

RECEIPT

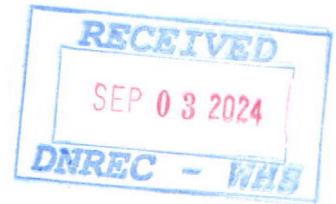
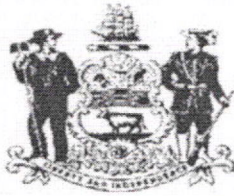
DATE 09/03/24

No.

654552RECEIVED FROM Selective Dismantlement, Inc.\$ 350.00Three Hundred Fifty and 0/100 — DOLLARS FOR RENT FORDB-SW-1245

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARDFROM # 8604 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- 1245 Expiration Date 9/30/24

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

SCRAP TIRES ONLY

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

ALL OTHERS

- One Year - \$350.00
- Two Years - \$650.00
- Three Years - \$950.00
- Four Years - \$1250.00
- Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? Yes No

3. Company Information

Company Name Selective Dismantlement Inc (SDI)

Location Address:	Mailing Address:
998 Shawertown Rd	998 Shawertown Rd
Garnet Valley PA	Garnet Valley PA
19060	19060

Contact: Mary McLusker Title: Manager

Business Phone: 610 361-8793 Fax: 610 361 8798

E-mail: 

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: Haverstown State: PA Date: 19083

- 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 _____

(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

**SELECTIVE DISMANTLEMENT INC
OWNER INFORMATION**

PHONE

LICENSE

**KEVIN MCCUSKER
998 SHAVERTOWN ROAD
GARNET VALLEY, PA 19060**



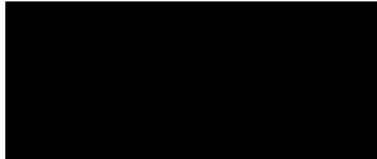
SECRETARY - 25%

DANIEL MCCUSKER



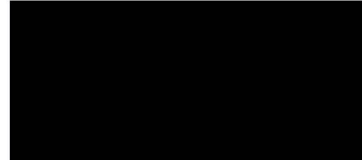
VICE PRESIDENT - 25%

STEPHEN DOUGHERTY



PRESIDENT - 25%

MICHAEL MCCUSKER



TREASURER

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 _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1317 552 MC# _____
- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.
- No MC Not for hire

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? Yes No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? Yes No
- (c). Do you transport Interstate? Yes No

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

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

11. Spill Control and Safety

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

Spill Control Plan: Attachment ✓

12. Driver Training

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

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

Driver Training, attachment ✓

SDI
SELECTIVE DISMANTLEMENT, INC
998 SHAVERTOWN ROAD
GARNET VALLEY, PA 19060

SPILL CONTROL PLAN

1. SAFETY EQUIPMENT IN EACH VEHICLE

- **Heavy duty gloves**
- **Reflective vest, hard hat, safety glasses, dust mask**
- **Reflectors and/or flares**
- **Fire Extinguisher**
- **1-2 gallon spray container**
- **Heavy duty trash bags**
- **Broom/shovel**
- **Tarp or plastic sheeting**
- **First-aid kit**
- **Flashlight**

2. ALL LOADS WILL BE ENCLOSED, COVERED OR TARPED TO PREVENT ACCIDENTAL DISCHARGE OF THE WASTE DURING THE TRANSPORT TO THE DISPOSAL FACILITY.

3. THE DRIVER WILL PERFORM THE FOLLOWING PRE-TRIP INSPECTIONS:

Vehicle condition report

Container and load inspection. Ex. Hold down straps, safety chains, door latches and tarps

4. EMERGENCY CONTACT FOR ACCIDENTS OR LOAD SPILLS:

The driver will immediately call - Dan McCusker XXXXXXXXXX

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. (Due to the nature of the waste, location of the accident, leaking oil, gasoline, hydraulic fluid or asbestos.**

6. **The coordinator will notify the state emergency response team by calling one of the following: Delaware: 1. 911 2. 1-800-662-8802 3. 302.739.9401
Pennsylvania: REPSG 215.729.3220**

7. **In the event of a spill or release of the waste in other than the disposal facility, the driver will take the following actions:
Render first aid if necessary
Make emergency notifications, using the emergency contact info
Quickly gather special waste manifest**

MAKE INITIAL ASSESSMENT REGARDING SPILL

Has waste spilled near a water source or drainage

Has waste created a traffic hazard

Any immediate danger to human health

Evacuate upwind if necessary

Place emergency triangles, flags or flares, if necessary

If spill waste involves asbestos waste, use the mister to wet

Consider using the tarp or plastic sheeting

8. **A PERMIT AND CONTROL SPILL PLAN MUST BE CARRIED IN ALL VEHICLES.**

SELECTIVE DISMANTLEMENT (SDI)
998 SHAVERTOWN ROAD
GARNET VALLEY, PA 19060

DRIVER TRAINING - SMALL BUSINESS FORM

<u>NAME</u>	<u>YEARS OF EXPERIENCE</u>	<u>DRIVING RECORD</u>
DANIEL MCCUSKER	34 YEARS	VERY GOOD
KENNETH FRANKS	30 YEARS	VERY GOOD
VINCE TOBIN	10 YEARS	VERY GOOD
STEPHEN MCCABE	15 YEARS	VERY GOOD
WILLIAM MCCUSKER	8 YEARS	VERY GOOD
WILLIAM BOYLN	35 YEARS	VERY GOOD
ALEX RIVERA	10 YEARS	VERY GOOD

