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Completed Document Details

NATIVE NAME: TCI OF ALABAMA LLC

DOC LOG ID: 37440

CHAZ ID: ALD983167891

CITY: PELL CITY

COUNTY: ALL FL CNTYS

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

Document Types


Document Type	Primary Type	Discontinued On
RHWT	Y	
RUOH	N	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
286572	HWT	gmassaro@tcialabama.com	ALD983167891	TCI of Alabama LLC
289503	UOP	gmassaro@tcialabama.com	ALD983167891	TCI of Alabama LLC

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/01/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	06/01/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	06/01/2017	HORLICK_S	✕
RHWT	Data Entry Completed	06/01/2017	SIMMONS_JLS	✕
RHWT	Final Review	06/01/2017	HORLICK_S	✕
RHWT	Notification Letter Emailed	06/01/2017	HORLICK_S	✕
RHWT	Booked into Oculus	06/06/2017	THURSBY_K	✕
RUOH	Logged	06/01/2017	SIMMONS_JLS	✕
RUOH	Completeness Review	06/06/2017	ASHWOOD_J	✕

RUOH	Waiting for information	06/06/2017	ASHWOOD_J	✖
RUOH	Ready for Data Entry	06/07/2017	ASHWOOD_J	✖
RUOH	Data Entry Completed	06/07/2017	SIMMONS_JLS	✖
RUOH	Final Review	06/07/2017	ASHWOOD_J	✖
RUOH	Booked into Oculus 	06/08/2017	THURSBY_K	✖

Comments

Document Type	Date	Comment	Author
General Comment	06/01/2017	Insurance forms have original signatures.	SIMMONS_JLS
RHWT	06/01/2017	Two updated HWT/UOH Certificate of Liability insurance forms received for primary and excess coverage.	HORLICK_S
RUOH	06/06/2017	Email sent to Greg Massaro: In reviewing your submittal, we noticed additional information is needed. The Insurance form submitted is incorrect. The Name of the Insurer, as listed on the form (see attached), is not registered with the Florida Department of Insurance website http://www.florid.com/companysearch . The Name of the Insurer must be listed exactly as it is registered. UO 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 you to submit two separate Insurance forms. Please submit the following to continue processing your UO registration (see attached blank form for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. As soon as possible, please mail the required forms 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	06/07/2017	Received revised Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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