

RECEIPT

DATE 07/08/29No. 654499RECEIVED FROM Coco Contracting Corp.\$ 350.00Three Hundred Fifty and 00/100 - DOLLARS FOR RENT DE-SW-1684 FOR _____

ACCOUNT		
PAYMENT		
BAL. DUE		

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM # 3191 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:

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- 1686 Expiration Date 9-30-24

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

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

ALL OTHERS

- 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 Cocco Contracting Corp

Location Address:	Mailing Address:
201 Saville Avenue	201 Saville Avenue
Eddystone, PA 19022	Eddystone, PA 19022

Contact: Lois E. Cocco Title: President

Business Phone: 610-874-3400 Fax: 610-874-7955

E-mail: coccocontracting@aol.com

24 hr Emergency Contact Phone: 610-874-4646

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: Eddystone State: PA Date: 3-1-1989

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- 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 next page

(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) Residential Cleanouts
 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) _____

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 PA
 - 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 _____
- No transporter permits in other states

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

DOT# 1468076 MC# 1139719

- 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:

	FOR-HIRE INTERSTATE	ALL OTHERS
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 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 ✓

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 ✓

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

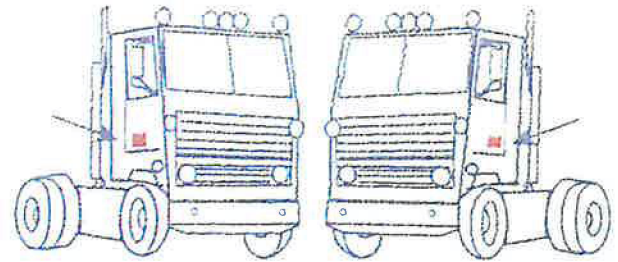
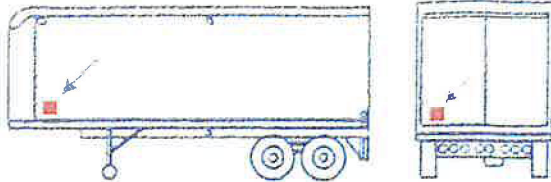
16. Certification

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 Lois E. Cocco Date 6/20/24
Print Name Lois E. Cocco Title President

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

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

164



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217256921

Phone No. (610)-874-3400

VIN# 1HTMMAAM87H415692
WH11217
Expires Feb 2025

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

TK 23

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-733-9258. A replacement fee is required.
Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



APPLICATION INSTRUCTIONS

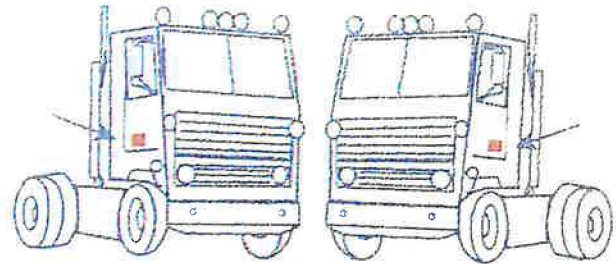
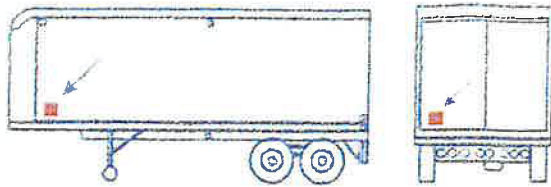
1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



PEEL HERE

PEEL HERE

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165



COMMONWEALTH OF PENNSYLVANIA

Waste Transportation Safety Program

Written Authorization

1217256951

Phone No. (610)-874-3400

VIN# 1HTMMAAM37H415695
WH11217
Expires Feb 2025

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required.
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TK 24

