

# RECEIPT

DATE

10/03/24

No.

654586

RECEIVED FROM

Advowaste Medical Services, LLL

\$ 350.00

Three hundred fifty and  $\frac{00}{100}$ 

DOLLARS

 FOR RENT FOR

DE-SW-1801

|          |  |
|----------|--|
| ACCOUNT  |  |
| PAYMENT  |  |
| BAL. DUE |  |

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

2384

TO

BY

M.M.



RECEIVED

OCT 03 2024

DNREC - WHS

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.

[X] Renewal: Permit # DE-SW- 1801 Expiration Date 09/30/2024

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

- [X] 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 Advowaste Medical Services, LLC

|                                    |                           |
|------------------------------------|---------------------------|
| Location Address:                  | Mailing Address:          |
| <u>16 S Clifton Ave, Suite 201</u> | <u>PO Box 356</u>         |
| <u>Lakewood, NJ 08701</u>          | <u>Lakewood, NJ 08701</u> |
|                                    |                           |

Contact: Sarah Nowseller Title: Manager

Business Phone: 855-678-1098 Fax: 716-328-0128

E-mail: sarah@advowastemedical.com

24 hr Emergency Contact Phone: 855-678-1098

**4. Company Ownership Information**

(a). Please indicate the company type:

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

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

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: NJ
- 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

**5. Company locations in Delaware**

List name and street address of each company location, including freight terminals, within the State of Delaware.

- Attachment \_\_\_\_\_  
 No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- Attachment \_\_\_\_\_  
 No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- Residential waste  
 Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
 Industrial waste (from a manufacturing or industrial process)  
 Dry waste:    construction/demolition debris  
                           trees/stumps  
                           other (must specify) \_\_\_\_\_  
 Ash:    municipal incinerator  
                   coal ash  
                   other (must specify) \_\_\_\_\_  
 Infectious waste  
 Non-hazardous petroleum-hydrocarbon contaminated soils  
 Asbestos-containing waste  
 Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware?    Yes    No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers?    Yes    No    N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers?    Yes    No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?    Yes    No

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

- (a). Do you cross state lines with the waste?  Yes  No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
  - Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
  - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils )
  - Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - Out of state solid waste TSD facilities: (attachment) B

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
  - Attachment \_\_\_\_\_
  - 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 A
  - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:  
DOT# 2557000 MC# \_\_\_\_\_
  - N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

**10. Proof of Financial Responsibility**

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

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

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

|   | <b>FOR-HIRE<br/>INTERSTATE</b>   | <b>ALL OTHERS</b>                              |
|---|--|--|
| Residential Waste                             | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Commercial Waste                              | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Industrial Waste                              | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Dry Waste                                     | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Ash   | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Infectious Waste                              | \$1,000,000.00 + MCS-90 <input type="checkbox"/>                         | \$750,000.00 + MCS-90 <input type="checkbox"/> |
| Non-Hazardous Petroleum<br>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"/><br>(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   C  

**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   C

**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 Joe Reich Date 09/19/2024  
Print Name Joe Reich Title Partner

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





## Davis, DaQuan (DNREC)

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**From:** Sarah Novoseller <sarah@advowastemedical.com>  
**Sent:** Wednesday, October 16, 2024 11:54 AM  
**To:** Amber Garrett  
**Cc:** WHStranporters  
**Subject:** Re: Missing Information on Delaware Solid Waste Transporter Permit Application  
**Attachments:** MCS-90 Form.pdf

Please see the MCS-90 attached here.

Thanks

On Wed, Oct 16, 2024 at 9:53 AM Amber Garrett <[amber@advowastemedical.com](mailto:amber@advowastemedical.com)> wrote:

Please see the updated information below:

- Section 4(b)- Your ownership information is missing dates birth and full mailing addresses. Please update your ownership information and send it back.
- Section 10- *Need and* MCS-90 endorsement form since you transport infectious waste, my mistake.
- Section 11- The spill control plan is missing the pre-inspections and emergency coordinator. I attached the form you sent me.
- Section 12- You did not provide a written driver training program. Driver training must mention driver familiarity with the Delaware Solid Waste permit, driver familiarity with the spill control plan, special licenses such as CDLs, solid waste handling and company procedure for periodic checks of driving records.

