RECEIPT DATE 07/12/24 No. 654504	1
RECEIVED FROM VE Transport LLC \$350.00 Three hundred fifty and 765 DOLLARS OFOR RENT New SW-2079 Application	
ACCOUNT PAYMENT BAL. DUE CASH CHECK MONEY ORDER CREDIT CARD BY TO 3-11	



RECEIVED

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

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

☐ Five Years - \$275.00

1 ype of 1 of mit								
New − SCRAP TIRES ONLY Submit a check Delaware," in the amount of \$75.00.	or money order, payable to the "State of							
✓ New – ALL OTHERS Submit a check or mone the amount of \$350.00.	ey order, payable to the "State of Delaware" in							
Renewal: Permit # DE-SW	_Expiration Date							
Please indicate the term for which you desire your permit to be issued. Submit a checorder, payable to the "State of Delaware," 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							

☐ Attachment ______ No parent company

2.	Relea	ase to Public	
	Do y Dela	ou wish to be included on the list of transpoware permitted solid waste transporters?	rters that is provided to persons requesting a list of Yes \square No
3.	Com	pany Information	
	Com	pany Name V&E TRANSPORT LLC	
Lo	cation	Address:	Mailing Address:
		166 Berthold Ave	166 Berthold Ave
	7.	Rahway NJ 07065	Rahway NJ 07065
Co	ntact:	VINICIO VEINTIMILLA Titl	e: MANAGING MEMBER/OWNER
	8	0.60.041.0500	x:
		vetransportllc@gmail.com	
		nergency Contact Phone: 862-241-2508	
		pany Ownership Information	
•		Please indicate the company type: Proprietorship Partnership	ion, indicate city, state, and date of incorporation.
	ā	City: Sta Municipality Public institution Limited Liability Corporation (LLC) S Other: (must specify)	tate: Date: tate: NJ
	(b).	For each Owner, Partner, or Corporate Odate of birth, and % ownership. Include alshares.	fficer, attach a list with name, title, mailing addres a stockholders owning greater than 5% outstanding
		Attachment 1	
	(c).	If company is owned by or affiliated with a address & mailing address, and % ownersh	a parent company, attach parent company name, iip.

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
5.	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 NA
	(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

3.	1 rea	tment, Storage, and Disposal Facilities
	(a).	Do you cross state lines with the waste? ☐ Yes ☐ 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.
		 □ 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.	Oth	er Transporter Permits
	(a).	Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
		☐ Attachment 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 4 ☐ No transporter permits in other states
	(c).	Indicate your Federal DOT number and Motor Carrier number:
	(c).	Indicate your Federal DOT number and Motor Carrier number: DOT# 2402885 MC# MC826536
	(c).	•
	(c).	DOT# 2402885 MC# MC826536 N/A If N/A, please provide an explanation, on the following page, as to why you are not
10.		DOT# 2402885 MC# MC826536 N/A If N/A, please provide an explanation, on the following page, as to why you are not
10.	Proof The Dela Insu	DOT# 2402885 MC# MC826536 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 The Dela Insur Depa Envi (a).	DOT# 2402885 MC# MC826536 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. of of Financial Responsibility transporter must submit proof of financial responsibility as established in section 7.2.4 coware'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

(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 [₹350,000.00 □
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-90	\$350,000.00
Asbestos	\$1,000,000.00 + MCS-90 (For Hire & Private)	\$350,000.00
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 2

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.

1	Driver	Training,	attachment	3
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submitting false information.

Print Name VINICIO VEINTIMILLA

**Signature

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

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

7-10-24

Title OWNER

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.

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ICENSE PLATE # and STATE mfgr's of REGISTRATION GVWR

Ediel Perez	Brandon Zuniga	Steve West	Lorenzo Lantigua	Johnny Peralta	Luis Kingsley	Christian Ortiz		Name (Last, First & Middle)
								ров
Z	Z	Z	S	Ŋ	Z	Z	Issuing License	State
							License Number	Driver's
>	Α	Α	В	Α	Α	В		Class
							Date	Expiration
2/7/24	4/22/24	1/24/24	8/1/23	1/20/23	2/15/22	11/30/21		Date of Hire



AUTO DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES



VINICIO G

END M RESTR NONE

12/31/2024

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW641V

0				ACCOUNT NUMBER NJ-51817		NJ CA DE	080000 080000	AL CO FL		CT	080000 080000	AZ DC IA	080000 080000 080000			
VEHIC	LE IDEI	NTIFICA NTX6MJ			FLEET 005		SUPP. NO. 0000	REG. CODE	KY ID	080000 080000	IL LA	080000 080000		080000 080000 080000	KS MD MO	080000 080000 080000
TYPE TK	AXLES	GRO	SS WEI 80000	GHT	FUEL D				ME MS NE	080000 080000	MI MT NH	080000 080000		080000	ND NV	080000 080000
DESCRIPTION TRANS ID # COMMERCIAL TRUCK IU202451817005000					7005000	TN	080000 080000	OH RI TX	080000 080000		080000 080000 080000	SD				
	OWNER V& E TRANSPORT LLC						WY NB	080000 036281	NL	036281 036281	BC NS	036281 036281 036281	MB ON	036281		
	REGISTRANT /&E TRANSPORT LLC								0.750	036281 ***** *****	**	04 AXL ***** *****	**	*****	**	*****

V&E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000007931

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 178, Trenton, NJ 08611-0178, within thirty(30) days.