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APPLICATION INSTRUCTIONS

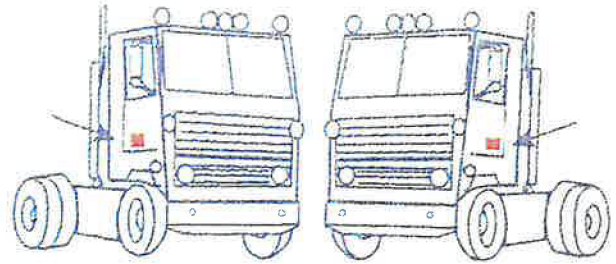
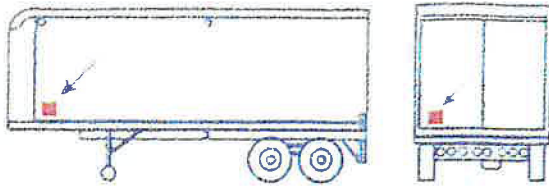
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167



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217255041

Phone No. (610)-874-3400

VIN# 1HTMMAAM57H433504
WH11217
Expires Feb 2025

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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TK 26

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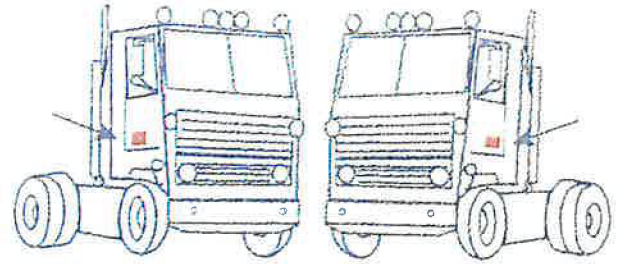


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166



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217250021

Phone No. (610)-874-3400

VIN# 1HTMMAAM09H166002
WH11217
Expires Feb 2025

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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TK 27

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APPLICATION INSTRUCTIONS

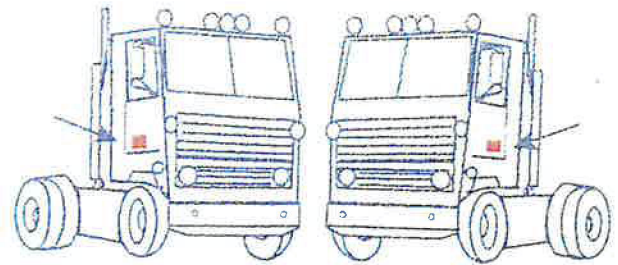
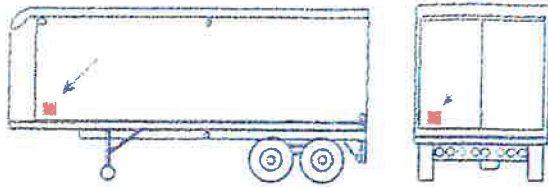
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163



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217251331

Phone No. (610)-874-3400

VIN# 1HTMMMLXGH415133
WH11217
Expires Feb 2025

TK 28

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

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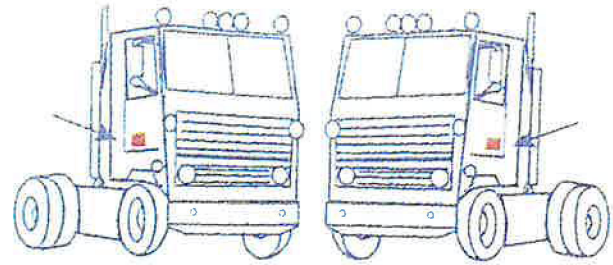
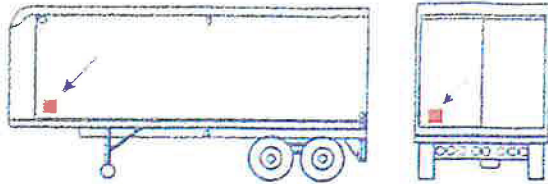
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162



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

1217257721

Phone No. (610)-874-3400

VIN# 1HTEUMML2KH290772
WH11217
Expires Feb 2025

COCCO CONTRACTING CORP.
LOIS COCCO
201 SAVILLE AVE
EDDYSTONE, PA 19022-1512

TK 29

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100 % Ownership

Lois E. Cocco – President



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). *Attached*

- (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: *DONALD GRIFFITH* Phone: *610-874-4646*

- (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: *N/A*
New Jersey: *N/A*

- (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.*) *N/A*

- (7) This plan will be carried in all vehicles, along with the permit. ✓

Cocco's Container Pretrip Inspection Procedure

Purpose: Insure all vehicles in container service are operationally safe and road worthy.

