

RECEIPT

DATE 10/24/24No. 628112RECEIVED FROM GJP Transport Corp.\$ 350.00Three hundred fifty and ⁰⁰/₁₀₀ DOLLARS FOR RENT FOR DE-SW-1984

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARDFROM 1071 TO _____BY M.M.



RECEIVED

OCT 24 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.
- Renewal: Permit # DE-SW- 1984 Expiration Date 06/30/2024

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

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 GJP Transport Corp

Location Address:	Mailing Address:
1417 Union Turnpike North Bergen NJ 07047	102 Eckel Road Little Ferry NJ 07643

Contact: Julio Pozo Title: Owner

Business Phone: (201) 952-8709 Fax: _____

E-mail: gjptransportcorp@gmail.com

24 hr Emergency Contact Phone: (201) 952-8709

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: North Bergen State: NJ Date: 11/08/2016
 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 1

(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

GJP TRANSPORT CORP

Owner's name: Julio Pozo



Ownership % :100 %

Mailing Address:102 Eckel Road Little Ferry NJ 07643

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

CERTIFICATE OF INC, (PROFIT)

GJP TRANSPORT CORP
0450117928

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 11/08/2016 and was assigned identification number 0450117928. Following are the articles that constitute its original certificate.

1. **Name:**
GJP TRANSPORT CORP
 2. **Registered Agent:**
JULIO POZO
 3. **Registered Office:**
1417 UNION TURNPIKE
NORTH BERGEN, NEW JERSEY 07047
 4. **Business Purpose:**
TRANSPORTATION
 5. **Duration:**
PERPETUAL
 6. **Stock:**
100
 7. **Effective Date of this filing is:**
11/08/2016
 8. **First Board of Directors:**
JULIO POZO
1417 UNION TURNPIKE
NORTH BERGEN, NEW JERSEY 07047
 9. **Incorporators:**
JULIO POZO
1417 UNION TURNPIKE
NORTH BERGEN, NEW JERSEY 07047
 10. **Main Business Address:**
1417 UNION TURNPIKE
NORTH BERGEN, NEW JERSEY 07047-0704
- Signatures:**
JULIO POZO
INCORPORATOR

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

CERTIFICATE OF INC, (PROFIT)

GJP TRANSPORT CORP
0450117928



Certificate Number : 4023585231

Verify this certificate online at

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

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
8th day of November, 2016*

A handwritten signature in black ink, reading "Ford M. Scudder".

Ford M. Scudder
State 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# 2988942 MC# 18026

- 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 checked="" 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 ✓



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/05/2024

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: DPEREZ@VELOCITYINS.NET		FAX (A/C, No): 2016171714
INSURED GJP TRANSPORT CORP 102 ECKEL RD LITTLE FERRY NJ 07643		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A: American Millennium Insurance Company		26140
		INSURER B: Fortegra Specialty Insurance Company		16823
		INSURER C: Technology Insurance Company, Inc.		42376
		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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAL12423-02	12/08/2023	12/08/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <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	N/A	TARNJ1053491-00	11/03/2023	11/03/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	PHYSICAL DAMAGE			22-FIT-10B00001-00-D5000-S	12/08/2023	12/08/2024	DEDUCTIBLE: \$2,500

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

TRUCKING

CERTIFICATE HOLDER**CANCELLATION**

NYS Department of Environmental Conservation
Division of Material Management
625 Broadway, 9th Floor
Albany NY 12233-7251

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

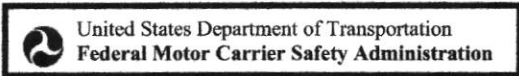
AUTHORIZED REPRESENTATIVE

Aileen Ogaldez

USDOT Number: 2988942

Date Received: 12/06/2022

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**

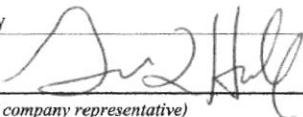
FORM MCS-90

Issued to GJP Transport Corp. of NJ
(Motor Carrier name) *(Motor Carrier state or province)*

Dated at 12/08/2023 on this _____ day of _____,

Amending Policy Number: CAL12423-02 Effective Date: 12/08/2023

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: 
(authorized company representative)

- The policy to which this endorsement is attached provides primary or excess insurance, as indicated by for the limits shown *(check only one)*:
- This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 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: 973-628-6060.

