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## Completed Document Details

**NATIVE NAME:** RING POWER CORP

**DOC LOG ID:** 48684

**CHAZ ID:** FLD982150237

**CITY:** GAINESVILLE

**COUNTY:** ALACHUA

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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     |
|----------------|---------------|----------------------------------------------------------------------------------|--------------|-----------------|
| 311611         | HWR           | <a href="mailto:dave.strickland@ringpower.com">dave.strickland@ringpower.com</a> | FLD982150237 | Ring Power Corp |
| 446044         | UOP           | <a href="mailto:brian.brown@ringpower.com">brian.brown@ringpower.com</a>         | FLD982150237 | Ring Power Corp |

### Processes

| Document Type | Process                 | Date       | Author      | Delete |
|---------------|-------------------------|------------|-------------|--------|
| RUOH          | Logged                  | 07/26/2019 | SIMMONS_JLS | ✕      |
| RUOH          | Completeness Review     | 07/28/2019 | ASHWOOD_J   | ✕      |
| RUOH          | Waiting for information | 07/28/2019 | 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 | 07/26/2019 | Insurance form has an original signature.                        | SIMMONS_JLS |
| RUOH            | 07/31/2019 | Received revised original Combined HWT/UO Insurance form - Good. | ASHWOOD_J   |

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