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Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: DANIELS SHARPSMART INC

DOC LOG ID: 72707 **CHAZ ID:** FLD984171850

CITY: ORLANDO COUNTY: ORANGE

View email records

HWG Email Template RHWT Email Template Notification Approvals

Document Types

Document Type	Primary Type	Discontinued On
HWG	N	
RHWT	Υ	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
543306	MP	imacdougall@danielshealth.com	FLD984171850	Daniels Sharpsmart Inc
572232	HWT	GGoldman@danielshealth.com	FLD984171850	Daniels Sharpsmart Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	09/24/2021	SIMMONS_JLS	×
HWG	Post Stamp	11/23/2021	HORLICK_S	×
HWG	Completeness Review	11/23/2021	HORLICK_S	×
HWG	Ready for Data Entry	11/23/2021	HORLICK_S	×
HWG	Data Entry Completed	11/23/2021	HORLICK_S	×
HWG	Final Review	11/23/2021	HORLICK_S	×

HWG	Notification Letter Emailed	11/23/2021	HORLICK_S	×
HWG	Booked into Oculus	11/23/2021	HORLICK_S	×
RHWT	Logged	08/25/2021	THURSBY_K	×
RHWT	Completeness Review	08/25/2021	HORLICK_S	×
RHWT	Waiting for information	10/08/2021	HORLICK_S	×
RHWT	Ready for Data Entry	11/23/2021	HORLICK_S	×
RHWT	Data Entry Completed	11/23/2021	HORLICK_S	×
RHWT	Final Review	11/23/2021	HORLICK_S	×
RHWT	Notification Letter Emailed	11/23/2021	HORLICK_S	×
RHWT	Booked into Oculus	11/23/2021	HORLICK_S	×

Comments

Document Type	Date	Comment	Author
General Comment	09/24/2021	Original Signature on 8700-12FL form and digital signature on insurance form	SIMMONS_JLS
RHWT	10/08/2021	Certificate of Liability Insurance form om file is expired.	HORLICK_S
RHWT	10/08/2021	Email sent to Ian MacDougall: The Certificate of Liability Insurance form we have on file is expired. Please submit the following to continue processing your Hazardous Waste Transporter renewal registration. Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; ¿ Please submit the revised insurance form WET hand or digitally signed by an authorized agent of the insurance provider. (A blank Insurance form is attached for your convenience.) As soon as possible, please mail the required forms to: DEP Waste Management Division¿HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	11/23/2021	Updated HWT/UOH Certificate of Liability received with digital signature.	HORLICK_S

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