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Completed Document Details

NATIVE NAME: CAPITOL MARINE INDUSTRIES

DOC LOG ID: 42609

CHAZ ID: FLD984183707

CITY: FORT LAUDERDALE

COUNTY: BROWARD

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Document Types

Document Type

RUOH

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
435459	HWR	info@capitolmarineindustries.com	FLD984183707	Capitol Marine Industries
440828	UOP	info@capitolmarineindustries.com	FLD984183707	Capitol Marine Industries

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	11/15/2018	SIMMONS_JLS	
RUOH	Completeness Review	11/15/2018	ASHWOOD_J	
RUOH	Waiting for information	11/15/2018	ASHWOOD_J	
RUOH	Ready for Data Entry	12/19/2018	ASHWOOD_J	
RUOH	Data Entry Completed	12/19/2018	ASHWOOD_J	
RUOH	Final Review	12/19/2018	ASHWOOD_J	
RUOH	Booked into Oculus	12/19/2018	THURSBY_K	

Comments

Document Type	Date	Comment	Author
General Comment	11/15/2018	Insurance form does not have an original signature.	SIMMONS_JLS
RUOH	11/20/2018	Email sent to Ronaldo Hoogesteyn: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match 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 by Tuesday, December 11, 2018 to continue updating our database (see attached blank forms for your convenience): Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability with original (wet) signature. 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	12/19/2018	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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