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Completed Document Details

NATIVE NAME: THOMPSON CARRIERS INC

DOC LOG ID: 34843

CHAZ ID: ALR000058206

CITY: OPELIKA

COUNTY: ALL FL CNTYS

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Document Types

Document Type

Primary Type

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RUOH

Y

Email Addresses

Affiliation-ID Interest Type

Email

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Native Name

432391

UOP

bubbaallison@thompsoncarriers.com


ALR000058206

Thompson Carriers Inc

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	07/07/2016	SIMMONS_JLS	✕
RUOH	Completeness Review	07/07/2016	ASHWOOD_J	✕
RUOH	Waiting for information	07/07/2016	ASHWOOD_J	✕
RUOH	Received Missing Information	07/19/2016	ASHWOOD_J	✕
RUOH	Ready for Data Entry	07/19/2016	ASHWOOD_J	✕
RUOH	Data Entry Completed	07/19/2016	SIMMONS_JLS	✕
RUOH	Final Review	07/25/2016	ASHWOOD_J	✕
RUOH	Notification Letter Emailed	07/26/2016	ASHWOOD_J	

RUOH

Booked into Oculus 

07/26/2016

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**Comments**

Document Type	Date	Comment	Author
General Comment	07/07/2016	Notification has an original signature.	SIMMONS_JLS
RUOH	07/07/2016	Received original 8700 form, registration fee and training manual statement.	ASHWOOD_J
RUOH	07/07/2016	Email sent to Bubba: In reviewing your submittal, we noticed additional information is needed. Please submit the following to continue processing your UO registration (see attached blank form for your convenience): Combined HWT/UO Insurance form As soon as possible, please mail the required form with original (hand signed) signature to us at: 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	07/19/2016	Received original Combined HWT/UO Insurance form - Good.	ASHWOOD_J
RUOH	07/25/2016	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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