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

----- Forwarded message -----

**From:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Date:** Thu, Oct 10, 2024 at 4:07 PM  
**Subject:** RE: Missing Information on Delaware Solid Waste Transporter Permit Application  
**To:** Sarah Novoseller <[sarah@advowastemedical.com](mailto:sarah@advowastemedical.com)>

Hi Ms. Novaseller,

Thank you for submitting this information I still need some information. Please address the items listed below:

- Section 4(b)- Your ownership information is missing dates birth and full mailing addresses. Please update your ownership information and send it back.
- Section 10- *Need and* MCS-90 endorsement form since you transport infectious waste, my mistake.
- Section 11- The spill control plan is missing the pre-inspections and emergency coordinator. I attached the form you sent me.

- Section 12- You did not provide a written driver training program. Driver training must mention driver familiarity with the Delaware Solid Waste permit, driver familiarity with the spill control plan, special licenses such as CDLs, solid waste handling and company procedure for periodic checks of driving records.

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

Thank you,

DaQuan Davis

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**From:** Sarah Novoseller <[sarah@advowastemedical.com](mailto:sarah@advowastemedical.com)>

**Sent:** Tuesday, October 8, 2024 10:10 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** Re: Missing Information on Delaware Solid Waste Transporter Permit Application

Good morning,

Please see below and advise!

On Fri, Oct 4, 2024 at 2:20 PM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Hi Ms. Novaseller,

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 1- Permit expires 12/30/24.
- Section 4(b)- Your ownership information is missing. Please update your ownership information and send it back. **See attached**
- Section 8- Please provide your out-of-state TSDFs. **See attached**
- Section 9(b)- Do you have any other state solid waste permits? Yes, multiple... **I have attached them here for your reference**
- Section 10- You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance and add the Department of Natural Resources and

Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.  
**See attached**

- Section 10- *For-hire* means you're in the business of transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide a motor carrier number (mc #). **NO, WE DONT**
- Section 10- *For-hire* means transporting passengers, regulated property, or household goods owned by others for compensation. Do you transport any of the following? If so, please provide an MCS-90 endorsement form. **NO, WE DONT**
- Section 11- The spill control plan is missing the pre-inspections and emergency coordinator. Please update your plan. **Done**
- Section 12- You did not provide a written driver training program. Please review section 12 of the application and provide driver training. **We use Compliance publishings porgma for all drivers training.**

**They take the DOT medical waste packaging course online on their portal. Do you need further information on this? We also run abstracts on all employees once every 6 months to make sure all our drivers are in good standing.**

- Section 14- You did not provide a list of vehicle operators.

Rashawn Crippen License # 

- 
- Section 16- Please have the owners sign and date the application.

**Would you like me to send you a new copy?**

- 

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

Thank you,

DaQuan Davis



# DaQuan L. Davis

Environmental Scientist I

## Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ [daqun.davis@delaware.gov](mailto:daqun.davis@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)



--

Thank you,

Sarah Novoseller

P 855-678-1098

F 716-328-0128

[www.advowastemedical.com](http://www.advowastemedical.com)

--

Thank you,

Sarah Novoseller

P 855-678-1098

F 716-328-0128

[www.advowastemedical.com](http://www.advowastemedical.com)

--

**Amber Garrett**

Senior Sales Representative

Email: [amber@advowastemedical.com](mailto:amber@advowastemedical.com)

Phone Number: 855-678-1098



[www.advowastemedical.com](http://www.advowastemedical.com)

--

Thank you,

Sarah Novoseller

P 855-678-1098

F 716-328-0128

[www.advowastemedical.com](http://www.advowastemedical.com)



Ownership Chart:

Eric Samuel Neuman

50% ownership- Lakewood NJ

Joseph Reich

50% ownership- Lakewood NJ



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/8/2024

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).

|  |   |               |
|--|---|---------------|
| <b>PRODUCER</b><br>PRIME INSURANCE AGENCY<br>960 E County Line Road<br>Lakewood NJ 08701<br><br>License#: BR-1000439<br>ADVOMED-01 | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 732-886-5751      FAX (A/C, No): 732-886-9422<br>E-MAIL ADDRESS: PRIME@primeins.com |               |
|  | <b>INSURER(S) AFFORDING COVERAGE</b>  | <b>NAIC #</b> |
| <b>INSURED</b><br>AdvoWaste Medical Services LLC<br>Po Box 356<br>Lakewood NJ 08701  | <b>INSURER A :</b> Westchester Fire Insurance Com   | 10030         |
|  | <b>INSURER B :</b> AmGUARD Insurance Company  | 42390         |
|  | <b>INSURER C :</b>  |               |
|  | <b>INSURER D :</b>  |               |
|  | <b>INSURER E :</b>  |               |