Cancellation of this endorsement may be effected by the company of 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).

(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 10,000 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 10,000 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 10,000 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 10,000 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.

SPILL CONTROL PLAN

This Safety Control Plan must be carried in every vehicle folder. Inspection will be executed every month to the vehicle and the driver will oversee the conservancy.

A. SAFETY AND SPILL CONTROL EQUIPMENT IN EACH VEHICLE:

- 1) Fire Extinguisher
- 2) First Aid Kit
- 3) Flashlight
- 4) Gloves and hard hat.
- 5) Reflectors
- 6) Absorbent maps.

B. ALL LOADS MUST BE TARPED TO PREVENT ACCIDENTAL RELEASE OF WASTE WHILE EN ROUTE TO THE LANDFILL.

C. PRE-TRIP INSPECTION ACTIONS ALL DRIVERS MUST PERFORM:

- 1) Check fluid levels: oil and coolant levels. Look for oil, fuel, coolant, power steering fluid leaks. Make sure all caps are tight.
- 2) Observe at the engine block. Check for leaks and look at the hoses. Inspect fan belts. Look at the engine fan.
- 3) Look for any exposed or bare wires.
- 4) Check windshield wiper fluid level.
- 5) Take a look at shock absorbers, ball joints and kingpins for wear and lubrication.
- 6) Observe all tires and brake pads.
- 7) Observe gauges for oil pressure and electrical system.
- 8) Check all lights and flashers.
- 9) Circle the vehicle and do a general visual check and listen for air leaks.

DELAWARE: 911, (302) 739-9401 OR (800) 662-8802.

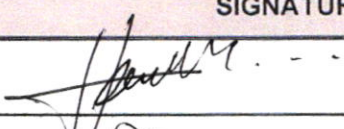
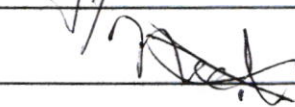
NEW JERSEY: 911, NJ STATE POLICE (609) 882-2000.

TRY THE BEST TO CONTAIN THE SPILL TILL THE RESPONSE TEAM GETS THERE.

TRAINING ATTENDANCE ROSTER FLAMMABLE LIQUIDS

Flammable Liquids Training Includes:

- General Requirements
- Classes and Types
- Labels and MSDS
- Storage and Housekeeping
- Spills and Fire Controls
- Hazards and PPE

<u>INSTRUCTOR:</u> Julio Pozo	<u>DATE:</u> 4/18/2024	<u>LOCATION:</u> Ridgelyfield Perk
NAME (Please Print) FIRST - MI - LAST	SIGNATURE	
Juan Peña		
Jorge Alalo		

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

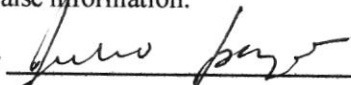
15. Environmental Record

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 10/21/2024
Print Name Julio Pozo Title Owner

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).

- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 2).

- (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: _____ Phone: _____

- (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:

- (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.

Davis, DaQuan (DNREC)

From: Julio Pozo <gjptransportcorp@gmail.com>
Sent: Wednesday, October 30, 2024 11:52 AM
To: WHStranporters
Subject: Re: Missing Information on Delaware Solid Waste Transporter Permit
Attachments: Renewal 10.30.24.pdf

Good morning,

I hope this email finds you well.

Please see revised application attached.

If additional information is needed please do not hesitate to contact me.

Thank you in advance!

On Tue, Oct 29, 2024 at 3:48 PM Julio Pozo <gjptransportcorp@gmail.com> wrote:
Good afternoon,

I hope this email finds you well.

Received, thank you.
I will correct it now and send it back.

Thank you ,my apologies for the missing information.

On Tue, Oct 29, 2024 at 12:41 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hi Mr. Orozco,

Thank you for submitting your application to obtain 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 2- The "Release to Public" section is blank.
- Section 7(b)- Do you collect trash from Delaware households?
- Section 8- What type of waste does GJP take to Clean Earth New Castle?

- Section 10- Provide an updated Certificate of 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.

