RECEIPT DATE 06/18/24 No. 654476  RECEIVED FROM Mc Carthy Enterprises, LLC \$650.00  SIX hundred fifty and 300  PFOR RENT DE-SW-1577  DOLLARS	
ACCOUNT  PAYMENT  BAL. DUE  CASH  CHECK  MONEY ORDER CREDIT CARD  BY  3-11	TO WARRY CO.

(4)



### RECEIVED

JUN 1 8 2024

DNREC - WHS

# STATE OF DELAWARE DEPARTMENT OF NATURAL RESOURCES AND ENVIRONMENTAL CONTROL DIVISION OF WASTE AND HAZARDOUS SUBSTANCES COMPLIANCE AND PERMITTING SECTION

89 Kings Highway Dover, Delaware 19901

1.

TELEPHONE: (302) 739-9403 FAX: (302) 739-5060

#### SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

Type of Permit  ☐ New - SCRAP TIRES ONLY Submit a Delaware," in the amount of \$75.00.	check or money order, payable to the "State of
☐ New – <b>ALL OTHERS</b> Submit a check or the amount of \$350.00.	money order, payable to the "State of Delaware" in
Renewal: Permit # DE-SW-	Expiration Date
Please indicate the term for which you des order, payable to the "State of Delaware,"	sire your permit to be issued. Submit a check or money for the indicated permit fee.
SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - \$75.00	One Year - \$350.00
☐ Two Years - \$125.00	Two Years - \$650.00
☐ Three Years - \$175.00	☐ Three Years - \$950.00
☐ Four Years - \$225.00	☐ Four Years - \$1250.00
☐ Five Years - \$275.00	☐ Five Years - \$1550.00

2.	Release to Public					
	Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?   Yes No					
3.	Company Information					
	Company Name McCarthy 8	interprises, LLC				
Lo	cation Address:	Mailing Address:				
3	5283 Atlantic Ave.	35283 Allantic Arce.				
7	Milly DE 19967	Milly 18 19967				
	3 30					
Co	ntact: Michael McCacthyTit	le: Owner				
Bu	siness Phone: 302, 539-8056 Fa	x:302:539:1974				
E-1	mail: michael @mccarthy	stones, com				
24	hr Emergency Contact Phone					
4.	Company Ownership Information					
	(a). Please indicate the company type:  Proprietorship Partnership Corporation - If company is a corporat	ion, indicate city, state, and date of incorporation.				
	City: Millville Sta	nte: <u>DE</u> Date: <u>2000</u>				
	☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) S ☐ Other: (must specify)	tate: DE				
	(b). For each Owner, Partner, or Corporate O date of birth, and % ownership. Include a shares.	fficer, attach a list with name, title, mailing address, ll stockholders owning greater than 5% outstanding				
	Attachment					
	(c). If company is owned by or affiliated with address & mailing address, and % ownersh	a parent company, attach parent company name, nip.				
	AttachmentNo parent company					

# McCarthy Enterprises, LLC 35283 Atlantic Avenue Millville, DE 19967 302-539-8056 \* Fax 302-539-1974

Corporate Office/Managing Member/Owner: Michael G. McCarthy

Mailing Address: 35283 Atlantic Avenue Millville, DE 19967

Date of Birth:

% of Ownership: 100%

Solid Waste Transporter Application Page  $\bf 3$  of  $\bf 6$ 

5.	Company locations in Delaware
	List name and <u>street</u> address of each company location, including freight terminals, within the State of Delaware.
	Attachment  No Delaware locations
6.	Company Affiliates
	List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)
_	Attachment No affiliates
7.	Type of Waste to be Transported
	(a). Check all that apply. Refer to Delaware's Regulations Governing Solid Waste for definitions of waste categories.
`	Residential waste Commercial waste (from non-manufacturing, non-processing businesses and offices Industrial waste (from a manufacturing or industrial process)  Dry waste: Construction/demolition debris trees/stumps other (must specify)  Ash: municipal incinerator coal ash other (must specify)  Infectious waste Non-hazardous petroleum-hydrocarbon contaminated soils Asbestos-containing waste Scrap Tires
	(b). Does your company collect and transport residential (household) waste from single family homes condominiums and apartment complexes in Delaware?  Yes No
	(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☐ N/A
	(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?  Yes No
	(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?  Yes No

