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NATIVE NAME: RING POWER CORP

DOC LOG ID: 47983

CHAZ ID: FLR000119347

CITY: ST AUGUSTINE

COUNTY: ST. JOHNS

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Document Types

Document Type

RUOH

Primary Type

Y

Discontinued On

Email Addresses

Affiliation-ID	Interest Type	Email	Native ID	Native Name
446057	UOP	brian.brown@ringpower.com	FLR000119347	Ring Power Corp
500425	HWR	brian.brown@ringpower.com	FLR000119347	Ring Power Corp

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	07/01/2019	OUTLEY_D	✕
RUOH	Completeness Review	07/01/2019	ASHWOOD_J	✕
RUOH	Waiting for information	07/01/2019	ASHWOOD_J	✕
RUOH	Ready for Data Entry	07/31/2019	ASHWOOD_J	✕
RUOH	Data Entry Completed	07/31/2019	ASHWOOD_J	✕
RUOH	Final Review	07/31/2019	ASHWOOD_J	✕
RUOH	Booked into Oculus	07/31/2019	THURSBY_K	✕

Comments

Document Type	Date	Comment	Author
General Comment	07/01/2019	Acord	OUTLEY_D
RUOH	07/10/2019	Email sent to Brian Brown: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form, is not registered with the Florida Department of Insurance website http://www.floir.com/companysearch . The Name of the Insurer must be listed exactly as it is registered (see attached). 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 by Wednesday, July 31, 2019 to continue updating our database(see attached blank forms for your convenience): Revised Combined HWT/UO Certificate of Liability Insurance form for automobile and pollution liability. NOTE: Transporting used oil without a valid registration is a violation of the law, subject to penalties. As soon as possible, please mail the required form(s) 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	07/31/2019	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J

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