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Completed Document Details

NATIVE NAME: SAFETY - KLEEN SYSTEMS INC

DOC LOG ID: 28692

CITY: WHISTLER

CHAZ ID: ALD071951628

COUNTY: NON-FL CNTY

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Document Types



Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
381734	MP	paul.andrews@safety-kleen.com	ALD071951628	Safety - Kleen Systems Inc
394705	UOP	jeff.curtis@safety-kleen.com	ALD071951628	Safety - Kleen Systems Inc
395291	HWT	jeff.curtis@safety-kleen.com	ALD071951628	Safety - Kleen Systems Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	09/04/2014	SIMMONS_JLS	✘
RHWT	Completeness Review	09/18/2014	HORLICK_S	✘
RHWT	Ready for Data Entry	09/18/2014	HORLICK_S	✘
RHWT	Data Entry Completed	09/29/2014	SIMMONS_JLS	✘
RHWT	Final Review	09/29/2014	HORLICK_S	✘

RHWT	Notification Letter Emailed	09/30/2014	HORLICK_S	✘
RHWT	Booked into Oculus 	10/01/2014	THURSBY_K	✘
RUOH	Logged	09/04/2014	SIMMONS_JLS	✘
RUOH	Completeness Review	09/04/2014	ASHWOOD_J	✘
RUOH	Waiting for information	09/04/2014	ASHWOOD_J	✘
RUOH	Ready for Data Entry	09/17/2014	ASHWOOD_J	✘
RUOH	Data Entry Completed	09/17/2014	SIMMONS_JLS	✘
RUOH	Final Review	09/17/2014	ASHWOOD_J	✘
RUOH	Notification Letter Emailed	09/18/2014	ASHWOOD_J	✘
RUOH	Booked into Oculus 	09/18/2014	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
General Comment	09/04/2014	Notification has an original signature.	SIMMONS_JLS
RHWT	09/18/2014	Updated page 4 of 8700-12FL Notification form received. Updated HWT/UOH Certificate of Liability insurance form received. HWT registration package is complete.	HORLICK_S
RUOH	09/04/2014	Received original 8700 form, registration fee, and training manual statement.	ASHWOOD_J
RUOH	09/04/2014	Email sent to Jeff Curtis: In reference to our conversation this morning concerning the Certificate of Liability Insurance from, you may email an ACORD form with the new expiration date as long as both the Insurance carrier and policy number have not changed in any way from the Certificate of Liability Insurance form we have on file (see attached). However, if either the Insurance carrier or policy number has changed, you will need to mail in a new Certificate of Liability Insurance form (see blank form attached for your convenience) 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.	ASHWOOD_J
RUOH	09/17/2014	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J