**COVERAGES**

CERTIFICATE NUMBER: 626748582


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 SUBR INSD WVD                  | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS   |
|----------|---|-------------------------------------|---------------|-------------------------|-------------------------|--|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> 10,000<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |                                     | G28204814 008 | 1/8/2024                | 1/8/2025                | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000<br>\$   |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY   |                                     | H08472464 007 | 1/8/2024                | 1/8/2025                | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$<br>UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$<br>\$ |
| B        | <input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N<br><input type="checkbox"/> N/A | R2WC478044    | 11/10/2023              | 11/10/2024              | PER STATUTE    OTH-ER<br>E.L. EACH ACCIDENT \$ 100,000<br>E.L. DISEASE - EA EMPLOYEE \$ 100,000<br>E.L. DISEASE - POLICY LIMIT \$ 500,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate is subject to terms, limitations and exclusions of the actual policy at the time of issuance.

**CERTIFICATE HOLDER****CANCELLATION**

|   |  |
|---|--|
| Delaware Division of Waste and Hazardous Substances<br>89 Kings HWY<br>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.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|--|

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Jon Niermann, *Chairman*  
Emily Lindley, *Commissioner*  
Bobby Janecka, *Commissioner*  
Kelly Keel, *Interim Executive Director*



## TEXAS COMMISSION ON ENVIRONMENTAL QUALITY

*Protecting Texas by Reducing and Preventing Pollution*

September 19, 2023

JOE REICH  
ADVOWASTE MEDICAL SERVICES LLC  
PO BOX 356  
LAKEWOOD, NJ, 08701-0356

**Re: Medical Waste Transporter Notice of Registration by Rule**

|                                |                    |             |
|--------------------------------|--------------------|-------------|
| ADVOWASTE MEDICAL SERVICES LLC |                    |             |
| MSW 50209                      | CN605550938        | RN110459294 |
| Registered Since               | June 25, 2018      |             |
| Registration Expires:          | September 30, 2024 |             |

Dear JOE REICH:

The Texas Commission on Environmental Quality (TCEQ) has received your "Application to Claim a Registration by Rule" in accordance with Title 30 Texas Administrative Code (TAC) Section (§) 326 Subchapter E.

This letter acknowledges receipt of your claim. It is not an acknowledgment regarding compliance of your operation with state and federal rules and regulations. Failure to comply with all rules and regulations regarding the transporting of untreated medical waste may result in enforcement action and/or the revocation of your transporter registration.

A copy of your claim for registration and notice of registration must be available at all times and at all locations where business is being transacted under this registration, including all motorized vehicles or trailers operated under this registration. If any information provided in the claim changes, you must provide an update application within 30 days. Enclosed is a copy of your notice of registration.

If you wish to renew your claim, an application for renewal should be submitted at least 60 days prior to the above expiration date. By March 1 of each year a report summarizing transportation activities for the preceding calendar year (January 1 through December 31) must be submitted to the TCEQ.

This action is taken under the authority delegated by the Executive Director of the TCEQ.

If you have any questions, please contact the IHW/MSW team at (512) 239-6413.

Sincerely,

A handwritten signature in black ink, appearing to read "Shannon Frazier".

Shannon Frazier, Section Manager  
Registration and Reporting Section  
Occupational Licensing and Registration Division

SF/GC

Enclosure

cc: TCEQ Region 04 Office, TX





**TEXAS COMMISSION ON ENVIRONMENTAL QUALITY  
MEDICAL WASTE TRANSPORTER NOTICE OF REGISTRATION**

**Registration Number:** 50209

**RN110459294**

**CN605550938**

**Company:** ADVOWASTE MEDICAL SERVICES LLC

**Registered Since:** June 25, 2018

**Region:** 04

**Expiration Date:** September 30, 2024

**Status:** ACTIVE

**Regulated Entity:** ADVOWASTE MEDICAL SERVICES LLC

**Print Date:** September 19, 2023

**Physical Address:**

5604 LEGACY OAKS DR  
TEMPLE, TX, 76502-7920

**Mailing Address:**

PO BOX 356  
LAKEWOOD, NJ, 08701-0356

APT/SUITE:

