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Pending Document Details

NATIVE NAME: DOCTOR BATTERY INC

DOC LOG ID: 77562

CHAZ ID: FLR000232595

CITY: MIAMI LAKES

COUNTY: MIAMI-DADE

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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
504186	HWR	gus@doctorbattery.com	FLR000232595	Doctor Battery Inc
504190	HWT	doctorbattery@outlook.com	FLR000232595	Doctor Battery Inc

Processes

Document Type	Process	Date	Author	Delete
HWG	Logged	03/04/2022	DULAY_H	✗
HWG	Post Stamp	03/28/2022	DULAY_H	✗
HWG	Completeness Review	03/28/2022	DULAY_H	✗
HWG	Ready for Data Entry	03/28/2022	DULAY_H	✗
HWG	Data Entry Completed	03/28/2022	DULAY_H	✗
HWG	Final Review	05/19/2022	HORLICK_S	✗
HWG	Notification Letter Emailed	05/19/2022	HORLICK_S	✗
RHWT	Logged	03/04/2022	DULAY_H	✗
RHWT	Completeness Review	03/04/2022	HORLICK_S	✗
RHWT	Waiting for information	05/05/2022	HORLICK_S	✗
RHWT	Ready for Data Entry	05/19/2022	HORLICK_S	✗
RHWT	Data Entry Completed	05/19/2022	HORLICK_S	✗

RHWT	Final Review	05/19/2022	HORLICK_S	✘
RHWT	Notification Letter Emailed	05/19/2022	HORLICK_S	✘
RHWT	Booked into Oculus  	05/19/2022	HORLICK_S	✘

Add A New Process

Document Type	Process	Date	Add Process
Hazardous Waste Generator (HWG) ▼	Booked into Oculus (T) ▼	05/19/2022	

Comments

Document Type	Date	Comment	Author
General Comment	03/04/2022	Original Signature on Form	DULAY_H
RHWT	05/05/2022	Certificate of Liability Insurance form on file is expired. The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	05/05/2022	Email sent to Gustavo Perez: 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. And the Certificate of Liability Insurance form we have on file is expired. The policy number does not match. Please submit the following by Monday, May 23rd 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. An official digital signature with date and time stamp, or DocuSign is also acceptable. 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	HORLICK_S
RHWT	05/19/2022	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

Add A New Comment

Document Type	Comments	Add Comment
Hazardous Waste Generator (HWG) ▼	<input type="text"/>	