THURSBY_K	

### Comments

Document Type	Date	Comment	Author
General Comment	01/31/2018	Insurance form has an original signature.	SIMMONS_JLS
RUOH	02/01/2018	Email sent to Jay Sletmane: In reviewing your submittal, we noticed additional information is needed. The Insurance form has a new address so this would require a new 8700 form (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 forms for your convenience): 8700 form and Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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 further questions.	ASHWOOD_J
RUOH	03/06/2018	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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