Scope: This procedure encompasses all Cocco vehicles hauling containers.

1) Lift hood of vehicle

Check oil

Check serpentine belt for wear and tear and proper tension

Check Fluids

Anti freeze

Window washing fluid

Brake Fluid

2) Walk around inspection

Check proper tire pressure by thumping each tire

(turn ignition key on) Turn on all lights and flashers confirm they work properly

Inspect all mounts, (saddle boxes and hook) making sure they are secure

Check Mirrors and windows for cracks or gouges, clean as needed

3) Cab inspection

Start Engine

Make sure all gauges work properly

Address any trouble indicator lights that may light up on the dash board

Confirm safety equipment is on board and operational

Confirm you have appropriate number of bungee cords and a tarp

DRIVER TRAINING

Drivers have a physical medical examination for their medical vehicle card.

Drivers work hours to have the proper rest so that they don't impair their ability to drive and operate trucks.

Drivers have random drive-along with an experienced driver from management.

Drivers are trained before officially being hired by experienced driver personnel in safety, maintenance of trucks, spill control handling procedures and solid waste transporter safety guidelines.

DRIVER LIST

Aaron L. Rambert, Sr.

[REDACTED]

Hire Date: 01-28-2021

[REDACTED]

Christopher O'Donnell xxx-xx

[REDACTED]

Hire Date: 5-23-2023

Tymeir B. Bush xxx-xx-

[REDACTED]

[REDACTED]

Hire Date: 9-02-2020

Devin L. Rambert xxx-xx

[REDACTED]

[REDACTED]

Hire Date: 6-12-2019

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER COMPANY COMMERCIAL PERSONAL
32603 **Berkley Mid Atlantic Group**

POLICY NUMBER EFFECTIVE DATE NOT VALID MORE THAN ONE (1)
CAA4567381 **04/12/2024** YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2007 **INTERNATIONAL 4000** **1HTMMAAM87H415692**

AGENCY/COMPANY ISSUING CARD
Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER
(610) 572-2900

TK 23

INSURED

Cocco Contracting Corp
201 Saville Ave
Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

**THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND
KEEP THIS CARD IN THE INSURED VEHICLE**

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

NOTE - THIS CARD IS REQUIRED WHEN:

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER COMPANY COMMERCIAL PERSONAL
32603 **Berkley Mid Atlantic Group**

POLICY NUMBER EFFECTIVE DATE NOT VALID MORE THAN ONE (1)
CAA4687381 **04/12/2024** YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2007 **INTERNATIONAL 4000** **1HTMMAAM37H415695**

AGENCY/COMPANY ISSUING CARD
Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER
(610) 572-2900

TK 24

INSURED

Cocco Contracting Corp
201 Saville Ave
Crum Lynne, PA 19022-1512

L

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KEEP THIS CARD IN THE INSURED VEHICLE**

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IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER COMPANY COMMERCIAL PERSONAL
32603 **Berkley Mid Atlantic Group**

POLICY NUMBER EFFECTIVE DATE NOT VALID MORE THAN ONE (1)
CAA4567381 **04/12/2024** YEAR FROM EFFECTIVE DATE

YEAR MAKE/MODEL VEHICLE IDENTIFICATION NUMBER
2009 **INTERNATIONAL 4000** **1HTMMAAM09H166002**

AGENCY/COMPANY ISSUING CARD
Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER
(610) 572-2900

TK 27

INSURED

Cocco Contracting Corp
201 Saville Ave
Crum Lynne, PA 19022-1512

SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE CARRIED FOR PRESENTATION ON DEMAND
KEEP THIS CARD IN THE INSURED VEHICLE

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in Pennsylvania without the required financial responsibility may have his or her registration suspended or revoked.

