

# RECEIPT

DATE 06/25/24

No. 654487

RECEIVED FROM Bio York, LLC.

\$ 350.00

Three Hundred Fifty and 1/10 DOLLARS

FOR RENT DE-SW-1672

FOR

ACCOUNT	
PAYMENT	
BAL. DUE	

CASH

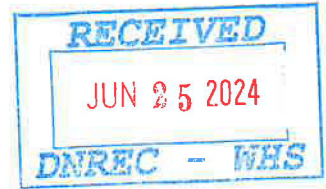
CHECK

MONEY ORDER

CREDIT CARD

FROM #5498 TO

BY E.W.



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

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

**SOLID WASTE TRANSPORTER PERMIT APPLICATION**

Language Preference: English

**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

**1. Type of Permit**

- New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the “State of Delaware,” in the amount of \$75.00.
- New – **ALL OTHERS** Submit a check or money order, payable to the “State of Delaware” in the amount of \$350.00.
- Renewal: Permit # DE-SW- 1672 Expiration Date 6/30/2024

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the “State of Delaware,” for the indicated permit fee.

**SCRAP TIRES ONLY**

**ALL OTHERS**

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- 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 BioYork LLC

Location Address:	Mailing Address:
1444 E Lackawanna Ave STE 216	15 Matthews St Unit 302, Goshen, NY 10924
Olyphant, PA 18447	

Contact: Joel Sofer Title: Member

Business Phone: 570-416-2700 Fax: \_\_\_\_\_

E-mail: office@bioyork.com

24 hr Emergency Contact Phone [REDACTED]

**4. Company Ownership Information**

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: PA
- Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment BioYork 6-18

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment \_\_\_\_\_
- No parent company

**5. Company locations in Delaware**

List name and street 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

**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste?  Yes  No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - Clean 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) B \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment C \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment D \_\_\_\_\_
- No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 2590256 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. Proof of Financial Responsibility**

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental 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.)
- (b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No
- (c). Do you transport Interstate?  Yes  No

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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

### 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 E

### 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.

Driver Training, attachment F

**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.**

Vehicle List Attached

**14. Vehicle Operator Information**

Is a list of all vehicle operators attached?  Yes

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 Joel Sofer Date 6-18-2024  
Print Name Joel Sofer Title Member

**\*\* A legal owner or corporate officer must sign the application \*\***





## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (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).
  - 2).
- (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: \_\_\_\_\_ 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.



## BioYork LLC

- ☎ 845-416-2700
- ✉ Office@bioyork.com
- 📍 1444 E Lackawanna Ave,  
Olyphant, PA 18447

# BioYork 6-18-24

## To whom it may concern

BioYork LLC is a limited liability company that operates in the United States. As a sole proprietorship, Joel Sofer holds complete ownership of the business, has the authority to make all decisions, and is responsible for all liabilities. Since he is the only owner, there are no other shareholders or members involved in the business operations or decision-making process.

Joel Sofer was born on [REDACTED] and his mailing address is [REDACTED]  
[REDACTED]

For any questions feel free to contact us on the number above.

## Attachment B

Daniels Health Pennsylvania - Medical Waste

**Address:** 925 Conroy Pl, Easton, PA 18040

**Phone:** (484) 546-2130

PA Permit 400693

Attechement C

2510-CD-LRW0056B

Rev. 04/00

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION  
REGULATED MEDICAL AND CHEMOTHERAPEUTIC TRANSPORTER LICENSE

PA-HC0265

AUTHORIZATION NO.

05/31/2025

EXPIRATION DATE

5

NO. OF COPIES

-VOID UNLESS VALIDATED

VALIDATED  
02/09/2023

NAME & ADDRESS OF LICENSEE

BIOYORK LLC

1444 E LACKAWANNA ST STE 216

OLYPHANT PA 18447-2181

BUSINESS PHONE NO.

570-416-2700

24-HOUR PHONE NO.

917-589-1309



**pennsylvania**  
DEPARTMENT OF ENVIRONMENTAL  
PROTECTION

THIS LICENSE AUTHORIZES THE LICENSEE TO  
TRANSPORT REGULATED MEDICAL AND  
CHEMOTHERAPEUTIC WASTES WHICH ARE  
NOT "HAZARDOUS WASTES" UNDER  
PENNSYLVANIA REGULATIONS.

