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Florida Department of Environmental Protection



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# **Completed Document Details**

NATIVE NAME: RANGER CONSTRUCTION INDUSTRIES, INC

**DOC LOG ID**: 34681 **CHAZ ID**: FLD984183970

CITY: FORT PIERCE COUNTY: ST. LUCIE

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RUOH Email Template RUOH Approvals

# **Document Types**

 Document Type
 Primary Type
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#### **Email Addresses**

Affiliation-ID	Interest Type	Email	Native ID	Native Name
371649	HWR	jo.moore@rangerconstruction.com	FLD984183970	Ranger Construction Industries, Inc
432178	UOP	TOM.REHYANSKY@rangerconstruction.com	FLD984183970	Ranger Construction Industries, Inc

#### **Processes**

Document Type	Process	Date	Author	Delete
RUOH	Logged	06/16/2016	SIMMONS_JLS	×
RUOH	Completeness Review	06/22/2016	ASHWOOD_J	×
RUOH	Waiting for information	06/22/2016	ASHWOOD_J	×
RUOH	Ready for Data Entry	06/29/2016	ASHWOOD_J	×
RUOH	Data Entry Completed	06/30/2016	SIMMONS_JLS	×
RUOH	Final Review	06/30/2016	ASHWOOD_J	×
RUOH	Booked into Oculus	07/01/2016	THURSBY_K	×

### Comments

Document Type	Date	Comment	Author
General Comment	06/16/2016	Insurance form has an original signature.	SIMMONS_JLS
RUOH	06/22/2016	Email sent to Tom Rehyansky: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form, is not registered with the Florida Office of Insurance Regulation website http://www.floir.com/companysearch. The Name of the Insurer must be	ASHWOOD_J

listed exactly as it is registered (see attached). Please submit the following to continue updating your

Insurance (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form. As soon as possible, please mail the required report to: DEP Waste Management Division-HWRS, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400. Let me know if you have any questions.

RUOH 06/29/2016

Received revised original Combined HWT/UO Insurance form - Good.

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