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Completed Document Details

NATIVE NAME: SHORELINE ENVIRONMENTAL INC

DOC LOG ID: 71578 **CHAZ ID:** ALR000039974 **CITY:** ROBERTSDALE **COUNTY:** ALL FL CNTYS

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RUOH Email Template RUOH Approvals

Document Types

Document Type Primary Type Discontinued On

RUOH Y

Email Addresses

Affiliation-ID Interest Type Email Native ID Native Name

273145 UOP shorelineenvironmental@yahoo.com ALR000039974 Shoreline Environmental Inc

Processes

| Document Type | Process | Date | Author | Delete |
|---------------|-------------------------|------------|-----------|--------|
| RUOH | Logged | 07/13/2021 | THURSBY_K | × |
| RUOH | Completeness Review | 07/13/2021 | ASHWOOD_J | × |
| RUOH | Waiting for information | 07/13/2021 | ASHWOOD_J | × |
| RUOH | Ready for Data Entry | 08/05/2021 | ASHWOOD_J | × |
| RUOH | Data Entry Completed | 08/05/2021 | ASHWOOD_J | × |
| RUOH | Final Review | 08/05/2021 | ASHWOOD_J | × |
| RUOH | Booked into Oculus | 08/05/2021 | ASHWOOD_J | × |

Comments

| Document Type | Date | Comment | Author |
|--------------------|------------|---|-----------|
| General Comment | 07/13/2021 | Original Signature on form | THURSBY_K |
| RUOH | 07/19/2021 | Email sent to Bart Shumaker: In reviewing your submittal, we noticed additional information is needed. The Name of the Insurer, as listed on the form (see attached), 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 Monday, August 2, 2021 to continue updating our database (see attached blank forms for your convenience): 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 further questions. | ASHWOOD_J |
| RUOH | 08/05/2021 | Received revised original Combined HWT/UO Insurance form - Good. | ASHWOOD_J |

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