

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: LANDSTAR RANGER INC**DOC LOG ID:** 40214**CHAZ ID:** FLR000067157**CITY:** JACKSONVILLE**COUNTY:** DUVAL
[View email records](#)
[📁 RHWT Email Template](#) [📁 RHWT Approvals](#)


Document Types

Document Type	Primary Type	Discontinued On
RHWT	Y	

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
253597	HWR	wpace@landstar.com	FLR000067157	Landstar Ranger Inc
294652	HWT	wpace@landstar.com	FLR000067157	Landstar Ranger Inc

Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	04/26/2018	SIMMONS_JLS	✘
RHWT	Completeness Review	04/30/2018	HORLICK_S	✘
RHWT	Waiting for information	04/30/2018	HORLICK_S	✘
RHWT	Ready for Data Entry	05/10/2018	HORLICK_S	✘
RHWT	Data Entry Completed	05/11/2018	SIMMONS_JLS	✘
RHWT	Final Review	05/11/2018	HORLICK_S	✘
RHWT	Booked into Oculus 	05/14/2018	THURSBY_K	✘

Comments

Document Type	Date	Comment	Author
RHWT	04/30/2018	Email sent to Wes Pace: In reviewing your submittal, we noticed additional information is needed. The submitted ACORD form must exactly match the Certificate of Liability Insurance form we have on file. Please submit the following by Friday, May 11 to continue processing your insurance update (see attached blank form for your convenience): ¿ Certificate of Liability Insurance Hazardous Waste Transporter and Used Oil Handler form. The documents submitted must be signed (original ¿WET¿ signature) 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 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. Thanks	HORLICK_S
RHWT	05/10/2018	Updated HWT/UOH Certificate of Liability received.	HORLICK_S

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