**Contact Information:**

**Contact:** JOE REICH

**Phone:** 855-678-1098

**Fax:** 716-328-0128

**MEDICAL WASTE VEHICLE INFORMATION**

| <u>REG#</u> | <u>V TYPE</u> | <u>V. YR</u> | <u>V MAKE</u> | <u>V MODEL</u> | <u>VIN</u>        | <u>PLATE #</u> | <u>ISSUED STATE</u> | <u>ISSUED YEAR</u> | <u>OWNER NAME</u> | <u>START DATE</u> |
|-------------|---------------|--------------|---------------|----------------|-------------------|----------------|---------------------|--------------------|-------------------|-------------------|
| 50209       | TRUCK         | 2017         | FORD          |                | 1FDNF7AY2HDB05270 | XGB224         | NJ                  | 2017               | ADVOWASTE MEDIC/  | 6/25/18           |

TOTAL VEHICLES: 1

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT

Permit  
For  
Solid Waste Disposal and/or Processing Facility  
FORM NO. 8

Permit No. 400696  
Date Issued July 28, 2016  
Date Expired July 28, 2026

Under the provisions of the Pennsylvania Solid Waste Management Act of July 7, 1980, Act 97, a permit for a solid waste disposal and/or processing facility at Nesquehoning Borough in the County of Carbon is granted to (permittee) Alpha Bio-Med Services, LLC

(address) 9220 Kirby Drive, Suite 500  
Houston, TX 77054

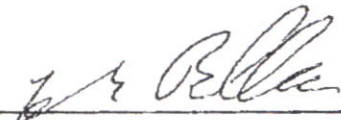
This permit is applicable to the facility named as: Alpha Bio-Med Services, LLC  
and described as: Alpha Bio-Med Services, LLC

Latitude 40°, 51', 28"

Longitude - 75°, 51', 42"

This permit is subject to modification, amendment and supplement by the Department of Environmental Protection and is further subject to revocation or suspension by the Department of Environmental Protection for any violation of the applicable laws or the rules and regulations adopted thereunder, for failure to comply in whole or in part with the conditions of this permit and the provisions set forth in the Application No. 400696 which is made a part hereof, or for causing any condition inimical to the public health, safety or welfare.

See Attachment for waste limitations and/or special Conditions.

  
FOR THE DEPARTMENT OF  
ENVIRONMENTAL PROTECTION

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF MATERIALS MANAGEMENT

**PART 364**  
**WASTE TRANSPORTER PERMIT NO. MA-167**

Pursuant to Article 27, Titles 3 and 15 of the Environmental Conservation Law and 6 NYCRR 364

**PERMIT ISSUED TO:**

ADVOWASTE MEDICAL SERVICES, LLC  
1967 WEHRLE DRIVE, SUITE 1  
BUFFALO, NY 14221

**PERMIT TYPE:**

- NEW  
 RENEWAL  
 MODIFICATION

CONTACT NAME: JOE REICH/SARAH NOVOSELLER  
COUNTY: ERIE  
TELEPHONE NO: (716)205-3793

EFFECTIVE DATE: 02/28/2024  
EXPIRATION DATE: 02/27/2025  
US EPA ID NUMBER: NYR000226803

**AUTHORIZED WASTE TYPES BY DESTINATION FACILITY:**

The Permittee is Authorized to Transport the Following Waste Type(s) to the Destination Facility listed :

| Destination Facility         | Location          | Waste Type(s) | Note |
|------------------------------|-------------------|---------------|------|
| BIO-HAZ SOLUTIONS            | NESQUEHONING , PA | Medical       |      |
| DANIELS SHARPSMART, INC.     | EASTON , PA       | Medical       |      |
| FUTURE HEALTHCARE SYSTEMS CT | BRIDGEPORT , CT   | Medical       |      |

**NOTE:** By acceptance of this permit, the permittee agrees that the permit is contingent upon strict compliance with the Environmental Conservation Law, all applicable regulations, and the General Conditions printed on the back of this page.