Remember: Compulsory vehicle insurance is the law in New Jersey.

New Jersey Motor Vehicle Commission

Acting Chair and Chief Administrator

11/30/2024

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AY774E

UNIT 1					ACCOUNT NUMBER NJ-51817			080000 080000	AL CO FL		СТ		DC	080000 080000		
VEHICLE 3E			TION NU 373642	MBER	FLEET		SUPP. NO. 0000	REG. CODE	ID KY	080000 080000	IL	CONTROL CONTROL	IN	080000 080000	MD	000080 000080 000080
TYPE A	AXLES	GRO	SS WEIG	GHT FUEL D			REGISTRATION DATE 12/01/2023		ME MS NE	080000	MT NH	080000	NC NM	080000 080000	ND NV	080000
DESCRIPTION TRANS ID # COMMERCIAL IU202451817006000						PA TN VT	080000	RI TX	080000 080000 080000	SC UT	080000 080000	SD VA	080000			
OWNER INTEK AUTO LEASING INC						WY NB PE	080000 036281	AB NL		BC NS	036281	MB	036281			
		DRTII	c				REGISTRANT /&E TRANSPORT LLC								**	*****

V&E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065

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0000002980

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



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7- Thy

07/31/2024

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AY260E

UNIT	NO.	YEAR 2023		MAKE KEN			COUNT NUMBI	ER	NJ CA DE	080000 080000	AL CO FL	080000	CT	080000 080000	DC	000080 000080 000080
VEHIC	LE IDEN 1NKZX4		TION N 216309		FLEET 004	CONTRACTOR DESCRIPTION OF THE PROPERTY OF THE			KY	080000 080000 080000	IL LA MI	080000 080000 080000	IN MA MN	000080 000080 000000	MD	080000 080000 080000
TYPE TK	AXLES 4	GRO	SS WEI 80000		FUEL D	REGISTRATION DATE 08/01/2023			ME MS NE	080000	MT NH	080000	NC NM	080000 080000	ND NV	080000 080000
	DESCRIPTION TRANS ID # COMMERCIAL TRUCK IU202451817004000				7004000	NY PA TN VT	080000	RI TX	080000 080000 080000	SC	080000 080000 080000	SD VA	080000 080000			
owner V&	THUCK								WY NB PE	080000 036281	AB NL	036281 036281 04 AXL	NS	036281 036281 036281		036281 036281 *****
	REGISTRANT									*****	**	*****		*****		*****
66 BE	LE TRANSPORT LLC 6 BERTHOLD AVE AHWAY, NJ 07065									E VEHICLE OPORTIO	DE	SCRIBED Y REGIST	HER	EIN HAS B D BETWE	EEN EN T	HE

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STATE OF NEW JERSEY AND THE ABOVE

JURISDICTIONS.

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065

RAHWAY, NJ 07065



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07/31/2024

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW259D

UNIT NO. 01	YEAR 2020	MAKE KEN		ACCOUNT NUMBER NJ-51817		NJ CA DE	080000 080000	co	080000 080000	AR CT GA	080000 080000	DC	080000 080000
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TYPE AXLES	GROSS WEI 80000		FUEL REGISTRATION DATE D 08/01/2023			ME MS NE	080000 080000		080000 080000	NC	080000	ND	
	524.50	SCRIPTI MMERC TRUCK	IAL	TRANS ID #	7004000	PA TN VT	080000		080000 080000	SC		SD VA	080000
OWNER V& E TRANSPORT LLC							080000 080000 036281	AB	080000 036281 036281	ВС	036281	МВ	080000 036281 036281
REGISTRANT									04 AXL		036281 *****		*****

V&E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000009267

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



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07/31/2024

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AY259E

UNIT	NO.	YEAR 2023		MAKE KEN		ACCOUNT NUMBER NJ-51817		ER	NJ CA DE	080000 080000	AL CO	080000	AR CT GA	080000	DC	080000 080000
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TYPE TK	AXLES	GRO	SS WEI	GHT	FUEL D				ME MS NE	080000 080000 080000	MT	080000 080000 080000	MN NC NM		ND NV	080000
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REGIS	GISTRANT E TRANSPORT LLC								PE **		**	04 AXL *****	**	036281 ***** *****	**	***** *****

V&E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065

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0000009266

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



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Remember: Compulsory vehicle insurance is the law in New Jersey.