# McCarthy Stones 35283 Atlantic Avenue Millville, DE 19967 302-539-8056 \* Fax 302-539-1974

Company Locations in Delaware: 1 location

Street Address: 35283 Atlantic Avenue/Route 26 Millville, DE 19967

Solid Waste Transporter Application Page  $\mathbf{4}$  of  $\mathbf{6}$ 

8.	Trea	tment, Storage, and Disposal Facilities
	(a).	Do you cross state lines with the waste?  \(\sigma\) Yes \(\sigma\) No
	(b).	Identify in an attachment <i>all</i> solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
	1	Delaware Solid Waste Authority locations: (attachment) Cones Colean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)  Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)  Other in-state solid waste facilities, including private facilities: (attachment)  Out of state solid waste TSD facilities: (attachment)
9.	Othe	er Transporter Permits
	(a).	Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
	()	AttachmentNot applicable-No transporter permit required for these solid waste types in our home state.
	(b).	List solid waste transporter permits held in other states.
	/	AttachmentNo transporter permits in other states
	(c).	Indicate your Federal DOT number and Motor Carrier number:
		DOT# 10753 MC#
		N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.
10.	Proc	of of Financial Responsibility
	Dela Insu	transporter must submit proof of financial responsibility as established in section 7.2.4 of tware's Regulations Governing Solid Waste. This proof may be established by a Certificate of rance, with MCS-90 endorsement where applicable, or by other means approved by the artment. (The Certificate of Insurance must identify the Department of Natural Resources and ironmental Control, Compliance and Permitting Section as the certificate holder.)
	(a).	Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
		Do you transport in the State of Delaware Only (Intrastate)? Yes  Do you transport Interstate?

(d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-	90 🗆 \$350,000.00 🗖
Commercial Waste	\$750,000.00 + MCS-	90 🗆 \$350,000.00 🗖
Industrial Waste	\$750,000.00 + MCS-	90 🗆 \$350,000.00 🗖
Dry Waste	\$750,000.00 + MCS-	90 ☐ \$350,000. <del>00 </del>
Ash	\$750,000.00 + MCS-	90 🗆 \$350,000.00 🗖
Infectious Waste	\$1,000,000.00 + MCS-	90 □ \$750,000.00 + MCS-90 □
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-	\$350,000.00
Asbestos	\$1,000,000.00 + MCS- (For Hire & Private)	
Scrap Tires Only	\$350,000.00	\$350,000.00

#### 11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (Note: Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan must contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment

#### 12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii) Familiarity with the conditions of the solid waste transporter's permit.

(III)I dillillarity with the condition		
Driver Training, attachment	- received in-housetrain	ins
	for transport of Solice	
	wante materials	18. <b>3</b> 0



#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/06/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER, THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on

this certificate does not confer r	ights to the certificate holder	in lieu of such					
PRODUCER			CONTACT Mary VanEss				
Deeley Insurance Group LLC			(A/C, No, Ext): (A/C, No).	335-2036			
7171 Bent Pine Road			E-MAIL ADDRESS: mvaness@deeleyinsurance.com				
P.O. Box 770			INSURER(S) AFFORDING COVERAGE	NAIC#			
Willards	MD	21874	INSURER A: Scottsdale Indemnity Co.	15580			
INSURED			INSURER B: Hartford Accident & Indemnity	22357			
McCarthy Enterprises,	LLC		INSURER C: Scottsdale Insurance Co.	41297`			
35283 Atlantic Ave			INSURER D: Hartford Casualty Ins. Co.	29424			
-			INSURER E: United Financial Casualty Comp	11770			
Millville	DE	19967	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	24-25 Master	REVISION NUMBER:				

