

RECEIPT

DATE

07/23/24

No.

654514

RECEIVED FROM

Mert Trucking, Inc.

\$1,250.00

One Thousand Two Hundred Fifty 0/100 DOLLARS

 FOR RENT FOR

DE-SW-1246

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY
ORDER CREDIT
CARD

FROM

4897

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- 1246 Expiration Date Jun 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

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). Disposable Soot
- (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). Permit must be placed in the Truck
 - 2). Tire sheet books and Log book
- (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: Suna Centurk Phone [REDACTED]
- (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: 911 or 1977 237-8411
- (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.

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 Mert Trucking Inc

Location Address:	Mailing Address:
	1 Turnberry Court
Same	Moorestown NJ 08057

Contact: suha canturk Title: President

Business Phone: 6097602822 Fax: N/A

E-mail: Suhacanturk@hotmail.com

24 hr Emergency Contact Phone: 

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: Moorestown State: New Jersey Date: 1/3/2005

- 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 suha canturk  96100 owner SHIP
1 Turnberry at Moorestown NJ 08057

(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) _____

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 _____
 - 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 Act 90 PA
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 773180 MC# 888857
- 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 checked="" 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  Date 7.18.24
Print Name Suha Canturk Title President

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2024

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

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).


PRODUCER Hilb Group of NJ, LLC - Campisano PO Box 447 Kearny NJ 07032		CONTACT NAME: Melissa Hulley PHONE (A/C, No, Ext): (201) 997-0060 E-MAIL ADDRESS: mhulley@hilbgroup.com FAX (A/C, No): (201) 997-3378	
INSURED		INSURER(S) AFFORDING COVERAGE	
Mert Trucking, Inc. 1 Turnberry Court Moorestown NJ 08057		INSURER A: Kinsale Insurance Company INSURER B: Park Wood Risk Retention Group, Inc INSURER C: Explorer Insurance Company INSURER D: Burlington Insurance Company INSURER E: INSURER F:	NAIC # 38920 16488 40029 23620

COVERAGES **CERTIFICATE NUMBER:** CL2221440896 **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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			12802015-C	07/20/2024	07/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PWR0000701-01	04/16/2024	04/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WNJ5041234-06	05/15/2024	05/15/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Physical Damage			HSI0006419	04/16/2024	04/16/2025	2,500 Comp Ded 2,500 Coll Ded

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

CERTIFICATE HOLDER	CANCELLATION
State of DE Dept. of Natural Resources & Environmental Contract 89 Kings Hwy Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: AX717N

UNIT NO. 91	YEAR 2022	MAKE KEN	ACCOUNT NUMBER NJ-34344	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX6NJ462162				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 03/01/2024	DE 080000	FL 080000	GA 080000
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202534344001000		ID 080000	IL 080000	IN 080000	IA 080000
OWNER MERT TRUCKING INC				KY 080000	LA 080000	MA 080000	KS 080000
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057				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	OH 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 036281	BC 036281	MB 036281
				NB 036281	NL 036281	NS 036281	ON 036281
				PE 036281	QC 04 AXL	SK 036281	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****

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

000004016

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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

EXPIRES:

02/28/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE

NUMBER:

AU356V

UNIT NO. 92	YEAR 2019	MAKE KEN	ACCOUNT NUMBER NJ-34344	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX3KJ281063	FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	DE 080000	FL 080000	GA 080000	IA 080000
REGISTRATION DATE 03/01/2024			NY 080000	IL 080000	IN 080000	KS 080000	MD 080000
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202534344001000		KY 080000	LA 080000	MA 080000	MO 080000
OWNER MERT TRUCKING INC				ME 080000	MI 080000	MN 080000	ND 080000
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057				MS 080000	MT 080000	NC 080000	NV 080000
				NE 080000	NH 080000	NM 080000	NV 080000
				NY 080000	OH 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 036281	BC 036281	MB 036281
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				PE 036281	QC 04 AXL	SK 036281	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****
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000004019

