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## Completed Document Details

**NATIVE NAME:** STRANCO INC

**DOC LOG ID:** 43195

**CHAZ ID:** LAD980796627

**CITY:**

**ABITA SPRINGS COUNTY:** ALL FL CNTYS

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### Document Types

#### Document Type

RHWT

#### Primary Type

Y

#### Discontinued On

### Email Addresses

#### Affiliation-ID

416630

#### Interest Type

HWT

#### Email

[jjbarnes@stranco.net](mailto:jjbarnes@stranco.net)

#### Native ID

LAD980796627

#### Native Name

Stranco Inc

### Processes

Document Type	Process	Date	Author	Delete
RHWT	Logged	12/26/2018	SIMMONS_JLS	✘
RHWT	Completeness Review	12/27/2018	HORLICK_S	✘
RHWT	Waiting for information	12/28/2018	HORLICK_S	✘
RHWT	Ready for Data Entry	01/14/2019	HORLICK_S	✘
RHWT	Data Entry Completed	01/14/2019	HORLICK_S	✘
RHWT	Final Review	01/14/2019	HORLICK_S	✘
RHWT	Booked into Oculus	01/14/2019	THURSBY_K	✘

### Comments

<b>Document Type</b>	<b>Date</b>	<b>Comment</b>	<b>Author</b>
RHWT	12/27/2018	The ACORD policy number does not match the Certificate of Liability form on file.	HORLICK_S
RHWT	12/28/2018	Email sent to JJ Barnes: 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, January 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	01/14/2019	Updated HWT/UOH Certificate of Liability and Liability Endorsement insurance forms received.	HORLICK_S

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