



Florida Department of Environmental Protection



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Completed Document Details

NATIVE NAME: ALTA CONSTRUCTION EQUIPMENT FLORIDA LLC

DOC LOG ID: 80200

CHAZ ID: FLR000097378

CITY: ORLANDO

COUNTY: ORANGE

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Document Types

Document Type

RUOH

Primary Type

Y

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Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
534818	UOP	rlaplante@altaequipfl.com	FLR000097378	Alta Construction Equipment Florida LLC
534821	HWR	rlaplante@altaequipfl.com	FLR000097378	Alta Construction Equipment Florida LLC

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	06/14/2022	THURSBY_K	✕
RUOH	Completeness Review	06/14/2022	ASHWOOD_J	✕
RUOH	Waiting for information	06/14/2022	ASHWOOD_J	✕
RUOH	Ready for Data Entry	06/22/2022	ASHWOOD_J	✕
RUOH	Data Entry Completed	06/22/2022	ASHWOOD_J	✕
RUOH	Final Review	06/22/2022	ASHWOOD_J	✕
RUOH	Booked into Oculus	06/22/2022	ASHWOOD_J	✕

Comments

Document Type	Date	Comment	Author
General Comment	06/14/2022	Original Signature on form	THURSBY_K
RUOH	06/14/2022	Email sent to Brennen Orr/Christine Miller: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Department of Insurance website http://www.florid.com/companysearch . The Name of the Insurer must be listed exactly as it is registered. 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	ASHWOOD_J

two separate Insurance forms. Please submit the following by Tuesday, June 28, 2022 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 and Correct the EPA ID number for the Fort Myers facility to FLR000213629. 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.

RUOH	06/22/2022	Received revised original Combined HW/UO Insurance form - Good.	ASHWOOD_J
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