**ADDRESS:**

New York State Department of Environmental Conservation  
Division of Materials Management - Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7251

AUTHORIZED SIGNATURE: Laura Stevens Digitally signed by Laura Stevens  
Date: 2024.01.10 10:45:53 -05'00' Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

# WASTE TRANSPORTER PERMIT

## GENERAL CONDITIONS

The permittee must:

1. Carry a copy of this waste transporter permit in each vehicle to transport waste. Failure to produce a copy of the permit upon request is a violation of the permit.
2. Display the full name of the transporter on both sides of each vehicle and display the waste transporter permit number on both sides and rear of each vehicle containing waste. The displayed name and permit number must be in characters at least three inches high and of a color that contrasts sharply with the background.
3. Transport waste only in authorized vehicles. An authorized vehicle is one that is listed on this permit.
4. Submit to the Department a modification application for additions/deletions to the authorized fleet of vehicles. The permittee must wait for a modified permit before operating the vehicles identified in the modification application.
5. Submit to the Department a modification application to add a new waste category or a new destination facility, or to change the current waste or destination facility category. The permittee must wait for a modified permit before transporting new waste types or transporting to new destination facilities.
6. Submit to the Department a modification application for change of address or company name.
7. Comply with requirements for placarding and packaging as set forth in New York State Transportation Law as well as any applicable federal rules and regulations.
8. Contain all wastes in the vehicle so there is no leaking, blowing, or other discharge of waste.
9. Use vehicles to transport only materials not intended for human or animal consumption unless the vehicle is properly cleaned.
10. Comply with requirements for manifesting hazardous waste, regulated medical waste, or low-level radioactive waste as set forth in the New York State Environmental Conservation Law and the implementing regulations. Transporters who provide a pre-printed manifest to a generator/shipper/offender of regulated waste shall ensure that all information is correct and clearly legible on all copies of the manifest.
11. Deliver waste only to transfer, storage, treatment and disposal facilities authorized to accept such waste. Permittee must demonstrate that facilities are so authorized if requested to do so.
12. Maintain liability insurance as required by New York State Environmental Conservation Law.
13. Maintain records of the amount of each waste type transported to each destination facility on a calendar-year basis. The transporter is obligated to provide a report of this information to the Department at the time of permit renewal, or to any law enforcement officer, if requested to do so.
14. Pay regulatory fees on an annual basis. Non-payment may be cause for revocation or suspension of permit.
15. This permit is not transferrable. A change of ownership will invalidate this permit.
16. This permit does not relieve the permittee from the obligation to obtain any other approvals or permits, or from complying with any other applicable federal, state, or local requirement.
17. Renewal applications must be submitted no less than 30 days prior to the expiration date of the permit to:

New York State Department of Environmental Conservation  
Division of Materials Management, Waste Transporter Program  
625 Broadway, 9th Floor  
Albany, NY 12233-7251

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION  
DIVISION OF MATERIALS MANAGEMENT

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CONTACT NAME: JOE REICH/SARAH NOVOSELLER  
COUNTY: ERIE  
TELEPHONE NO: (716)205-3793

EFFECTIVE DATE: 02/28/2024  
EXPIRATION DATE: **02/27/2025**  
US EPA ID NUMBER: NYR000226803

**AUTHORIZED VEHICLES:**

The Permittee is Authorized to Operate the Following Vehicles to Transport Waste:

(Vehicles enclosed in <>'s are authorized to haul Residential Raw Sewage and/or Septage only)

5 (Five) Permitted Vehicle(s)

NJ XABG54  
NJ XEZX60  
NJ XJJX33  
NJ XKAS58  
NJ XLRA48  
End of List



## BIOMEDICAL WASTE TRANSPORTER PERMIT

Transporter Permit No.: CT-BMW-065

Expires on June 30, 2025

EPA ID No.: N/A

Name of Permittee: ADVOWASTE MEDICAL SERVICES LLC

Mailing Address: P.O. BOX 356 – LAKEWOOD, NJ 08701

Facility Contact: SARAH NOVOSELLER – 855-678-1098

E-Mail: sarah@advowastemedical.com

Wastes Authorized for Transport:

*The Permittee is authorized to transport biomedical waste as defined pursuant to Section 22a-209-15(a) of the Regulations of Connecticut State Agencies.*

April 4, 2023

*Issuance Date*

*Gabrielle Frigon, Director  
Waste Engineering & Enforcement Division  
Bureau of Materials Management &  
Compliance Assurance*

*Application No.:* 202302974

*Received on:* April 03, 2023

**PROOF OF PERMIT (A COPY OF THIS PAGE) SHALL BE MAINTAINED  
IN THE VEHICLE DURING PERMITTED OPERATIONS**

Transporter Permit No.  
CT-BMW-065

Page 1 of 5

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Page 2 of 5

## **Terms and Conditions**

### **A. Scope of Authorization:**

The Permittee is hereby authorized to transport biomedical waste in accordance with this Permit, and Section 22a-209-15 of the Regulations of Connecticut State Agencies (RCSA). The Permittee shall only use those vehicles that are registered, fully insured and appropriately equipped to transport authorized wastes. This permit does not authorize the transfer of biomedical waste from one vehicle to another or from one mode of transportation to another.