SEE REVERSE FOR ADDITIONAL CONDITIONS -

SEE REVERSE FOR ADDITIONAL CONDITIONS -

## Attachment D

Arkansas	ADH13070977
Delaware	DE-SW-1672
Florida	BMT7795
Kentucky	W01819
Louisiana	TRN-PA001
Minnesota	IW-169
New Jersey	SW-0039271
New York City	BIC-490942
New York State	PA-610
North Dakota	WH-2130
NYC BIC	BIC-490942
Pennsylvania	PA-HC0265
Rhode Island	RI-952
South Carolina	IWT000006
State of Main	B513
Texas	MSW50183
Vermont	NA- Truck Sticker Only
West Virginia	IMW-99-19-HO067
Wisconsin	DNR-16618

Attchement E

Spill Control and Safety

Five pages enclosed

# BioYork, LLC

## Infectious Waste Management and Contingency Plan

### Definition of Infectious Waste

Infectious waste means waste originating from the diagnosis, care, or treatment of a person or animal that has been or may have been exposed to a contagious or infectious disease. Unless the materials have been rendered noninfectious by procedures approved by the state commissioner of health, infectious waste includes:

- All wastes originating from persons or animals placed in isolation for control and treatment of an infectious disease;
- Bandages, dressings, casts, catheters, tubing, and similar disposable items which have been in contact with wounds, burns, anatomical tracts, or surgical incisions and which are suspect of being or have been medically verified as infectious;
- All infectious anatomical waste, including human and animal parts or tissues;
- Infectious sharps and needles;
- Laboratory and pathology waste of an infectious nature; or
- Any other waste, as defined by the state commissioner of health, which, because of its infectious nature, requires handling and disposal in a manner prescribed for other types of infectious waste.

### Managing Infectious Waste

Infectious waste is not the same as hazardous waste, although some wastes can be both hazardous and infectious. Manage wastes that are both hazardous and infectious as hazardous waste.

Infectious waste, also called bio-hazardous or red bag waste, cannot be placed in the normal trash for disposal at a landfill or industrial burner. Infectious waste must be segregated and go through a decontamination process before it is considered safe for routine handling as a solid waste.

For this reason, infectious waste is routinely collected in special containers - sharps containers and red bags. The management plan address packaging and labeling, handling and segregation, storage, transportation, spill response, treatment and disposal.

Infectious waste requirements apply to both Facility Owners and Operators, and Commercial Transporters.

## Packaging and Labeling Requirements.

BioYork, LLC shall not receive any infectious waste or transport for offsite decontamination, storage, or disposal, any infectious waste that is not packaged in accordance with the following requirements:

- Sharps must be in rigid, puncture-resistant containers that have lids or caps that are designed to preclude loss or leakage of the contents.
- Sharps must remain packaged throughout collection, storage, decontamination, and any handling processes that precede disposal, unless the sharps have been treated by a process that renders them incapable of inducing subdermal inoculation. This item does not prevent the use of sharps containers that are designed to be reusable if applicable parts of the regulations with.
- Sharps containers, or infectious waste containers that include sharps containers, that will be transported to an offsite facility must be labeled, on the outer container, with "Sharps" in letters at least one inch high with a stroke width of one-eighth inch and with either the international biohazard symbol, at least three inches by three inches, or the words "Infectious Waste" in letters at least one inch in height with a stroke width of one-eighth inch.
- Infectious waste, except for sharps, must be contained in plastic bags that are impervious to moisture, and of sufficient strength to preclude ripping, tearing, or bursting under normal conditions of use and handling. Each plastic bag must be constructed of material of sufficient single thickness and strength to pass the 165-gram dropped dart impact resistance test as prescribed by ASTM Standard D 1709-75, which is incorporated by reference, and is not subject to frequent change. The bags must be secured to prevent leakage of waste during handling, decontamination, storage, transport, or disposal.
- Plastic bags of infectious waste that will be shipped offsite must be packaged for storage or handling by placement in corrugated fiberboard boxes or equivalent rigid containers such as reusable pails, cartons, or portable bins. Containers must have tight-fitting covers and be securely sealed.
- Boxes and rigid containers of infectious waste must be conspicuously labeled with the words "Infectious Waste" in letters at least one inch high, with a stroke width of one-eighth inch, or the international biohazard symbol, at least three inches by three inches.
- Containers that have been in direct contact with infectious waste must be disinfected as required in the regulations, before further use.

