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NATIVE NAME: THOMPSON CARRIERS INC

DOC LOG ID: 91754

CHAZ ID: ALR000058206

CITY: OPELIKA

COUNTY: ALL FL CNTYS

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Document Types

Document Type
RUOH

Primary Type
Y

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Email Addresses

Affiliation-ID
432391

Interest Type
UOP

Email
bubbaallison@thompsoncarriers.com

Native ID
ALR000058206

Native Name
Thompson Carriers Inc

Processes

Document Type	Process	Date	Author	Delete
RUOH	Logged	09/26/2023	CIARAVELLA_J	✖
RUOH	Completeness Review	09/26/2023	ASHWOOD_J	✖
RUOH	Waiting for information	09/26/2023	ASHWOOD_J	✖
RUOH	Ready for Data Entry	10/17/2023	ASHWOOD_J	✖
RUOH	Data Entry Completed	10/17/2023	ASHWOOD_J	✖
RUOH	Final Review	10/17/2023	ASHWOOD_J	✖
RUOH	Notification Letter Emailed	10/17/2023	ASHWOOD_J	✖
RUOH	Booked into Oculus 🌿	10/17/2023	ASHWOOD_J	✖

Comments

Document Type	Date	Comment	Author
General Comment	09/26/2023	Notification has an original signature.	CIARAVELLA_J
RUOH	09/26/2023	Received original 8700 form, registration fee, training manual statement, and Annual Report.	ASHWOOD_J
RUOH	09/26/2023	Email sent to Charles Allison: In reviewing your submittal, we noticed additional information is needed. The ACORD form submitted does not exactly match the Insurance form on file (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 Tuesday, October 17, 2023 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 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	10/17/2023	Received revised original Combined HWT/UO Insurance form - Good.	ASHWOOD_J