

## MyFDEP

Florida Department of Environmental Protection

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## Completed Document Details

**NATIVE NAME:** ENVIRONMENTAL PRODUCTS & SERVICES OF VERMONT INC**DOC LOG ID:** 40451**CHAZ ID:** NYR000115733**CITY:** SYRACUSE**COUNTY:** ALL FL CNTYS[View email records](#)
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## Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
274081	HWT	<a href="mailto:bclarke@epsofvermont.com">bclarke@epsofvermont.com</a>	NYR000115733	Environmental Products & Services of Vermont Inc
274082	UOP	<a href="mailto:bclarke@epsofvermont.com">bclarke@epsofvermont.com</a>	NYR000115733	Environmental Products & Services of Vermont Inc

## Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	05/31/2018	SIMMONS_JLS	✕
RHWT	Completeness Review	05/31/2018	HORLICK_S	✕
RHWT	Waiting for information	05/31/2018	HORLICK_S	✕
RHWT	Ready for Data Entry	06/18/2018	HORLICK_S	✕
RHWT	Data Entry Completed	06/18/2018	SIMMONS_JLS	✕
RHWT	Final Review	06/18/2018	HORLICK_S	✕
RHWT	Booked into Oculus 🌿🌿	06/22/2018	THURSBY_K	✕
RUOH	Logged	05/31/2018	SIMMONS_JLS	✕
RUOH	Completeness Review	05/31/2018	ASHWOOD_J	✕
RUOH	Waiting for information	05/31/2018	ASHWOOD_J	✕
RUOH	Ready for Data Entry	06/19/2018	ASHWOOD_J	✕
RUOH	Data Entry Completed	06/19/2018	SIMMONS_JLS	✕
RUOH	Final Review	06/19/2018	ASHWOOD_J	✕
RUOH	Booked into Oculus 🌿🌿	06/22/2018	THURSBY_K	✕

## Comments

Document Type	Date	Comment	Author
RHWT	05/31/2018	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	06/18/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	05/31/2018		ASHWOOD_J

Email sent to Robert T Clarke: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not match the Insurance form on file (see attached). An ACORD form is acceptable only if the following conditions are met: 1) The Department has one of the above liability insurance forms on file for the facility and the information on the form is up-to-date; 2) The information on the ACORD form matches the information on the latest insurance form on file; 3) The insurance carrier has not changed; and 4) The policy and its coverage have not changed. This is most readily determined by the policy number if the policy number on the ACORD form matches exactly with the policy number on the liability insurance form on file. If the policy number has changed in any way, an ACORD form is not accepted. 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): Revised 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.

RUOH	06/04/2018	Email sent to Robert Clarke: Please submit the revised Insurance form by Thursday, June 21, 2018 to continue updating our database. Let me know if you have any further questions.	ASHWOOD_J
RUOH	06/19/2018	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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