- Shy ()

EXPIRES: 07/16/24 EXPIRES: 07/16/24



TEMPORARY VEHICLE REGISTRATION

STATE OF NEW JERSEY MOTOR VEHICLE COMMISSION



REGISTRANT: V&E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065 ACCOUNT NBR: FLEET NBR: SUPP NBR: 51817 002 0000

TVR NBR:

000393278T

ISSUED: 06/28/2024

EFFECTIVE: 07/01/2024

EXPIRES: 07/16/2024

THE ABOVE CARRIER IS AUTHORIZED TO OPERATE THE FOLLOWING VEHICLE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW PENDING ISSUANCE OF PERMANENT NEW JERSEY REGISTRATION CREDENTIALS. ANY ALTERATION VOIDS THIS TEMPORARY VEHICLE REGISTRATION.

PLATE N AY436A		YEAR: 2017		MAKE: MAC		VIN: 1M2AXO 7	/СЗНМ0326	49	
STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT	STATE	WEIGHT
NJ	080000	AL	080000	AR	080000	AZ	080000	CA	080000
CO	080000	CT	080000	DC	080000	DE	080000	FL	080000
GA	080000	IA	080000	ID	080000	IL	080000	IN	080000
KS	080000	KY	080000	LA	080000	MA	080000	MD	080000
ME	080000	MI	080000	MN	080000	MO	080000	MS	080000
MT	080000	NC	080000	ND	080000	NE	080000	NH	080000
NM	080000	NV	080000	NY	080000	ОН	080000	OK	080000
OR	080000	PA	080000	RI	080000	SC	080000	SD	080000
TN	080000	TX	080000	UT	080000	VA	080000	VT	080000
WA	080000	WI	080000	WV	080000	WY	080000	AB	036287
ВС	036287	MB	036287	NB	036287	NL	036287	NS	036287
ON	036287	PE	036287	QC	*04AX*	SK	036287	**	*****
**	****	**	****	**	*****	**	*****	**	*****

IF YOU HAVE NOT RECEIVED YOUR PERMANENT CREDENTIALS WITHIN 5 DAYS PRIOR TO THE EXPIRATION DATE ON THIS DOCUMENT, PLEASE CONTACT THE IRP OFFICE AT 609-633-9400.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

Motor Carrier Responsible for Safety

USDOT Number: 002402885

V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



*EXPIRES: 07/16/24 EXPIRES: 07/16/24 EXPIRES: 07/16/24 EXPIRES: 07/16/24 EXPIRES: 07/16/24***
***EXPIRES: 07/16/24 EXPIRES: 07/16/24 EXPIRES: 07/16/24 EXPIRES: 07/16/24*

05/31/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

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						_			DE	080000	FL	080000	GA	080000	IA	080000
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						DEGEGERATION DAGE			ME	080000	MI	080000	MN	080000	МО	080000
TYPE	AXLES	GRO	SS WEI	GHT	FUEL	The same of the sa			MS	080000	MT	080000	NC	080000	ND	080000
TK	4		80000		D	D 06/01/2024			NE	080000	NH	080000	NM	080000	NV	080000
									NY	080000	OH	080000	OK	080000	OR	080000
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RAHWAY, NJ 07065

PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000009237

Motor Carrier Responsible for Safety

USDOT Number: 2402885 V & E TRANSPORT LLC 166 BERTHOLD AVE RAHWAY, NJ 07065



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Remember: Compulsory vehicle insurance is the law in New Jersey.

02/28/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW118J

UNIT NO.	YEAR 2019	MARE KEN		ACCOUNT NUMBER NJ-57444		NJ CA DE		со	080000 080000	CT	080000 080000	DC	080000 080000
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AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000007055

Motor Carrier Responsible for Safety

USDOT Number: 2634186 AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980



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02/28/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW570M

	NO.	YEAR 2020	MAKE PET			ACCOUNT NUMBER NJ-57444			080000 080000		080000 080000		080000 080000	DC	080000 080000
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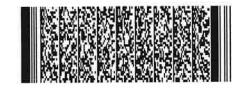
AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980

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0000007054

Motor Carrier Responsible for Safety

USDOT Number: 2634186 AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980



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02/28/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW823D

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OWNER AME									WY NB PE	036281	NL	036281 036281 04 AXL	NS	036281 036281 036281	ON	036281 036281 *****
REGISTRANT AMELIA TRUCKING LLC									**	*****	**	*****		*****		*****
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STIRLING, NJ 07980

PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000007053

Motor Carrier Responsible for Safety

USDOT Number: 2634186 AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980



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02/28/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW421C

UNIT NO 12	•	YEAR 2019		MAKE KEN		ACCOUNT NUMBER NJ-57444		er	NJ CA DE	000080 080000 080000	AL CO FL	080000 080000		080000 080000	DC	080000 080000
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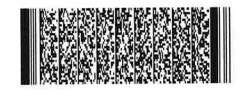
AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980