### **B. Operating Conditions:**

This Permit incorporates by reference the Permit Application for Waste Transportation cited on the first page of this Permit.

1. The Permittee shall ensure that each driver employed is completely familiar with the terms and conditions of this permit prior to transporting biomedical waste in or through Connecticut. A copy of the Proof of Permit (first page of this Permit) shall accompany each vehicle used by the Permittee to transport biomedical waste authorized by this Permit.
2. The transporter permit number shall be displayed on the sides and rear of each waste-carrying portion of the vehicle, authorized to transport biomedical wastes, in letters and numbers of contrasting color and at least four inches (4") high.
3. All wastes authorized to be transported by this Permit shall be transported in compliance with all applicable provisions of the Regulations of Connecticut State Agencies (RCSA) Section 22a-209-15.

### **D. Reporting and Inspection Requirements:**

1. Annual Report Forms for each calendar year of the permit period shall be compiled by the Permittee on or before the 15th day of February. Such reports shall be maintained by the Permittee in electronic or hardcopy form, and shall be made available for review by the Commissioner upon request. Annual Reports shall be submitted electronically to the Department at [DEEP.Solid&HazWasteReports@ct.gov](mailto:DEEP.Solid&HazWasteReports@ct.gov) and compiled using a template specified by the Commissioner providing the following information:
  - a. Name of each generator from whom the transporter accepted such waste;
  - b. Name of each solid waste facility to which the transporter delivered biomedical waste;
  - c. Transporter's name, address and Connecticut bio-medical waste transporter permit number;
  - d. Name and telephone number of contact person for the transporter;
  - e. Name, address and type of each generator, by state, from whom the transporter accepted biomedical waste;
  - f. Total number of generators, by state, from whom the transporter accepted



- biomedical waste;
- g. Weight in pounds of (i) untreated and (ii) decontaminated biomedical waste the transporter accepted from each generator, by state;
  - h. Name and address of each solid waste facility, by state, to which the transporter delivered biomedical waste generated in Connecticut;
  - i. Name and address of each solid waste facility in Connecticut to which the transporter delivered biomedical waste generated outside of Connecticut;
  - j. Total weight in pounds of (i) untreated and (ii) decontaminated biomedical waste from all generators, by state, which the transporter delivered to a solid waste facility in Connecticut for treatment or disposal;
  - k. Total weight in pounds of (i) untreated and (ii) decontaminated biomedical waste from all generators, by state, which the transporter delivered in Connecticut to another transporter;
  - l. Total weight in pounds of (i) untreated and (ii) decontaminated biomedical waste from all generators, by state, which the transporter delivered to a solid waste facility in Connecticut for transfer or storage;
  - m. Total weight in pounds of (i) untreated and (ii) decontaminated biomedical waste from all generators in Connecticut which the transporter delivered to a transporter outside of Connecticut or a solid waste facility outside of Connecticut;
  - n. Total number of solid waste facilities, by state, to which the transporter delivered biomedical waste; and
  - o. A statement, signed and dated by the transporter, which reads, "I have personally examined and am familiar with the information submitted in this document and all attachments hereto and certify under penalty of law that based on reasonable investigation, including my inquiry of those persons immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I understand that a false statement may be punishable as a criminal offense pursuant to section 53a-157b of the Connecticut General Statutes, and in accordance with any other applicable statute."
2. The Permittee shall ensure that periodic inspections are conducted on each vehicle, authorized to transport biomedical wastes, in accordance with 49 CFR 396.17. Copies of the inspection reports shall be maintained by the Permittee and provided for the Commissioner's review upon request.
  3. The Permittee shall allow the CT DEEP to conduct periodic inspections to ensure permit compliance. These may include, but not be limited to investigation of records, licenses, billing records, shipment logs, and any other documents related to the transportation or other handling of biomedical waste, any vehicle or related equipment or any vehicle parking area used by the transporter pursuant to subdivision (15) of RCSA Section 22a-209-15(g).
  4. In the event of spillage or uncontrolled discharge while collecting, transferring and/or transporting any biomedical waste in or through the State of Connecticut, the CT DEEP Emergency Response and Spill Prevention Division and the Director of Health of the municipality in which the spill or accident occurred shall be notified immediately.