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: **AT122K**

UNIT NO. 93	YEAR 2017	MAKE KEN	ACCOUNT NUMBER NJ-34344		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX6HJ154316		FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 03/01/2024	DE 080000	FL 080000	GA 080000	IA 080000
		DESCRIPTION COMMERCIAL TRUCK	TRANS ID # IU202534344001000		ID 080000	IL 080000	IN 080000	KS 080000
OWNER MERT TRUCKING INC					KY 080000	LA 080000	MA 080000	MD 080000
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057					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	CH 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 036281	BC 036281	MB 036281
					NB 036281	NL 036281	NS 036281	ON 036281
					PE 036281	QC 04 AXL	SK 036281	** *****
					** *****	** *****	** *****	** *****
					** *****	** *****	** *****	** *****

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0000004017

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: **AU659A**

UNIT NO. 94	YEAR 2018	MAKE KEN	ACCOUNT NUMBER NJ-34344	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX7JJ202248				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 03/01/2024	DE 080000	FL 080000	GA 080000
DESCRIPTION COMMERCIAL TRUCK			TRANS ID # IU202534344001000				IA 080000
OWNER MERT TRUCKING INC				ID 080000	IL 080000	IN 080000	KS 080000
REGISTRANT MERT TRUCKING INC				KY 080000	LA 080000	MA 080000	MD 080000
1 TURNBERRY CT				ME 080000	MI 080000	MN 080000	MO 080000
MOORESTOWN, NJ 08057				MS 080000	MT 080000	NC 080000	ND 080000
				NE 080000	NH 080000	NM 080000	NV 080000
				NY 080000	OH 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 036281	BC 036281	MB 036281
				NE 036281	NL 036281	NS 036281	ON 036281
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				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****

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0000004018

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USDOT Number: 0773180
MERT TRUCKING INC
1 TURNBERRY CT
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Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES:

02/28/2025

NEW JERSEY APPORTIONED CAB CARD
 KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE

NUMBER:

AK807E

UNIT NO. 95	YEAR 2007	MAKE KEN	ACCOUNT NUMBER NJ-34344	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKDXBEX27J144747	FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 3	GROSS WEIGHT 80000	FUEL D	DE 080000	FL 080000	GA 080000	IA 080000
	DESCRIPTION COMMERCIAL TRUCK	REGISTRATION DATE 03/01/2024	TRANS ID # IU202534344001000	ID 080000	IL 080000	IN 080000	KS 080000
OWNER MERT TRUCKING INC				KY 080000	LA 080000	MA 080000	MD 080000
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057				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	OH 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 036281	BC 036281	MB 036281
				NB 036281	NL 036281	NS 036281	ON 036281
				PE 036281	QC 03 AXL	SK 036281	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****

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

0000004020

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
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PLATE NUMBER: AU357V

UNIT NO. 96	YEAR 2019	MAKE KEN	ACCOUNT NUMBER NJ-34344	
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX5KJ281064		FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 03/01/2024
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202534344001000		
OWNER MERT TRUCKING INC				

REGISTRANT
MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057

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	CH 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 036281	BC 036281	MB 036281
NB 036281	NL 036281	NS 036281	ON 036281
PE 036281	QC 04 AXL	SK 036281	** *****
** *****	** *****	** *****	** *****
** *****	** *****	** *****	** *****

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0000004023

Motor Carrier Responsible for Safety
USDOT Number: 0773180
MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES:

02/28/2025

NEW JERSEY APPORTIONED CAB CARD

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PLATE

NUMBER:

AP736X

UNIT NO. 97		YEAR 2021		MAKE KEN		ACCOUNT NUMBER NJ-34344		NJ 080000	AL 080000	AR 080000	AZ 080000	
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX4MJ443172				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11		CA 080000	CO 080000	CT 080000	DC 080000	
TYPE TK	AXLES 4	GROSS WEIGHT 80000		FUEL D	REGISTRATION DATE 03/01/2024			DE 080000	FL 080000	GA 080000	IA 080000	
DESCRIPTION COMMERCIAL TRUCK				TRANS ID # IU202534344001000				ID 080000	IL 080000	IN 080000	KS 080000	MD 080000
OWNER MERT TRUCKING INC								KY 080000	LA 080000	MA 080000	MO 080000	
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057								ME 080000	MI 080000	MN 080000	NC 080000	
								MS 080000	MT 080000	NC 080000	ND 080000	
								NE 080000	NH 080000	NM 080000	NV 080000	
								NY 080000	OH 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 036281	BC 036281	MB 036281	
								NB 036281	NL 036281	NS 036281	ON 036281	
								PE 036281	QC 04 AXL	SK 036281	** *****	
								** *****	** *****	** *****	** *****	
								** *****	** *****	** *****	** *****	