			INSURER								
IVALUE OF THE PROPERTY OF THE				INSURER F:							
				40MPLIZE	4-25 Master				REVISION NUMBER:		
IN	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.										
INSR LTR	TYPE OF INSURANCE	ADDL	ADDL SUBR NSD WVD POLICY NUMBER		POLICY EFF POLICY EXP (MM/DD/YYYY)		POLICY EXP (MM/DD/YYYY)	LIMITS			
LIK	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR	INSU	WVD						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,00 \$ 100,	000
Α				CPI7215498			09/26/2023	09/26/2024	MED EXP (Any one person) PERSONAL & ADV INJURY	•	0,000
	GEN'L AGGREGATE LIMIT APPLIES PER:								GENERAL AGGREGATE	\$ 2,00	0,000
	POLICY PRO-								PRODUCTS - COMP/OP AGG	\$ 2,00 \$	0,000
_	OTHER: AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT	\$ 1,00	0,000
	ANY AUTO								(Ea accident) BODILY INJURY (Per person)	\$	
В	OWNED SCHEDULED			30UECZC2694	4		01/16/2024	01/16/2025	BODILY INJURY (Per accident)	\$	
b	AUTOS ONLY AUTOS NON-OWNED								PROPERTY DAMAGE (Per accident)	\$	
	AUTOS ONLY AUTOS ONLY							İ	(i or doordorn)	\$	
	UMBRELLA LIAB X OCCUR						09/26/2023 09/2		EACH OCCURRENCE	Ψ.	0,000
С	EXCESS LIAB CLAIMS-MADE			CXI4000103		09/26		09/26/2024	AGGREGATE	\$ 2,00	0,000
	DED X RETENTION \$ 0									s	
	WORKERS COMPENSATION							➤ PER STATUTE OTH-			
D	ANY PROPRIETOR/PARTNER/EXECUTIVE	] N/A		30WECAH7M3	3H		09/26/2023	09/26/2024	E.L. EACH ACCIDENT	\$ 500,	
_	(Mandatory in NH)								E.L. DISEASE - EA EMPLOYEE	\$ 500,	
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$ 500,	
E Auto - Heavy Trucks 02488950				11/23/2023	11/23/2024	Combined Single Limit	\$1,0	000,000			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLI	S (AC	ORD 1	01, Additional Rem	arks Schedule,	may be att	ached if more sp	ace is required)			
CEI	RTIFICATE HOLDER					CANCE	ELLATION				
						SHOU	JLD ANY OF T	HE ABOVE DE	SCRIBED POLICIES BE CAN	CELLE	D BEFORE

CERTIFICATE HOLDER		CANCELLATION
DNREC-CAPS		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
89 Kings Highway		AUTHORIZED REPRESENTATIVE
Dover	DE 19901	Mary a. Van Ess
		@ 1000 2015 ACORD CORPORATION All rights reserved

#### 13. Vehicle Identification

On the form provided with this application, list MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this
application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.
issued per mit.
Vehicle List Attached
14. Vehicle Operator Information
Is a list of all vehicle operators attached?
What tax form do you submit to the IRS for your vehicle operators?  Form W-2
☐ Form 1099-Misc ☐ Other
15. Environmental Record
List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. Failure to submit complete and accurate information may lead to permit denial or revocation.
Attachment No violations within the specified time period
16. Certification
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.  **Signature Date 6-6-24
Print Name Michael McCarthy Title Owner
**A legal owner or corporate officer must sign the application**

#### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

7) High Visibility Vest

(1) Spill control and safety equipment carried in each vehicle:

1). Reflectors and/or flares

2). Fire extinguisher3). First aid kit

4). Heavy-duty gloves, hard hat 5). Flashlight 6). Oil Spill Sock
(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
(3) The driver will perform the following pre-trip inspections:  1). Load Secure  3). Spill Control Plan C  2). Inspect Spill Control Equipment
(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  Name: Michael McCarthy  Phone:
(5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.)  Maryland:  New Jersey:
(6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
(7) This plan will be carried in all vehicles, along with the permit.

# McCarthy Stones 35283 Atlantic Avenue Millville, DE 19967 302-539-8056 \* Fax 302-539-1974

#### Spill Control Plan

- 1) Spill control and safety equipment carried in each vehicle:
- > Reflectors
- > Fire extinguisher
- > First aid kit
- > Heavy-duty gloves and hard hat
- > Flashlight
- > Oil spill sock
- > High visibility vest
- 2) All loads enclosed, covered and/or tarped to prevent accidental discharge of waste during transport to disposal facility.
- 3) Driver performs pre-trip inspections for the following:
- > Load is secure
- > Inspect spill control equipment
- > Spill control plan copy in vehicle
- 4) Designated company coordinator to be contacted by the driver, if uninjured, in the event of an accident or other emergency that results in a portion of the load being spilled:

Name: Michael G. McCarthy

Phone:

5) The designated coordinator, **Michael G. McCarthy** will contact state and municipal authorities where the accident occurred. In the event that the accident or spill has the potential to cause environmental damage, (due to the nature of the waste, location of accident, or other factors such as leaking gas, fluids, oils, etc.) the person contacted will notify the state emergency response team by calling one of the following numbers:

Delaware: 911, (302) 739-9401 or 1-800-662-8802

6) This plan will be carried in all vehicles, along with the permit.