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0000007052

Motor Carrier Responsible for Safety

USDOT Number: 2634186 AMELIA TRUCKING LLC 268 UNION ST STIRLING, NJ 07980



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TO W. C.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 06/20/2024

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(les) 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 not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER		CONTACT Aileen Ogaldez	
Velocity Insurance		PHONE (A/C, No, Ext): 201-866-8807 (A/C, No): 20	16171714
4514 Bergen Tpke		E-MAIL ADDRESS: transportation@VELOCITYINS.NET	
		INSURER(S) AFFORDING COVERAGE	NAIC#
North Bergen	NJ 07047	INSURER A: GuideOne National Insurance Company	15032
INSURED		INSURER B: Lloyd's of London	15792
V & E TRANSPORT LLC		INSURER C: National Specialty Insurance Company	22608
166 Berthold Ave		INSURER D: Crum & Forster Insurance	31348
		INSURER E :	
Rahway	NJ 07065	INSURER F :	
CEPTICIC	ATE NUMBER.	REVISION NUMBER:	

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IN	DIC	S TO CERTIFY THAT THE POLICIES ATED. NOTWITHSTANDING ANY RI IFICATE MAY BE ISSUED OR MAY USIONS AND CONDITIONS OF SUCH	EQUIF PERT	REME AIN,	NT, TERM OR CONDITION OF AN' THE INSURANCE AFFORDED BY	Y CONTRACT THE POLICIE	OR OTHER I S DESCRIBEI	OCUMENT WITH RESPE HEREIN IS SUBJECT T	CT TO WHICH THIS
NSR		TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs
	X	COMMERCIAL GENERAL LIABILITY	1					EACH OCCURRENCE	\$ 1,000,000
		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
1		OS MINO IIS IS .						MED EXP (Any one person)	s 5,000
D					BAS-15978-2	12/22/2023	12/22/2024	PERSONAL & ADV INJURY	\$ 1,000,000
	CE	J						GENERAL AGGREGATE	\$ 2,000,000

PRODUCTS - COMP/OP AGG \$ X POLICY LOC OTHER: COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 AUTOMOBILE LIABILITY BODILY INJURY (Per person) \$ ANY AUTO OWNED
AUTOS ONLY
HIRED
AUTOS ONLY SCHEDULED AUTOS NON-OWNED AUTOS ONLY 04/03/2025 **BODILY INJURY (Per accident)** \$ 04/03/2024 C X CAR2900000959 PROPERTY DAMAGE (Per accident) \$ \$

\$ 5,000,000 EACH OCCURRENCE UMBRELLA LIAB OCCUR \$ 5,000,000 12/22/2023 12/22/2024 AGGREGATE BAS-15978-2 X EXCESS LIAB CLAIMS-MADE \$ RETENTION \$ WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT \$ ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below

CONTRACTOR/TRANSPORTATION **DEDUCTIBLE:** 02/07/2024 02/07/2025 ENV562012768-00 POLLUTION LIABILITY DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER		CANCELLATION
Delaware Department of Natural Re- Environmental Control Compliance a 89 Kings Highway		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Dover	DE 19901	authorized representative aileen ogallez

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E.L. DISEASE - POLICY LIMIT

LIMITS

5,000,000

\$1,000

TRUCKING

OMB No.: 2126-0008 Expiration: 05/31/2024

USDOT Number: 2402885 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

Ssued to V & E TRANSPORT LLC of New Jersev (Motor Carrier name) (Motor Carrier state or province)
Amending Policy Number: CAR2900000959-1 Effective Date: 04/03/2024
Name of Insurance Company: NATIONAL SPECIALTY INSURANCE COMPANY Countersigned by: President (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 \$ 1000000.00 for each accident. **O 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: 855-224-2247 **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 15.5. (1390), 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 https://portal.imcsa.dot.gov/UrsRegistrationWizard/.

(continued on next page)

DEFINITIONS 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.

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985	
(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 49 CFR 171.8, transported in cargo tanks, portable tanks, or hoppertype 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 49 CFR 173.403.	\$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 49 CFR 172, 101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172, 101, 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 49 CFR 173.403.	\$5,000,000	

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

DELEWARE SOLID WASTE TRANSPORTER – ATTACHMENTS

A. VINICIO VEINTIMILLA, 100% owner

- b. Mailing Address: 166 Berthold Ave Rahway NJ 07065
- **B. PERMITS**
 - a. NYS DEC 364 WASTE TRANSPORTER PERMIT #NJ-1028
 - b. NYC BIC PERMIT NUMBER # 488031
 - c. PA DEP WH16391

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

<u>Primary</u> <u>Phone Number</u>:

Elinary	THORE INCHIDEL.
Coordinator:	
VINICIO VEINTIMILLA	
166 BERTHOLD AVE. RAHWAY, NJ 07065	
VINICIO VEINTIMILLA, Transportation Manager	
Spill Reporting Phone Numbers:	Phone Number:
USDOT National Response Center	201-874-1175
Center for Disease Control	404-633-5313
USCG National Response Center	202-426-2675
	800-424-8802
Delaware DNREC 24-hour Hotline	302-739-9401
(in state only)	800-662-8802
New Jersey DEP 24-hour Hotline	609-292 -7172
New York State DEC 24-hour Hotline	518-457-7362
	800-457-7362
Pennsylvania DEP 24-hour Answering Service	717-787-4343
PS Emergency Management Agency	717-783-8150(24-hr)
Region 1 (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport) (9am-5pm)	717-327-3646
(24-hour)	717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadvtlle)	814-724-8557
PA local Police and Fire Departments	911or (0) Operator

866-633-4686

Maryland DEP 24-hour Answering Service

EMERGENCY RESPONSE EQUIPMENT

The following emergency response equipment is to be maintained on each V&E TRANSPORT LLC vehicle while hauling contaminated waste or contaminated material.

- 1. Emergency Eyewash Kit
- 2. First Aid Kit
- 3. Portable ABC Dry Chemical Fire Extinguisher
- 4. Equipment and Protective Clothing, as follows:
 - Safety Goggles and/or Shield
 - PVC Boots
 - PVC Gloves
 - Rain Gear
 - Disposable Coveralls (e.g. Tyvek)
 - Triangle Reflectors
 - Hard Hat
 - Duct Tape (at lead one roll)
 - Tool Kit
 - Flash Light
 - Sorbent Pads, OH-Dri
 - 85 Gallon Overpack Drum (for drum shipments)
 - Bung Wrench (Non-Sparking, for drum shipments)
 - Shovel
 - Spill Kit

All emergency response equipment is to be inspected daily by the DRIVER during his/her Pre-Trip inspection. Emergency equipment which is damaged or missing should be replaced prior to departure.

In the event of a spill, V&E TRANSPORT LLC emergency response contractors can provide additional equipment, such as vacuum trucks, dump trucks. front end loaders and other equipment necessary to contain and remove contaminants.

SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

All Personnel will follow this plan in the event of a spill/discharge of any material during pickup, transportation or delivery.

All actions taken and notification made following a report of a spill/discharge or other emergency must be done only with the full knowledge and approval of the Cerberus Transport LLC Emergency Coordinator incharge and in compliance with applicable local, state and federal regulations.

- In the event of a spill/discharge or other emergency during delivery, transportation or pickup, the Driver will use his/her common sense to IMMEDIATELY and safely take appropriate action to protect human health and the environment including:
 - a. Secure the area to unauthorized access by people or other vehicles
 - b. Keep all sources of ignition (e.g. pipes, cigarettes, flares, etc.) away from the scene
 - c. Set up warming signals around the scene to prevent further accidents. Flame producing signals such as flares should not be used during incidents involving combustible or flammable materials.
 - d. Attempt to contain the spill and stop or reduce the flow of the leak
 - e. Obtain help in the immediate area to assist in securing the site
- 2. The DRIVER will contact (or have a responsible person in the area call) the Cerberus Transport LLC Emergency Coordinator(s) via the phone numbers listed previously. The DRIVER or alternate caller will provide the Emergency Coordinator with the information requested in the following section.
- 3. The DRIVER is then to continue to monitor the scene and remain in contact with the Emergency Coordinator while an appropriate course of action is determined.
- The Emergency Coordinator, DRIVER, or other authorized individual shall be responsible for contacting the appropriate authorities as well as the necessary contractors.

PRELIMINARY SPILL INFORMATION

A. Who is reporting the spill? If other than the driver, note the driver's name.								
B. Where are you calling from and what is the telephone number or the site you are calling from?								
C. Where is the spill?								
D. Who is the Generator of the waste spilled?								
E. What wastes have spilled and how much of each waster were spilled?								
WASTE AMOUNT								
F. What is being done to stop, slow or clean up the spill/discharge? ————								
G. What type of truck are you driving? (Tri-Axle dump truck, Roll-Off, etc.)								
H. Hasanyone been injured? How bad are their injuries? ————————————————————————————————————								
1. How much damage is there to the vehicle involved and the surrounding property?								
J. Whatauthorities (e.g.police, fire, EPA, etc.) are already at the scene?———————————————————————————————————								

IMMEDIATE CONTAMINATED MATERIALS INCIDENT NOTIFICATION

At the earliest practical moment after a spill/discharge occurs, the Emergency Coordinator or the Driver shall initiate contact with the USDOT/USEPA/USCG National Response Center by telephone at 1-800-424-8802 if the incident involves contaminated materials during transportation, unloading or storage and results in one or more of the following:

- 1. A person is killed
- 2. A person receives injuries requiring hospitalization
- 3. Estimated damage to carrier or other property exceeding \$50,000
- 4. A situation though it does not meet one of the criteria ex1sts of such a nature that in the judgement of the carrier, it should be reported even though it does not meet one of the criteria listed above (e.g. a continuing danger to life exists at the scene)

In making the telephone report, the Emergency Coordinator, Driver or other authorized individual shall provide the following information to the extent possible:

- 1. Name of the REPORTER
- 2. The name and address of the transported as follows:
 - · Name address:
- 3. Telephone number where the REPORTER can be contacted
- 4. The location, date and time that the incident occurred
- 5. Identify the extent of injuries. if any
- 6. The classification, name and quantity of contaminated materials involved, if such information is available. For each material involved in the incident, an attempt should be made to supply the following specific information:
 - a. Generator's name
 - b. Generator's EPA identification number
 - c. Proper DOT shipping name
- A brief description of the type of incident and the nature of contaminated material involvement and whether a continuing danger to life exists at the scene.

DETAILED CONTAMINATED MATERIALS INCIDENT REPORT

A written report, in duplicate on DOT Form F 5800.1, must be made within <u>15 days of discovery of an incident arising out of 1he transportation</u>, loading, unloading or storage of con1aminated materials as follows:

- a) As a follow-up to any such incident reported by telephone during the immediate notification process described previously.
- b) As a result of an uninten1ional release of contaminated materials from any packaging including a cargo tank.

CONTAMINATED SUBSTANCE DISCHARGE NOTIFICATION

A discharge of a contaminated substance into or upon navigable water must be reported to the USDOT/USEPA/USCG Coast Guard National Response Center at 1-800-424-8802 or 1-202-426-2675. (Note: Only spills of hazardous substance which equal or exceed the designated "Reported Quantity" are required to be reported.)

Reportable Quantity values may be found as an Appendix to 49 CFR 172.101

The notification should be made by the designated Emergency Coordinator or alternately the driver as soon as that person has knowledge of the spill or damage.

The discharge notification should include the same information as that which is provided to the USDOT National Response Center during the Federal immediate notification process outlined previously

DRIVER TRAINING

All drivers will have Class A or Class B CDL license. All drivers review the FMCSA share the road safely truck and bus driver tips annually and sign and date the documents as a read and acknowledge. Documents are stored in the cabof the vehicle as well. Drivers shall review the DOT Motor Carrier Safety Regulations. FMCSA will also conduct safety audits.

. .

I work with my insurance carrier to verify driving records. If a driver were to obtain a moving violation there would be a formal meeting held with the driver reviewing the incident and written warning which the driver and president of the company will sign stating if a second violation is received they will be terminated from the company. They are responsible for making payment on the violation as well and attending a motor vehicle training class.

Driver(s) will ensure vehicle transporting solidwaste is covered to prevent discharge or release of solid waste to the environment. Waste will be disposed of at approved facilities as inattached acility list. The driver(s) shall maintain a Jog of shipments which will also be utilized for annual reporting to Delaware. The driver(s) shall coordinate the schedule for truck arrival and material deliveries at the facility. The delivery shall be compatible with the availability of equipment and personnel for material handling operations at the job site. The driver(s) shall inspect all vehicles leaving the site to ensure that contaminated soils adhering to the wheels or undercarriage are removed prior to the vehicle leaving the site. The driver(s) shall not deliver waste to any facility other than the disposal facility(ies) listed on the shipping manifest. The driver(s) shall ensure that trucks are protected against contamination by properly covering and lining them with compatible material or by decontaminating them prior to any use other than hauling contaminated materials.

All drivers review the spill control plan, sign and date as training records of a read and acknowledge training session. Spill control plan is retained in the cab of the vehicle. In addition, all vehicles will carry safety equipment as per Motor Carrier Safety Regulations DOT 49 CFR.

Driver(s) will review the 1301 Regulations Governing Solid Waste to ensure familiarity with conditions of permit.

NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION

V&E TRANSPORT LLC

0400567804

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey state haw on 04/23/2013 and was assigned identification number 0400567804. Following are the articles that constitute its original certificate.

1. Name:

V&E TRANSPORT LLC

- 2. Registered Agent: VINICIO VEINTIMILLA
- 3. Registered Office: 228 CORTLANDT ST BELLEVILLE, NJ 07109
- 4. Business Purpose:
 CONSTRUCTION WASTE HAULER
- 5. Members/Managers:

VINICIO VEINTIMILLA 228 CORTLANDT ST BELLEVILLE, NJ 07109

6. Main Business Address: 228 CORTLANDT ST BELLEVILLE, NJ 07109

Signatures:

VINICIO VEINTIMILLA AUTHORIZED REPRESENTATIVE



Certification# 128137299

Official Seal at Trenton, this 23rd day of April, 2013

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my

Andrew P Sidamon-Eristoff
State Treasurer

Verify this certificate at https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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STATE OF NEW JERSEY DIVISION OF REVENUE