## Storage Requirements:

Offsite facility owners and operators must store waste in accordance with the following requirements:

- Infectious or pathological waste must be segregated from other wastes in a storage area designed to prevent the entry of vermin. Storage areas for infectious or pathological waste must be secured to deny access by unauthorized persons and must be prominently marked with the international biohazard symbol and with the words "Infectious Waste" on or adjacent to the exterior of entry doors and access gates.
- Interior surfaces of storage areas must be constructed of materials that are easily cleaned.
- Offsite storage areas must be designed to contain spills.
- Infectious or pathological waste must not be allowed to become putrescent during storage or at any time.
- Storage facility owners and operators must comply with the spill response requirements in the regulations.



## Bioyork, LLC Transport Requirements

- All vehicles must possess a valid transporter registration.
- The management plan must be kept at the office and in all vehicles.
- Bioyork, LLC will transport infectious waste to offsite facilities that receive the waste must be in compliance with all regulations.
- Infectious waste must be transported in a fully enclosed vehicle compartment.
- Infectious waste must be delivered for decontamination, storage, or disposal only to a facility owner or operator that has an approved management plan onsite or to a facility owner or operator that is exempt from the requirements for a management plan.
- Bioyork, LLC will not deliver infectious waste to a facility owner or operator prohibited from accepting the waste.
- Surface areas of equipment used to transport infectious waste must be smooth and easily cleaned **DAILY**.
- Infectious waste must not be compacted during transport. Sharps containers, or infectious waste containers that include sharps containers, must never be compacted, whether or not the sharps have been decontaminated. Containers must be secured to prevent movement during transport.
- Infectious waste must not be allowed to become putrescent during transportation.
- Bioyork, LLC will not transport or receive for transport infectious waste that is not properly packaged and labeled.
- Bioyork, LLC transport vehicles must bear labels or placards that comply with the regulations.
- Vehicles transporting infectious waste must be identified on each side of the vehicle, and on the access doors to any area holding infectious waste, with the name of the transporter and the words "Infectious Waste" in letters six inches high with a stroke width of three-fourths inch or with the international biohazard symbol, eight inches by eight inches.
- The vehicle identification number that is issued by the commissioner must be displayed on the single unit vehicle or trailer to which it is assigned in letters and numbers at least four inches in height with a stroke width of one-half inch.

## Spill Response Plan

A spill cleanup kit must be available for use in areas used for the storage, decontamination, or disposal of infectious waste and also on each transport vehicle. The cleanup kit must include at least:

- Absorbent material for spilled liquids;
- One gallon of hospital grade disinfectant or disinfectant made of a formula listed in the regulations;
- Packaging and labeling, as required by the regulations.
- Scoop shovel, push brooms, and plastic buckets; and
- Disposable coveralls, latex and nitrile gloves, surgical type face mask, and goggles.

Response to a spill must include the following minimum procedures:

- Access to the spill area by unauthorized personnel must be prevented;
- Broken containers and spillage must be packaged and labeled as required by the regulations;
- Absorbent material must be applied to surface areas that have been contaminated with infectious waste; and
- Reusable items must be cleaned and disinfected using the required procedures.

Procedures for disinfecting contaminated surfaces include, but are not limited to, agitation to remove visible soil and application of one of the following chemical sanitizers for the contact time required by the manufacturer's label:

- Hypochlorite solution (500 ppm available chlorine);
- Phenolic solution (500 ppm active ingredient),
- Iodoform solution (100 ppm active ingredient); or
- Other chemical sanitizer solutions of equivalent disinfectant strength.

## OSHA Regulations

In addition to the state medical waste environmental regulations there Occupational Safety and Health Administration (OSHA) rules that apply to medical/infectious waste.

(Occupational Exposure to Bloodborne Pathogens Standards) impact various aspects of medical/infectious waste, including management of sharps, requirements for containers that hold or store medical/infectious waste, labeling of medical/infectious waste bags/containers, and employee training.

All Bioyork, LLC employees will receive training and a employee handbook by JJ Keller, Inc. Titled BLOODBORNE PATHOGENS "What employees must know".