5. The Permittee shall transport biomedical waste in compliance with the standards detailed in RCSA Section 22a-209-15(e), specifically following the requirements for waste tracking, container integrity, vehicle and container labeling, vehicle decontamination, spill clean-up kit components and employee personal protection equipment components.
6. The Permittee shall ensure that all drivers engaged in the transportation of biomedical waste, as defined in Section 22a-209-15 of the RCSA, are trained and equipped in compliance with all the applicable requirements of 29 CFR 1910.

**E. Special Requirements for Permittees who act as Brokers:**

1. Permittees who act as brokers and include independent vehicle owner/operators in this Permit shall ensure that:
  - a. All vehicle owner/operators are in compliance with conditions of this Permit;
  - b. All vehicles are in compliance with all state and federal regulations;
  - c. All drivers are properly trained in appropriate emergency response;
  - d. All drivers engaged in the transportation of biomedical waste materials are in compliance with and familiar with all applicable requirements of RCSA 22a-209-15;
  - e. All vehicle owner/operators have the required minimum liability insurance.

**G. Commissioner's Authority:**

1. Violation of any provisions of this permit may subject the Permittee to civil and/or criminal penalties as provided by Sections 22a-6(b), 22a-226, 22a-226a and 22a-226c of the Connecticut General Statutes.
2. The Commissioner may modify, transfer, suspend or revoke this Permit in accordance with applicable law.

AdvoWaste Medical Services, LLC

Transporter Contingency Plan

Prepared by: Sarah Novoseller

## **1. EMERGENCY REPORTING**

In the event of an emergency of an infectious or chemotherapeutic waste spill during transportation, the transporter will immediately notify the Department of Environmental Protection with the following information:

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

In the event of an emergency of infectious and chemotherapeutic waste spill during transportation, the transporter will immediately notify the affected municipality of the occurrence and nature of the spill. All loads will be enclosed, covered or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

## **2. LIST OF EMERGENCY RESPONSE AGENCIES**

## **3. LIST OF EMERGENCY COORDINATORS**

Primary coordinator- Sam Neuman- #1 855-678-1098(Office toll free number) available 24 hrs a day in case of emergency. He is responsible for transportation activities

B. Secondary Coordinator -Sarah Novoseller #) 848-299-2263(cell number). Address: 10 fern street Lakewood, NJ 08701

The emergency coordinator shall be thoroughly familiar with all aspects of the Contingency Plan, all operations and activities, the characteristics of all materials handled and the location of all records. In addition, the individual shall have the authority to commit the resources necessary to carry out the Contingency Plan.

## **4. LIST OF EMERGENCY RESPONSE CONTRACTORS**

1. ChemTrec # 1-800 424 9300
2. US National Response Center # 1- 800-424-8802
3. Delaware Emergency Contacts: 911, (302) 739-9401 or 1-800-662-8802

## **5. EMERGENCY EQUIPMENT**

- Broom and dust pan or scooper
- One gallon of hospital grade disinfectant in an appropriate applicator.
- Fifty fluorescent orange, orange-red or red or yellow, or both, plastic bags that meet the requirements of § 284.415 (relating to storage containers). The bags shall be accompanied by seals and appropriate labels, and shall be large enough to over pack any container normally transported in the vehicle.
- Heavy-duty latex exam gloves or disposable Nitrile gloves
- Two pairs of puncture-resistant heavy rubber gloves
- Full face shield
- Safety glasses
- Steel-toed rubber boots or other protective foot covering
- One small container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product)
- One bar of germicidal soap
- Two gallons of water for emergency first-aid and skin and eye contact
- Flashlight and batteries
- Emergency blanket
- One bag of rags
- One roll of duct tape
- One roll of caution tape
- A secondary container for spill cleanup, such as red biohazardous bags for biohazardous medical waste
- Scissors
- Tongs or forceps to pick up broken or sharp items
- First aid kit:
  - Antiseptic towelettes
  - Antiseptic ointment
  - Adhesive tape
  - Roller gauze and gauze pads
  - Two quart-size eye wash containers
  - Band-Aids in assorted sizes
  - Cold pack
- Paper towels
- Plastic garbage bags
- Markers, labels, and pens
- Tyvek suits (x 2)
- 10 pounds of absorbent (kitty-litter or equivalent)
- Respiratory mask
- Hard Hat
- One warning triangle, flare kit, and barrier tape
- One ABC-rated fire extinguisher (carried in the truck cab)
- Camera
- Instructions, contact information, and Incident Report Form
- 5-gallon fold-a-carrier water container