Mail to: PO Box 308 Trenton, NJ 08646

BUSINESS ENTITY AMENDMENT FILING

FEE REQUIRED

	S TRANSPORT II	0											
	Business Name: V & E TRANSPORT LI			Λ	0	5	6	7	8	0	4		
F	Business Entity NJ 10-digit ID number:	<u> </u>	4								List of	Ciatuton	Authoritie
5	Statutory Authority for Amendment: 42:2B												Authoritie
1	ARTICLE 6 OF THE C necessary, use attachment) 464 CORTLANDT ST BELLEVIL		CATE N		bove rel 7109	erenced	husiness	is amen	ded to r	ead as fo	llows.	(If more	space is
												FIL	ED.
1	Other Provisions: (Optional)				-	-							
	Date Amendment was Adopted: 9/30/1	3										OCT 2	23 2013
	CERTIFICATION OF CONSENT/VOTING N.J.S.A. 14A:9-1 et seq. or N.J.S.A 15A:9-1 T Amendment was adopted by unanimous	et seq., consen	quired Profit t of the	e Incorp	orators.			d, certifient by t	y conse ne Incor	nt/voting porators	STA	<u>TE TR</u>	EASUR
	N.J.S.A 14A:9-2(4) and 14A:9-4(3), Profit C Amendment was adopted by the Director Number of shares outstanding at the tire thereon	ors and the are, list the	nendm e desig	ent was nation a	adopte	dber of e	ach class						
	List votes for and against amendment, a	ınd if ap	plicab	le, shov	v the vo	te by des	ignation	and num	iber of e	each clas	s/series	of share	s entitled to
	vote: Number of Shares Voting for A						lumber o						
	** If the amendment provides for the excha- which same shall be effected.	inge, re	ciassil	ication,	or cance	ellation	of issued	shares, a	ittach a	statemen	t indica	ting the	manner in
	N.J.S.A. 15A:9-4, Non-profit Corps., Amen The corporation has \Box does not have \Box If the corporation has members, indicate the	numbe	er entit	led to v	ote	, an	d how vo	ting was	accomp	olished:			
	The corporation has memoers, indicate and The At a meeting of the corporation. Indicate and The inay vote as a class, set forth the numb Class Number	icate the	number:			OR he votes		OTING . against l			If an number <u>/oting A</u>	y class(e present gainst A	at the mee mendment
	Adoption was by unanimous writter	conser	t with	out a m	eeting.					1.1.	ilaa s	was none	molished
	Adoption was by unanimous writter If the corporation does not have members, At a meeting of the corporation. The Adoption was by unanimous written	indicate	the to ser of T	ital num Frustees	VOTIN	rustees NG FOR		•	and V	OTING	AGAIN	ST	Признее
_	TOTAL CHANCE												
	New Registered Agent: VINICIO VEINI Registered Office: (Must be a NJ street ac	idicss)								ILLE		Zip 0	7109
_	SIGNATURE(S) FOR THE PUBLIC R	ECORI	(See	Instruc	Title _	r Inform	nation on	Signati	ıre Reqi	uirement	's)	Date	9/30/
					701.1	VIAIVA	コロバ					200 00 6 6	

(08-05)

STATE OF NEW JERSEY DIVISION OF REVENUE

Mail to: PO Box 308 Trenton, NJ 08646

BUSINESS ENTITY AMENDMENT FILING

FEE REQUIRED

Complete the following information and sign in the space provided. Please note that once filed, the information on this page is considered public. Refer to the instructions for delivery/return options, filing fees and field-by-field requirements. Remember to remit the appropriate fee amount for this filing. Use attachments if more space is required for any field, or if you wish to add articles for the public record.

