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NATIVE NAME: AMERICAN TRANSPORTATION SOLUTIONS LLC

DOC LOG ID: 34786

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Document Types

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Email Addresses

| Affiliation-ID | Interest Type | Email | Native ID | Native Name |
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Processes

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| RHWT | Logged | 06/30/2016 | SIMMONS_JLS | ✕ |
| RHWT | Completeness Review | 07/01/2016 | HORLICK_S | ✕ |
| RHWT | Waiting for information | 07/01/2016 | HORLICK_S | ✕ |
| RHWT | Ready for Data Entry | 07/14/2016 | HORLICK_S | ✕ |
| RHWT | Data Entry Completed | 07/14/2016 | SIMMONS_JLS | ✕ |
| RHWT | Final Review | 07/14/2016 | HORLICK_S | ✕ |
| RHWT | Booked into Oculus | 07/14/2016 | THURSBY_K | ✕ |

Comments

| Document Type | Date | Comment | Author |
|-----------------|------------|--|-------------|
| General Comment | 06/30/2016 | Insurance form has an original signature. | SIMMONS_JLS |
| RHWT | 07/01/2016 | Email to Lindsay Ferguson: In reviewing your submittals, we notice additional information is needed. Please submit the following to continue processing your Hazardous Waste Transporter insurance renewal. Please revise the Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler Insurance Form as follows: Line 2 of the Certificate of Liability requires an address (see attached). The documents submitted must be signed by an authorized agent of the insurance provider on file with the Florida Office of Insurance Regulation. As soon as possible, please mail the required form to: DEP Waste Management | HORLICK_S |

Division₂HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks

RHWT 07/14/2016

Updated HWT/UOH Certificate of Liability received.

HORLICK_S

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