**All equipment shall be tested and maintained as necessary to assure its proper operation in time of an emergency. After an emergency, all equipment shall be cleaned, decontaminated, and deemed fit for its intended use before normal operations resume.**

## **6. EXTERNAL COMMUNICATIONS**

**All Drivers shall be provided with cell phones, car chargers and back up batteries.**

## **7. ROUTINE DECONTAMINATION PROCEDURES**

**284.513(d)** The surfaces of vehicles that have not been in direct physical contact with infectious and chemotherapeutic waste will be decontaminated weekly. Drainage from the cleaning shall be discharged directly or through a holding tank to a sanitary sewer system or treatment facility.

Individuals loading or unloading containers of infectious or chemotherapeutic waste onto or off transportation vehicles shall wear protective overalls and heavy gloves of neoprene or equivalent materials. Gloves and coveralls shall be decontaminated after each loading or unloading operation if the gloves and coveralls have been contaminated or are suspected of having been contaminated. If no contamination occurs or none is suspected, decontamination shall be completed at the end of the working day or work shift.

## **8. EMPLOYEE TRAINING PROGRAM**

**Drivers will be given training on the following but not limited to these points:**

- 1. Knowledge of the waste being transported.**
- 2. Safety and health hazards associated with waste being transported.**
- 3. Practices for preventing spills.**
- 4. Procedures for responding properly and rapidly to spills.**
- 5. Emergency procedures (i.e., use of contingency plan, first aid).**
- 6. Use of emergency equipment.**

All of our employees will receive training online by Compliance Publishing ([www.compliancepublishing.com](http://www.compliancepublishing.com) #877-500-6737 Allen Rosenauer). We have an agreement with them and they will fully train our staff. They will be trained on proper packaging and handling of all types of biohazardous medical waste, blood born pathogen exposure control and protective equipment just to name a few topics.

Brochures, lectures and videos will be available as well for our staff.

Training must be provided on the routine procedures used to minimize the exposure of employees and the general public to biohazardous medical waste throughout the process of collecting, transporting and handling. At a minimum, Training must include instructions in personal protective equipment, proper handling of sharps and bloodborne pathogens exposure control in accordance with OSHA standard 29 CFR & 1910.1030, Bloodborne pathogens.

Training will also be provided on the contents of this contingency plan.

**Employees will be given ongoing training given ongoing training and refresher courses every 6 months.**

Attachment B

Section 4B Ownership –

Sam Neuman, DOB 06-01-1982, Mailing Address 174 Arlington Ave, Lakewood, NJ 08701, 50% Ownership

Josef Reich, DOB 12-23-1983, Mailing Address 205 Lincoln Street, Lakewood, NJ 08701, 50% Ownership

Section 10 – See Attached

Section 11 – See Attached

Section 12 - See Attached (Located in TCP Spill Plan)



USDOT Number: \_

Date Received: \_

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

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



United States Department of Transportation  
Federal Motor Carrier Safety Administration

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

FORM MCS-90

Issued to AdvoWaste Medical Services LLC  
*(Motor Carrier name)*

of NJ  
*(Motor Carrier state or province)*

Dated at Alpharetta, GA on this 8th day of January, 2024.

Amending Policy Number: CAL H08472464 Effective Date: 01/08/2024

Name of Insurance Company: ACE American Insurance Company

Countersigned by: JOHN J. LUPICA, 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 \$ 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: 215 - 640 - 4555.

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

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

*(continued on next page)*

**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.

**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.

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,

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)

|  |
|--|
| <b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b> |
|--|

| 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 <a href="#">49 CFR 171.8</a> , 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 <a href="#">49 CFR 173.403</a> . | \$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 <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , 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 <a href="#">49 CFR 173.403</a> .   | \$5,000,000     |

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