



Florida Department of Environmental Protection



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## Completed Document Details

**NATIVE NAME:** RSO INC

**DOC LOG ID:** 82534 **CHAZ ID:** MDD069279669

**CITY:** LAUREL **COUNTY:** ALL FL CNTYS

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### Document Types

| Document Type | Primary Type | Discontinued On |
|---------------|--------------|-----------------|
| RHWT          | Y            |                 |

### Email Addresses

| Affiliation-ID | Interest Type | Email  | Native ID    | Native Name |
|----------------|---------------|--|--------------|-------------|
| 216280         | HWT           | <a href="mailto:dwellner@rsoinc.com">dwellner@rsoinc.com</a> | MDD069279669 | RSO Inc     |

### Processes

| Document Type | Process                     | Date       | Author    | Delete |
|---------------|-----------------------------|------------|-----------|--------|
| RHWT          | Logged                      | 09/20/2022 | HOWARD_CD | ✘      |
| RHWT          | Completeness Review         | 09/20/2022 | HORLICK_S | ✘      |
| RHWT          | Waiting for information     | 10/03/2022 | HORLICK_S | ✘      |
| RHWT          | Ready for Data Entry        | 11/15/2022 | HORLICK_S | ✘      |
| RHWT          | Data Entry Completed        | 11/15/2022 | HORLICK_S | ✘      |
| RHWT          | Final Review                | 11/15/2022 | HORLICK_S | ✘      |
| RHWT          | Notification Letter Emailed | 11/15/2022 | HORLICK_S | ✘      |
| RHWT          | Booked into Oculus          | 11/15/2022 | HORLICK_S | ✘      |

**Comments**

| <b>Document Type</b> | <b>Date</b> | <b>Comment</b>  | <b>Author</b> |
|----------------------|-------------|---|---------------|
| RHWT                 | 10/03/2022  | Email sent to Christina, Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; The document must be hand signed (original 'WET' signature) by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation, not a copy or a stamp (see attached). An official digital signature with date and time stamp, or DocuSign is also acceptable. As soon as possible, please mail the required form 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                 | 11/15/2022  | Updated HWT/UOH Certificate of Liability received.  | HORLICK_S     |

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