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0000004021

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
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PLATE NUMBER: AS754W

UNIT NO. 98		YEAR 2016		MAKE KEN		ACCOUNT NUMBER NJ-34344		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX0GJ109659				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11		CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000		FUEL D	REGISTRATION DATE 03/01/2024			DE 080000	FL 080000	GA 080000	IA 080000
		DESCRIPTION COMMERCIAL TRUCK			TRANS ID # IU202534344001000			ID 080000	IL 080000	IN 080000	KS 080000
OWNER MERT TRUCKING INC								KY 080000	LA 080000	MA 080000	MD 080000
REGISTRANT MERT TRUCKING INC 1 TURNBERRY CT MOORESTOWN, NJ 08057								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	OH 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 036281	BC 036281	MB 036281
								NB 036281	NL 036281	NS 036281	ON 036281
								PE 036281	QC 04 AXL	SK 036281	** *****
								** *****	** *****	** *****	** *****
								** *****	** *****	** *****	** *****

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0000004022

Motor Carrier Responsible for Safety
USDOT Number: 0773180
MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 02/28/2025

NEW JERSEY APPORTIONED CAB CARD
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PLATE NUMBER: **AS755W**

UNIT NO. 99		YEAR 2016		MAKE KEN		ACCOUNT NUMBER NJ-34344		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX7GJ109660				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11		CA 080000	CO 080000	CT 080000	DC 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000		FUEL D	REGISTRATION DATE 03/01/2024			DE 080000	FL 080000	GA 080000	IA 080000
				DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202534344001000		ID 080000	IL 080000	IN 080000	KS 080000
OWNER MERT TRUCKING INC											

REGISTRANT
MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057

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0000004015

Motor Carrier Responsible for Safety

USDOT Number: 0773180

MERT TRUCKING INC
1 TURNBERRY CT
MOORESTOWN, NJ 08057



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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

Davis, DaQuan (DNREC)

From: suha canturk <suhaconturk@hotmail.com>
Sent: Thursday, July 25, 2024 12:34 PM
To: WHStranporters
Subject: Re: Mert trucking

Hi Mr.
Davis

For item 12 (b)

We have our insurance agent check driver records for us pre employment to see if they 're fit for our insurance carriers.

Also spill kits provided by our company for each truck and periodically checked if they're in good Operable conditions or missing any components spill control Plans explained to drivers, which are Available in each truck.

Drivers also informed about what DESW Permit documents look like, shown our company permit Number, available in truck

They're provided with single trip oversize/overweight permits as well if needed.

Thank you

Suha canturk

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, July 25, 2024 3:18 PM
To: suha canturk <suhaconturk@hotmail.com>
Subject: RE: Mert trucking driver lias

Do you also train drivers on the conditions of the Delaware solid waste transporter permit, solid waste handling, and spill control plan, and do you periodically check driving records?

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: suha canturk <suhaconturk@hotmail.com>
Sent: Thursday, July 25, 2024 10:42 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Mert trucking driver lias

Hi Hair driver list Ane driver training procedure.
Thank you
Suha canturk

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Thursday, July 25, 2024 12:43 PM
To: suha canturk <suhaconturk@hotmail.com>
Subject: RE: Delaware Solid Waste Transporter Permit

Hi, can you please provide a list of all your drivers? Also, can you give me your driver training procedure?

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: suha canturk <suhaconturk@hotmail.com>
Sent: Wednesday, July 24, 2024 5:58 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Hi Daquan i did fix it if you need anything let me know
Thank you

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Wednesday, July 24, 2024 7:14 PM
To: suhaconturk@hotmail.com <suhaconturk@hotmail.com>
Subject: Delaware Solid Waste Transporter Permit

Hi Mr. Canturk,

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 items listed below:

- Section 9(b)- Do you have any other state solid waste permits?
- Section 10- You did not submit an MCS-90 endorsement form. Please provide this form.
- Section 12- No driver training was submitted. Please provide this.
- Section 14- No vehicle operator list was submitted. Please provide this.

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

✉ daquan.davis@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





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- 1246 Expiration Date Jun 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

- 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

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). Disposable Soot
- (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). Penny imposter to be checked in the truck
 - 2). Tire shot books and log book
- (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: Suna Centurk Phone: 609760 2822
- (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: 911 or 1977 237-8411
- (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.

