

# MyFDEP

Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** MCCLYMONDS SUPPLY & TRANSIT CO INC  
**DOC LOG ID:** 72846  
**CITY:** SLIPPERY ROCK  
**CHAZ ID:** PAD987357829  
**COUNTY:** LEON

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## Document Types


Document Type	Primary Type	Discontinued On
HWG	Y	
RHWT	N	

## Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
574253	HWT	<a href="mailto:safety@mcclymonds.com">safety@mcclymonds.com</a>	PAD987357829	McClymonds Supply & Transit Co Inc

## Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	08/31/2021	THURSBY_K	
HWG	Withdrawn	12/09/2021	NOLAND_T	
RHWT	Logged	12/09/2021	NOLAND_T	
RHWT	Completeness Review	12/13/2021	HORLICK_S	

RHWT	Waiting for information	12/13/2021	HORLICK_S	✕
RHWT	Waiting for information	01/11/2022	HORLICK_S	✕
RHWT	Ready for Data Entry	01/11/2022	HORLICK_S	✕
RHWT	Data Entry Completed	01/11/2022	HORLICK_S	✕
RHWT	Final Review	01/11/2022	HORLICK_S	✕
RHWT	Notification Letter Emailed	01/11/2022	HORLICK_S	✕
RHWT	Booked into Oculus 	01/11/2022	HORLICK_S	✕

## Comments

Document Type	Date	Comment	Author
General Comment	12/09/2021	Original Signature on form	NOLAND_T
RHWT	12/13/2021	<p>Email sent to Scott Rice: 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 Monday, December 27, 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 &amp; WET signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. An official digital signature with date and time stamp is also acceptable. Your Hazardous Waste Transporter registration with the State of Florida has expired. Transporting hazardous waste without proper registration is a violation of the law, subject to penalty. 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. Thanks</p> <p>Email sent to Scott, We are waiting for a valid Proof of Insurance document. I have attached copies of the requirement instructions and blank fillable copies of the forms. Let me know if you have any questions or comments. In lieu of a Wet signature on the insurance form you may submit with a digital signature with a date and time stamp, or docusign. Please mail the required forms to: DEP Waste Management Division&amp;HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks</p>	HORLICK_S
RHWT	01/11/2022	Updated HWT/UOH Certificate of Liability received with digital signature.	HORLICK_S

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