	Little PRESIDENT Date 5/18/15
21	SIGNATURE (S) FOR CHEPEBLIC RECORD (See Instructions for Information on Signature Requirements)
	AGENT/OFFICE CHANGE New Registered Agent Registered Office it Must be a NJ street address: Street City Zip
_	Adoption was by unanimous written consent without a meeting.
	Adoption was by unanimous written consent without a meeting. If the corporation does not have members, indicate the total number of Trustees and how voting was accomplished: At a meeting of the corporation. The number of Trustees VOTING FOR and VOTING AGAINST
	At a meeting of the corporation. Indicate the number VOTING FOR—and VOTING AGAINST.—If any class(es) of members may vote as a class, set forth the number of members in each class, the votes for and against by class, and the number present at the meeting. Class Number of Members Voting for Amendment Voting Against Amendment
	NJ S ₀ N ₂ 15/A ₂ 9-4. Non-profit Corps ₂ Amendment by Members or Trustees the corporation has T does not have T members. If the corporation has members, indicate the number entitled to vote, and how voting was accomplished:
	** If the amendment provides for the exchange, reclassification of cancellation of issued shares, attach a statement indicating the manner in which same shall be effected
	Number of Shares Voting for Amendment Number of Shares Voting Against Amendment
	List votes for and against amendment, and if applicable, show the vote by designation and number of each class/series of shares entitled to vote.
	N.J.S. A 14A 9-2(4) and 14A 9-4(3). Profit Corps. Amendment by the Shareholders Amendment was adopted by the Directors and thereafter adopted by the shareholders. Number of shares outstanding at the time the amendment was adopted
F.	CERTIFICATION OF CONSENT/VOTING: (If required by one of the following laws cited, certify consent/voting) N.J.S.A. 14A:9-1 et seq. or N.J.S.A. 15A:9-1 et seq., Profit and Non-Profit Corps. Amendment by the Incorporators Amendment was adopted by unanimous consent of the Incorporators.
Ē.	Date Amendment was Adopted: 5/18/15.
D,	Other Provisions: (Optional) MAY 2 0 201
(ARTICLE 6 OF THE CERTIFICATE of the above referenced business is amended to read as follows. (If more space is necessary, use attachment) Main Business Address: 154 JORALEMON ST - BELLEVILLE NJ 07109
	Statutory Authority for Amendment 42:25C (See Instructions for List of Statutory Authorities)
1.5	
	Business Entity NJ 10-digit ID number 0 4 0 0 5 6 7 8 0 4

L-102 Key 11/2014

New Jersey Division of Revenue and Enterprise Services

Certificate of Amendment

Limited Liability Company

NJSA 42:2C-19

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1. Enter the information requested below and sign by typing your name in the signature field. The form can only be filled in using the free Adobe Acrobat Reader 4.1 or greater. (See the pages following this form for field by field instructions, and notes on delivery and processing of work requests.) 2. Click the "Add Attachments" button to add attachments if required (Check the field by field instructions to see if you must include an attachment(s)).

3. After the form has been filled in properly, please save a copy to your computer so that you can upload the form to the State of New Jersey Division of

Revenue & Enterprise Services Central Forms Repository Web application by following the instructions in the next step. 4. Click the "Open the Central Forms Repository Home Page to start the Form Submission Process" button at the bottom of the form.

(This action will launch the State of New Jersey Division of Revenue & Enterprise Services Central Forms Repository Web application. If you have not created an account in the application, you will need to do so before using the online Web application. Once your account is created, please login to the application and follow the instructions for submitting your form and payment online.)

A limited Liability Company on file with the Division of Revenue and Enterprise Services may use this form to amend its Certificate of Formation. The filer is responsible for ensuring strict compliance with NISA 42MARth 8 2016 Revised Uniform New Jersey Limited Liability Company Act.

FILED

STATE TREASURER

Name of Limited Liability Company:

V & E TRANSPORT LLC

- 1. Business ID Number: 0400567804
- 2. The Certificate of Formation is amended as follows (provide attachments if needed):
 - 6: Main Business Address:

336 PATERSON PLANK RD - JERSEY CITY NJ 07307

The undersigned represent(s) that this filing complies with State law as detailed in NJSA 42:2C and that they are authorized to sign this form behalf of the Limited Liability Company.

Signature:

Title:

PRESIDENT

Name: VINICIO VEINTIMILLA

3/28/16 Date:

Add Attachments

Open the Central Forms Repository Home Page to start the Form Submission Process

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

V&E TRANSPORT LLC 0400567804



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of January, 2019

Slup A Mew

Elizabeth Maher Muoio State Treasurer

Certificate Number: 2379985773

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

V&E TRANSPORT LLC 0400567804

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on April 23, 2013.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

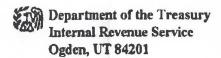
I further certify that the registered agent and office are:

VINICIO VEINTIMILLA 166 BERTHOLD AVE RAHWAY, NJ 07065

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on January 18, 2019.

PRESIDENT

VINICIO G VEINTIMILLA 166 BERTHOLD AVE RAHWAY, NJ 07065



In reply refer to Feb 16, 2018 46-2607608 0457706056 LTR 147C

V&E TRANSPORT LLC VINICIO VEINTIMILLA SOLE MBR 166 BERTHOLD AVE RAHWAY NJ 07065

Taxpayer Identification Number: 46-2607608

Form(s) EIN VERIFICATION

Dear Taxpayer:

Thank you for your telephone inquiry of February 16th, 2018.

Your Employer Identification Number (EIN) is 46-2607608. Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, please call our Customer Service Department at 1-800-829-0115 between the hours of 7:00 AM and 10:00 PM. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,

Ms. Cash 1003375601 Customer Service Representative

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

V&E TRANSPORT LLC 0400567804



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 18th day of January, 2019

Elizabeth Maher Muoio State Treasurer

Ship Men

Certificate Number: 2379985773

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES LONG FORM STANDING WITH OFFICERS AND DIRECTORS

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*

VINICIO G VEINTIMILLA 166 BERTHOLD AVE RAHWAY, NJ 07065