NOTE - THIS CARD IS REQUIRED WHEN:

1. You are involved in an auto accident.
2. You are convicted of a traffic offense other than a parking offense that requires a court appearance.
3. You are stopped for violating any provision of the Vehicle Code (75 Pa.C.S.) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which was previously suspended or revoked.

IN CASE OF ACCIDENT: Report all accidents to your Agent/Company and to the police as soon as possible. Obtain the following information:

1. Name and address of each driver, passenger and witness.
2. Name of Insurance Company and policy number for each vehicle involved.

PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER **32603** COMPANY **Berkley Mid Atlantic Group** COMMERCIAL PERSONAL

POLICY NUMBER **CAA4567381** EFFECTIVE DATE **04/12/2024** NOT VALID MORE THAN ONE (1) YEAR FROM EFFECTIVE DATE

YEAR **2016** MAKE/MODEL **INTERNATIONAL 4000** VEHICLE IDENTIFICATION NUMBER **1HTMMMLXGH415133**

AGENCY/COMPANY ISSUING CARD **Universal Insurance Group, LLC**

TK 28

AGENCY/COMPANY TELEPHONE NUMBER **(610) 572-2900**

INSURED **Cocco Contracting Corp**
201 Saville Ave
Crum Lynne, PA 19022-1512

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

32603

COMPANY

Berkley Mid Atlantic Group

COMMERCIAL



PERSONAL

POLICY NUMBER

CAA4567381

EFFECTIVE DATE

04/12/2024NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2007

MAKE/MODEL

INTERNATIONAL 4000

VEHICLE IDENTIFICATION NUMBER

1HTMMAAM57H433504

AGENCY/COMPANY ISSUING CARD

Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER

(610) 572-2900**TK 26**

INSURED

**Cocco Contracting Corp
201 Saville Ave
Crum Lynne, PA 19022-1512**

L

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PENNSYLVANIA FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

NAIC NUMBER

32603

COMPANY

Berkley Mid Atlantic Group

COMMERCIAL



PERSONAL

POLICY NUMBER

CAA4567381

EFFECTIVE DATE

04/12/2024NOT VALID MORE THAN ONE (1)
YEAR FROM EFFECTIVE DATE

YEAR

2019

MAKE/MODEL

INTERNATIONAL MV607

VEHICLE IDENTIFICATION NUMBER

1HTEUMML2KH290772

AGENCY/COMPANY ISSUING CARD

Universal Insurance Group, LLC

AGENCY/COMPANY TELEPHONE NUMBER

(610) 572-2900

TK 29

INSURED



Cocco Contracting Corp
201 Saville Ave
Crum Lynne, PA 19022-1512

L

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2. Name of Insurance Company and policy number for each vehicle involved.

Davis, DaQuan (DNREC)

From: coccocontracting@aol.com
Sent: Tuesday, July 16, 2024 2:38 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: page 7 (Vehicle list).pdf

Good afternoon DaQuan,
I attached the vehicle list which now includes ownership info.

Have a good rest of the day,
Annette Marino

On Tuesday, July 16, 2024 at 11:23:21 AM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Yes, you can redo the vehicle list page.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

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



From: coccocontracting@aol.com <coccocontracting@aol.com>
Sent: Tuesday, July 16, 2024 11:05 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Godd morning DaQuan,

All of the trucks are 100% owned by Mrs. Lois Cocco, President

Would you like me to send you the registrations or redo that page item?

Thank you,

Annette Marino

Office Administrator

Cocco Contracting Corp

On Tuesday, July 16, 2024 at 09:33:40 AM EDT, WHStranporters <whstranporters@delaware.gov> wrote:

Hi Mr. Cocco,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the item listed below:

- Item 13- the vehicle list is missing the ownership status of each vehicle please update and add.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daqun.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