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 Mert Trucking Inc

Location Address:	Mailing Address:
	1 Turnberry Court
Same	Moorestown NJ 08057

Contact: suha canturk Title: President

Business Phone: 6097602822 Fax: N/A

E-mail: Suhacanturk@hotmail.com

24 hr Emergency Contact Phone: 6093676379

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: Moorestown State: New Jersey Date: 1/3/2005

- 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 suha canturk 4/2/1972 90100 owner SHPP
1 Turnberry Ct Moorestown NJ 08057

(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) _____

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 _____
 - 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 Act 90 PA
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 773180 MC# 888857
- 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 checked="" 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 *Every year take a Refresher Course*

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  Date 7.18.24
Print Name Suha Canturk Title President

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

Driver List

- 1 suha Canturk**
- 2 Melvin A C Feliciano**
- 3 Serkan Okur**
- 4 Olgun Canturk**
- 5 Joehighness A Milanes**
- 6 Samuel Laboy**
- 7 Clint Narain**
- 8 Joice A Serate**
- 9 Alberto Luna**
- 10 Halil Kuzhan**



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/18/2024

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

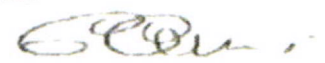
PRODUCER Hilb Group of NJ, LLC - Campisano PO Box 447 Kearny NJ 07032		CONTACT NAME: Melissa Hulley PHONE (A/C, No, Ext): (201) 997-0060 E-MAIL ADDRESS: mhulley@hilbgroup.com FAX (A/C, No): (201) 997-3378	
INSURED		INSURER(S) AFFORDING COVERAGE	
Mert Trucking, Inc. 1 Turnberry Court Moorestown NJ 08057		INSURER A: Kinsale Insurance Company INSURER B: Park Wood Risk Retention Group, Inc INSURER C: Explorer Insurance Company INSURER D: Burlington Insurance Company INSURER E: INSURER F:	NAIC # 38920 16488 40029 23620

COVERAGES **CERTIFICATE NUMBER:** CL2221440896 **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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADCL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER			12802015-C	07/20/2024	07/20/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY			PWR0000701-01	04/16/2024	04/16/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N	N/A	WNJ5041234-06	05/15/2024	05/15/2025	PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Physical Damage			HSI0006419	04/16/2024	04/16/2025	2,500 Comp Ded 2,500 Coll Ded

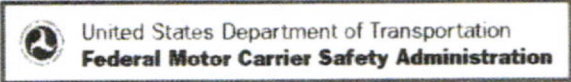
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER State of DE Dept. of Natural Resources & Environmental Contract 89 Kings Hwy 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. AUTHORIZED REPRESENTATIVE 
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USDOT Number: 773180 Date Received: 4/16/2024

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, Registration 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.



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 MERT TRUCKING of New Jersey
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:00noon on this 16th day of April, 2024

Amending Policy Number: PWR0000701-01 Effective Date: 04/16/2024

Name of Insurance Company: PARK WOOD RISK RETENTION GROUP.

Countersigned by: *Jos Campisano*
(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: 201-997-0060.

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 <https://portal.fmcsa.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
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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 <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.

Mert Trucking Inc

1 Turnberry court

Moorestown NJ 08057

Call 609 760 2822

Suhacanturk@hotmail.com

Permit # 1246

MERT TRUCKING INC COMPANY REQUIREMENTS FOLLOW AS BY
FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION RULES AND
REGULATION SUCH AS ALL DRIVER HAS TO HAVE A CDL DRIVER
LICENSE. SAFETY TRAINING COURSE AND VIOLATIONS RECORDS FROM
DEPARTMENT OF MOTOR VEHICLE EVERY YEAR.

SUHA CANTURK

A handwritten signature in black ink, appearing to read 'Suha Canturk', with a stylized, cursive script.

Driver List

- 1 **suha Canturk**
- 2 **Melvin A C Feliciano**
- 3 **Serkan Okur**
- 4 **Olgun Canturk**
- 5 **Joehighness A Milanes**
- 6 **Samuel Laboy**
- 7 **Clint Narain**
- 8 **Joice A Serate**
- 9 **Alberto Luna**
- 10 **Halil Kuzhan**