DRIVER RECORDS CHECKED EVERY THREE MONTHS

CONSORTIUM – RANDOM DRUG TESTING THROUGHOUT THE YEAR

WEEKLY SAFETY MEETINGS ON THE FOLLOWING

VEHICLE MAINTENANCE

HAULING DIFFERENT TYPES OF WASTE

SAFE DRIVING IN THE CITY AREAS

WEATHER CONDITIOINS

SPILL CONTROL INFORMATION

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 Mary McCusker Date 8/14/24
Print Name Mary McCusker Title Manager

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

OWNED BY SELECTIVE DISMANTLEMENT INC

UNIT	YEAR	MODEL	VIN	GVW	TITLE NUMBER	PA PLATE
8	2006	KENWORTH	2NKMHD7X46M113545	33000	70207475	AF94050
10	2000	MACK	1M2P267C9YM053260	73280	54953583902	AG48780
12	1997	MACK	1M2P267C6VM030546	73280	5084759400	AG96841
14	2012	MACK	1M2AX13C3CM017282	73280	70861757802	AG56281
15	2013	MACK	1M2AX04C2DM017252	73280	77678414401	AG65672
16	1991	MACK	1M2B212CXMM002574	73280	50997438104	AG88806
17	2020	HINO	5PVNB8JV7L5S60449	33000	81651935	AH24487
18	2007	MACK	1M1K188Y27M033308	60000	84578781001	AH25409
19	2013	MACK	1M2AX09C4DM017486	73280	72972509	AH44525
20	2004	PETE	2NPNHD7X04M814384	33000	60332501	AH52741
*****		*****	*****	*****		



CIDEMIL-01

KSCHARLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/28/2024

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 The Martin Company 500 Jessup Rd West Deptford, NJ 08086	CONTACT NAME: Katrina Lewis		
	PHONE (A/C, No, Ext): (856) 845-3636	FAX (A/C, No):	
E-MAIL ADDRESS: katrina.lewis@spmartinco.com			
INSURED Selective Dismantlement, Inc. 998 Shavertown Road Garnet Valley, PA 19060	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Kinsale Insurance Co.		38920
	INSURER B : United Financial Casualty		11770
	INSURER C : Wesco Insurance Co		25011
	INSURER D :		
	INSURER E :		
INSURER F :			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. 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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100319450-0	8/23/2024	8/23/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			08461446	12/17/2023	12/17/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			0100319533-0	8/23/2024	8/23/2025	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000 \$
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	N / A	WWC3664071	8/23/2024	8/23/2025	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> 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
A	Pollution Liability			0100319506-0	8/23/2024	8/23/2025	Ea Claim \$ 1,000,000
A	Pollution Liability			0100319506-0	8/23/2024	8/23/2025	Agg Limit \$ 2,000,000

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

CERTIFICATE HOLDER**CANCELLATION**

Delaware Dept. of Natural Resources & Environmental Control, Solid & Hazardous Waste. Mgmt., 89 King 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

Marcy Gmelender

Davis, DaQuan (DNREC)

From: Selective Dismantlement, Inc. <selectd811@gmail.com>
Sent: Friday, September 6, 2024 2:39 PM
To: WHStranporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit Application
Attachments: PENNSYLVANIA TAG NUMBERS.pdf; OFFICER SIGNATURE (2).pdf; DISPOSAL FACILITIES.pdf

Please see attached information.

Thank you,



Cat Price/Mary McCusker
998 Shavertown Rd.
Garnet Valley, PA 19060
Phone: (610) 361-8793
Fax: (610) 361-8798

We Now Accept Payment Via Venmo !



On Wed, Sep 4, 2024 at 3:01 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Ms. McClusker,

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 8- Please provide your out-of-state TSDFs.
- Section 13- The vehicle list lacks the state of registration. Please update your list.
- Section 16- Please have the owners sign and date the application.

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



OWNED BY SELECTIVE DISMANTLEMENT INC

UNIT	YEAR	MODEL	VIN	GVW	TITLE NUMBER	PA PLATES
8	2006	KENWORTH	2NKMHD7X46M113545	33000	70207475	PA AF94050
10	2000	MACK	1M2P267C9YM053260	73280	54953583902	PA AG48780
	1997	MACK	1M2P267C6VM030546	73280	5084759400	PA AG96841
14	2012	MACK	1M2AX13C3CM017282	73280	70861757802	PA AG56281
15	2013	MACK	1M2AX04C2DM017252	73280	77678414401	PA AG65672
16	1991	MACK	1M2B212CXMM002574	73280	50997438104	PA AG88806
17	2020	HINO	5PVNB8JV7L5S60449	33000	81651935	PA AH24487
18	2007	MACK	1M1K188Y27M033308	60000	84578781001	PA AH25409
19	2013	MACK	1M2AX09C4DM017486	73280	72972509	PA AH44525
20	2004	PETE	2NPNHD7X04M814384	33000	60332501	PA AH52741

***** ***** ***** *****

13. Vehicle Identification

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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 Kevin McLusker Date 9/5/24
Print Name Kevin McLusker Title Secretary

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

SDI
SELECTIVE DISMANTLEMENT, INC.
998 SHAVERTOWN ROAD
GARNET VALLEY, PA 19060

Phone: 610-361-8793

selectd811@gmail.com

Fax: 610-361-8798

DISPOSAL FACILITIES

AMA RESOURCE
3107 S. 61ST STREET
PHILADELPHIA, PA 19153

L&S DEMO RECYCLING INC
884 BROOK ROAD
CONSHOHOCKEN, PA 19428

ENVIROWASTE
13 PATTISON AVE
PHILADELPHIA, PA 19148

SDI
SELECTIVE DISMANTLEMENT, INC.
998 SHAVERTOWN ROAD
GARNET VALLEY, PA 19060

Phone: 610-361-8793

selectd811@gmail.com

Fax: 610-361-8798

DISPOSAL FACILITIES

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3107 S. 61ST STREET
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