## Emergency Reporting

In the event of an emergency of an infectious or chemotherapeutic waste spill during transportation, the transporter will immediately notify the Delaware solid and hazardous waste management with the following information:

1. Name of the person reporting the incident.
2. Name, address, EPA identification number, and the license number of the transporter.
3. Phone number where the person reporting the incident can be reached.
4. Date, time, and location of the incident.
5. Mode of transportation and type of transport vehicle.
6. A brief description of the incident, including the type of incident.
7. Type of waste involved in the spill:
  - a. The name and if applicable, an EPA identification number of the generator of the waste.
  - b. Shipping name and waste code of waste.
  - c. Estimated quantity of the material or the waste spilled.
  - d. The extent of the contamination of land, water, or air.

In the event of an emergency of infectious and chemotherapeutic waste spill during transportation, the transporter will immediately notify the affected municipality of the occurrence and nature of the spill.

**LIST OF EMERGENCY RESPONSE AGENCIES**

The following are the minimum agencies and phone numbers to be listed:

**Delaware Solid and Hazardous Waste Management**

1-800-662-8802 and 302-739-9401

**U.S. Department of Transportation**

800-467-4922 (24 hours)

**Delaware Local Police and Fire Departments**

911 or 0 (Operator)

Plan approved by:

Bioyork, LLC

Joshua Knobloch

Director

Bioyork, LLC 24 hour emergency Tel number:

570-575-8008

## **Attachment F Contains 5 pages**

- **Driver license**
- **Osha training**
- **DMV Driving Record**



PENNSYLVANIA DEPARTMENT OF TRANSPORTATION
BUREAU OF DRIVER LICENSING

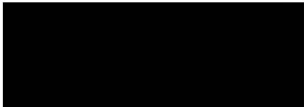
FULL DRIVER'S HISTORY
FEB 07 2024

FULL LEGAL NAME:
MARK JOHN RINALDI JR

DRIVER'S LICENSE NO:
REAL ID: NONE

EXPANDED NAME:
MARK
JOHN
RINALDI

TRUNC: N
TRUNC: N
JR TRUNC: N
TRANSLIT: N
TRANSLIT: N
TRANSLIT: N



DATE OF BIRTH:
SEX: MALE
RECORD TYPE: REG LICENSE
VETERAN STATUS: NOT DECLARED

DRIVER LICENSE (DL)

LICENSE CLASS: C
LICENSE ISSUE DATE: JUL 28 2021
LICENSE EXPIRES: NOV 25 2024
ORIG ISSUE DATE: DEC 23 2016
MED RESTRICTIONS: NONE
LEARNER PERMITS:
LICENSE STATUS: VALID
CDL MED SELF CERT:

COMMERCIAL DRIVER LICENSE (CDL)

CDL LICENSE CLASS:
CDL LICENSE ISSUED:
CDL LICENSE EXPIRES:
CDL ENDORSEMENTS: NONE
CDL RESTRICTIONS: NONE
CDL LEARNER PERMITS:
CDL LICENSE STATUS: VALID
CDL LIC DOWNGRADED:
SB ENDORSEMENT:

OCCUPATIONAL LIMITED LICENSE (OLL)

OLL LICENSE CLASS:
OLL LICENSE ISSUED:
OLL LICENSE EXPIRES:
OLL LICENSE STATUS:

PROBATIONARY LICENSE (PL)

PL LICENSE CLASS:
PL LICENSE ORIG ISS:
PL LICENSE ISSUED:
PL LICENSE EXPIRES:
PL LICENSE STATUS:

INTERLOCK LIMITED LICENSE (IILL)

IILL LICENSE CLASS:
IILL LICENSE ISSUED:
IILL LICENSE EXPIRES:
IILL LICENSE STATUS:

MEDICAL EXAMINER (ME)

ME NAME:
ME TELEPHONE:

MEDICAL CERTIFICATE (MC)

MC STATUS:
MC ISSUED:

MC RESTRICTIONS:
ME REGISTRY NO:

LICENSE NUMBER: [REDACTED]

PAGE: 2

MC EXPIRES:

ME LICENSE NO:

ME SPECIALITY CODE:

ME LICENSING  
JURISDICTION CODE:

SKILL PERFORMANCE EVALUATION (SPE)

WAIVER/EXEMPT (W/E)

SPE EFFECTIVE:

W/E EFFECTIVE:

SPE EXPIRES:

W/E EXPIRES:

**REPORT OF VIOLATIONS AND DEPARTMENTAL ACTIONS**

NO VIOLATIONS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

**REPORT OF MEDICALS AND DEPARTMENTAL ACTIONS**

NO MEDICALS OR DEPARTMENTAL ACTIONS DURING THIS REPORTING PERIOD

**REPORT OF ACCIDENTS AND DEPARTMENTAL ACTIONS**

ACCIDENT DATE: AUG 12 2021  
LOCATION: LACKAWANNA CTY  
VEHICLE TYPE: PASSENGER  
SEVERITY: PROPERTY

ACCIDENT DATE: DEC 26 2021  
LOCATION: LACKAWANNA CTY  
VEHICLE TYPE: TRUCK  
SEVERITY: PROPERTY

\*\*\*END OF RECORD\*\*\*

WID#: 240382650020496-001

PROCESSED: 02/07/2024

**Pennsylvania**  
visitPA.com USA

**DRIVER'S LICENSE**

NOT FOR REAL ID  
PURPOSES



UNDER 21 UNTIL 11/24/2020

EXPIRES: 00

4a SEX: M

1 DOB: [REDACTED]

0b EXP: 11/25/2024

0c ISS: 06/07/2020

15 SEX: M HEIGHT: BRO

16 HT: 5-10"

*Mark*

RINALDI  
MARK JOHN, JR



CLASS: C  
END: NONE  
RESTR: NONE



DD: 2018500102703  
300000055134

# CERTIFICATE OF TRAINING

This certificate awarded to

**Mark Rinaldi, Driver**

For satisfactory participation in

**Bloodborne Pathogens for Healthcare Online Course**

**Awarded on June 18, 2024**

Compliance Publishing • PO Box 390607 • Edina, MN 55439 • 877-500-6737 • [infocp@routeware.com](mailto:infocp@routeware.com).  
Certificate Id: 1127212



### **Bloodborne Pathogens For Healthcare Training Contents:**

Information on bloodborne pathogens and diseases, methods used to control occupational exposure, hepatitis B vaccine, and medical evaluation and post-exposure follow-up procedures.

Course duration: 45 minutes.

Must be taken by all personnel who could come in contact with Potentially Infectious Material.  
Must be taken annually.

1. The Bloodborne Pathogens Standard (29 CFR 1910.1030)
2. Epidemiology and Symptoms of bloodborne diseases
3. Transmission of bloodborne pathogens
4. Recognizing potential exposure risks
5. Methods to reduce or prevent exposure
6. Personal protective equipment\*
7. Employer's Exposure Control Plan
8. Hepatitis B vaccine
9. Emergencies involving blood or body fluids
10. Post Exposure Evaluation and Follow Up
11. Recordkeeping

\*Site-specific personal protective equipment should be covered with your supervisor

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability  
under Sections 29 and 30 of the Motor Carrier Act of 1980**

# FORM MCS-90

Issued to **BIOYORK LLC of PA**  
(Motor Carrier name)

(Motor Carrier state or province)

Dated at **12:01 AM on this 20 day of JANUARY, 2024**

Amending Policy Number: **FBCAT0413806 Effective Date: 01-20-2024**

Name of Insurance Company: **ARCH INSURANCE COMPANY**

Countersigned by: \_\_\_\_\_

(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$1,000,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \_\_\_\_\_ for each accident in excess of the underlying limit of \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 303-534-1171

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <http://www.fmcsa.dot.gov/urs>.

(continued on next page)



BIOYLLC-01

SFLASH

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/7/2024

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.

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.

PRODUCER: Acrisure Insurance Partners Services of NY, LLC
CONTACT NAME:
PHONE (A/C, No, Ext): (914) 937-1230
INSURER(S) AFFORDING COVERAGE: INSURER A: Nautilus Insurance Company, INSURER B: Arch Insurance Company

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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.

Table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSD, SUBR WVD, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS. Includes sections for Commercial General Liability, Automobile Liability, Umbrella Liability, and Workers Compensation.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER: Delaware - DNREC, 89 Kings Highway, Dover, DE 19901
CANCELLATION: SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

<b>SCHEDULE OF LIMITS - PUBLIC LIABILITY</b>
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<u>Type of carriage</u>	<u>Commodity transported</u>	<u>January 1, 1985</u>
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material ; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material ; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

## DEFINITION AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

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