

## MyFDEP

Florida Department of Environmental Protection



Welcome, Kim Thursby. You are logged on with a role of CHAZ\_USER. [\[Sign Out\]](#)

[\[Pending List\]](#) [\[Completed List\]](#)

[\[Completed List - this DocLog\]](#)

## Completed Document Details

**NATIVE NAME:** JANUARY ENVIRONMENTAL SERVICES INC

**DOC LOG ID:** 36309

**CHAZ ID:** FLD982162943

**CITY:** BARTOW

**COUNTY:** POLK

[View email records](#)

[RUOH Email Template](#) [RUOH Approvals](#)

### Document Types

**Document Type**

RUOH

**Primary Type**

Y

**Discontinued On**

### Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
406367	UOP	<a href="mailto:loren@januaryservices.com">loren@januaryservices.com</a>	FLD982162943	January Environmental Services Inc
407602	HWR	<a href="mailto:loren@januaryservices.com">loren@januaryservices.com</a>	FLD982162943	January Environmental Services Inc

### Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	01/30/2017	SIMMONS_JLS	✘
RUOH	Completeness Review	02/09/2017	ASHWOOD_J	✘
RUOH	Waiting for information	02/09/2017	ASHWOOD_J	✘
RUOH	Waiting for information	03/16/2017	ASHWOOD_J	✘
RUOH	Ready for Data Entry	04/05/2017	ASHWOOD_J	✘
RUOH	Data Entry Completed	04/05/2017	SIMMONS_JLS	✘
RUOH	Final Review	04/05/2017	ASHWOOD_J	✘
RUOH	Booked into Oculus	04/05/2017	THURSBY_K	✘

### Comments

Document Type	Date	Comment	Author
RUOH	02/09/2017	Email; sent to Loren January: In reviewing your submittal, we noticed additional information is needed. The ACORD form does not match Insurance form on file (see attached). Used Oil	ASHWOOD_J

Completed Document Details

transporters are required to provide an Insurance form for the automobile liability inclusive of pollution liability. However, in the event your policies are separate then we will need to submit two separate Insurance forms. Please submit the following to continue updating your Insurance in our database (see attached blank form for your convenience): Combined HWT/VO Certificate of Liability 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.

Email sent to Loren: Insurance form submitted is a colored copy, not an original *¿wet¿* signature.

RUOH 03/16/2017

Please submit the following to continue updating your Insurance in our database (see attached blank form for your convenience): Combined HWT/VO Certificate of Liability 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 04/05/2017

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

ASHWOOD\_J

[DEP Home](#) | [About DEP](#)