

## MyFDEP

Florida Department of Environmental Protection




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## Completed Document Details

**NATIVE NAME:** ROADRUNNER EXPRESS INC

**DOC LOG ID:** 37539

**CHAZ ID:** GAD981276041

**CITY:** FLOWERY BRANCH

**COUNTY:** ALL FL CNTYS

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### Document Types

**Document Type**

RHWT

**Primary Type**

Y

**Discontinued On**

### Email Addresses

**Affiliation-ID**

216272

**Interest Type**

HWT

**Email**
[wtcrei@att.net](mailto:wtcrei@att.net)
**Native ID**

GAD981276041

**Native Name**

Roadrunner Express Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	06/20/2017	SIMMONS_JLS	✕
RHWT	Completeness Review	06/20/2017	HORLICK_S	✕
RHWT	Waiting for information	06/20/2017	HORLICK_S	✕
RHWT	Ready for Data Entry	06/23/2017	HORLICK_S	✕
RHWT	Data Entry Completed	06/23/2017	SIMMONS_JLS	✕
RHWT	FDM Facility Created	06/23/2017	SIMMONS_JLS	✕
RHWT	Final Review	06/23/2017	HORLICK_S	✕
RHWT	Booked into Oculus	06/26/2017	THURSBY_K	✕

### Comments

**Document**
**Date**
**Comment**
**Author**

Type	Date	Comment	Author
General Comment	06/20/2017	Insurance form has an original signature.	SIMMONS_JLS
RHWT	06/20/2017	Email sent to Tony Williams: In reviewing your submittals, we notice additional information is needed. Please revise the Florida Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form as follows; <ul style="list-style-type: none"> <li>• The center section under "coverage applies at" must be filled in with the EPA/DEP ID Number, not the policy number (see attached).</li> <li>• Submit the revised insurance form hand signed ("wet signature") by an authorized agent of the insurance provider. No stamps and no photo copies of the signature. (A blank Insurance form is attached for your convenience.)</li> </ul> As soon as possible, please mail the required forms to: DEP Waste Management Division HWPP, MS4560 2600 Blair Stone Rd. Tallahassee, FL 32399-2400 Let me know if you have any questions or comments. Thanks	HORLICK_S
RHWT	06/23/2017	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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