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

			4YHG72473		2000 FL112
McCarthy Enterprises, LLC	80000	C110413	1FVXTWEB	Hook	Freightliner
			39HAJ1079		2009 M2
McCarthy Enterprises, LLC	33000	C110414	1FVACXBS	Hook	Freightliner
OWNERSHIP	mfgr's GVWR	LICENSE PLATE # and STATE of REGISTRATION	VIN # (Serial Number)	ТҮРЕ	MAKE - MODEL - YEAR

# McCarthy Enterprises, LLC 35283 Atlantic Avenue Millville, DE 19967 302-539-8056 \* Fax 302-539-1974

#### **List of Company Drivers**

Driver Name: Michael G. McCarthy, CDL Class A

Years of Experience: 24 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

Driver Name: William Gallagher, CDL Class A

Years of Experience: 63 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

Driver Name: Ed Vreeland, CDL Class A

Years of Experience: 17 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

Driver Name: Steve Harrison, CDL Class A

Years of Experience: 30 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

Driver Name: Larry Linneberger, CDL Class A

Years of Experience: 14 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

Driver Name: Mike Stone, CDL Class A

Years of Experience: 4 years

Violations in the Last 5 Years: None

Training: Received In-house training for transport of solid waste materials.

# Davis, DaQuan (DNREC)

From:	Michael McCarthy <michael@mccarthystones.com></michael@mccarthystones.com>
Sent:	Monday, June 24, 2024 3:56 PM
To:	WHStransporters Re: Delaware Solid Waste Transporter Permit
Subject: Attachments:	McCarthy Enterprises CORRECTED Vehicle Info 6242024.pdf
Attacimients.	Twicediting Enterprises Contract and an analysis and an analys
Good afternoon Mr. Davis,	
trucks. The vin number for both #s). Also, both are registered in t	ehicle information. Attached is the corrected vehicle information. It is for two had been entered on 2 separate lines for each (which is why it looked like 4 vin he state of Delaware. If you have any further questions, please let me know. Also, if a received this email, I would greatly appreciate it.
Thank you,	
Michael McCarthy McCarthy Enterprises, LLC 302-462-6363	
On Mon, Jun 24, 2024 at 2:12 PM	WHStransporters < <u>WHStransporters@delaware.gov</u> > wrote:
Hi Mr. McCarthy,	
Thank you for submitting your a found that some information is	pplication to renew your Delaware solid waste transporter permit. Upon review, I have missing or needs to be updated. Please address the items listed below:
• Item 13- The vehicle list y registration. Also, how r	you submitted is missing some information please update your list and add the state of many vehicles do you have? Why are there 4 VINs?
Please provide the information r	equested above via e-mail within five (5) days.
Thank you	
Thank you,	
DaQuan Davis	



# DaQuan L. Davis Environmental Scientist I

## Division of Waste and Hazardous Substances

- 302-739-9403
- daquan.davis@delaware.gov
- 9 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov



Michael G. McCarthy Michael McCarthy Stones

Office: 302-539-8056

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application. VEHICLE INFORMATION - See Item 13 of the application.

27		OWNERSHIP	McCarthy Enterprises, LLC	McCarthy Enterprises, LLC		47		).					
	and mfgr's	GVWR	33,000	000'08				•					
The state of the s	LICENSE PLATE # and STATE	GISTRATION	C110414 - DE	C/104/13 - DE	•					:#≎			
			1FVACXBS39HAJ1079	1FVXTWEB4YHG72473									
Committee of the committee of		TYPE	Hook	Hook			,te				7	. 5 2	
		MAKE - MODEL - YEAR	Freightliner-M2-2009	Freightliner-FL112-2000									