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## Completed Document Details

**NATIVE NAME:** NEXEO SOLUTIONS LLC

**DOC LOG ID:** 47464

**CITY:** THE WOODLANDS

**CHAZ ID:** TXR000084869

**COUNTY:** ALL FL CNTYS

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### Document Types

Document Type	Primary Type	Discontinued On
RHWT	N	
RUOH	Y	

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
494996	UOP	<a href="mailto:customerservice@leetrans.com">customerservice@leetrans.com</a>	TXR000084869	Nexeo Solutions LLC
496292	HWT	<a href="mailto:customerservice@leetrans.com">customerservice@leetrans.com</a>	TXR000084869	Nexeo Solutions LLC

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/14/2019	OUTLEY_D	✘
RHWT	Completeness Review	06/14/2019	HORLICK_S	✘
RHWT	Waiting for information	06/14/2019	HORLICK_S	✘
RHWT	Ready for Data Entry	07/31/2019	HORLICK_S	✘
RHWT	Data Entry Completed	07/31/2019	HORLICK_S	✘
RHWT	Final Review	07/31/2019	HORLICK_S	✘
RHWT	Booked into Oculus	08/01/2019	THURSBY_K	✘
RUOH	Logged	06/14/2019	OUTLEY_D	

					✘
RUOH	Completeness Review	06/14/2019	ASHWOOD_J		✘
RUOH	Waiting for information	06/14/2019	ASHWOOD_J		✘
RUOH	Ready for Data Entry	07/30/2019	ASHWOOD_J		✘
RUOH	Data Entry Completed	07/30/2019	ASHWOOD_J		✘
RUOH	Final Review	07/30/2019	ASHWOOD_J		✘
RUOH	Booked into Oculus 	08/01/2019	THURSBY_K		✘

## Comments

Document Type	Date	Comment	Author
RHWT	06/14/2019	<p>email sent to Jeannie Lilley: In reviewing your submittal, we noticed additional information is needed. The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. The policy number does not match. Please submit the following by Friday, June 28 to continue processing your insurance update (see attached blank form for your convenience): ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ¿WET¿ signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required form with original (hand signed) signature to: DEP Waste Management Division-PCAP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions.</p> <p>Thanks</p>	HORLICK_S
RHWT	07/31/2019	Updated HWT/UOH Certificate of Liability received.	HORLICK_S
RUOH	07/24/2019	<p>Email sent to Dawn Carter: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly 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 by Wednesday, August 14, 2019 to continue updating our database (see attached blank forms for your convenience): Revised 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 questions.</p>	ASHWOOD_J
RUOH	07/30/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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