- Section 11(e)- The spill control plan is missing an emergency contact (name and phone number). Please update this plan and add the contact information.
- Section 12- You did not provide a written driver training program. Please submit this, including:
 - Familiarity with the Delaware Solid Waste permit
 - Special licenses such as CDLs
 - Company procedures for periodic checks of driving records

- Section 13- Please ensure the vehicle list includes the name of the person or company who owns each vehicle.
- Section 14- Provide a list of all GJP drivers.

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



--
Best regards,



GJP TRANSPORT CORP

Yuneicy Morales

T : [\(201\)951-4780](tel:(201)951-4780) | Email: gjptransportcorp@gmail.com

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Best regards,



GJP TRANSPORT CORP

Yuneicy Morales

T : [\(201\)951-4780](tel:(201)951-4780) | Email: gjptransportcorp@gmail.com

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 GJP Transport Corp

Location Address:	Mailing Address:
1417 Union Turnpike North Bergen NJ 07047	102 Eckel Road Little Ferry NJ 07643

Contact: Julio Pozo Title: Owner

Business Phone: (201) 952-8709 Fax: _____

E-mail: gjtransportcorp@gmail.com

24 hr Emergency Contact Phone: (201) 952-8709

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: North Bergen State: NJ Date: 11/08/2016
 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 1

(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) DRPI Landfill
- 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# 2988942 MC# 18026

- 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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/29/2024

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 FAX (A/C, No): 2016171714 E-MAIL ADDRESS: DPEREZ@VELOCITYINS.NET	
INSURED GJP TRANSPORT CORP 102 ECKEL RD LITTLE FERRY NJ 07643		INSURER(S) AFFORDING COVERAGE INSURER A: American Millennium Insurance Company NAIC # 26140 INSURER B: Fortegra Specialty Insurance Company 16823 INSURER C: Technology Insurance Company, Inc. 42376 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input 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:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		CAL12423-02	12/08/2023	12/08/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	TARNJ1053491-00	11/03/2023	11/03/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	PHYSICAL DAMAGE		22-FIT-10800001-00-D5000-5	12/08/2023	12/08/2024	DEDUCTIBLE: \$2,500

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

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control Compliance and Permitting Section 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 <i>Aileen Ogaldez</i>
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SPILL CONTROL PLAN

This Safety Control Plan must be carried in every vehicle folder. Inspection will be executed every month to the vehicle and the driver will oversee the conservancy.

A. SAFETY AND SPILL CONTROL EQUIPMENT IN EACH VEHICLE:

- 1) Fire Extinguisher
- 2) First Aid Kit
- 3) Flashlight
- 4) Gloves and hard hat
- 5) Reflectors
- 6) Absorbent mats.

B. ALL LOADS MUST BE TARPED TO PREVENT ACCIDENTAL RELEASE OF WASTE WHILE EN ROUTE TO THE LANDFILL.

C. PRE-TRIP INSPECTION ACTIONS ALL DRIVERS MUST PERFORM:

- 1) Check fluid levels: oil and coolant levels. Look for oil, fuel, coolant, power steering fluid leaks. Make sure all caps are tight.
- 2) Observe at the engine block. Check for leaks and look at the hoses. Inspect fan belts. Look at the engine fan.
- 3) Look for any exposed or bare wires.
- 4) Check windshield wiper fluid level.
- 5) Take a look at shock absorbers, ball joints and kingpins for wear and lubrication.
- 6) Observe all tires and brake pads.
- 7) Observe gauges for oil pressure and electrical system.
- 8) Check all lights and flashers.
- 9) Circle the vehicle and do a general visual check and listen for air leaks.

DELAWARE: 911, (302) 739-9401 OR (800) 662-8802.

NEW JERSEY: 911, NJ STATE POLICE (609) 882-2000.

TRY THE BEST TO CONTAIN THE SPILL TILL THE RESPONSE TEAM GETS THERE.

Emergency Contact: Julio Pozo (201)952-8709

DRIVING AND TRAFFIC VIOLATION POLICY

We deeply value the safety and well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, GJP TRANSPORT CORP has instituted a safety driving policy and rules. This safety policy applies to all employees who operate a motor vehicle on company business and/or company time, whether operating a company vehicle or personal vehicle.

Safety Rules

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.

a) If a vehicle does not pass inspection, immediately notify company staff.

b) Vehicles are not to be operated unless in a safe operating condition.

2. Drivers must be physically and mentally able to drive safely. Fatigue, medications, and physical injuries can affect an employee's ability to safely operate a vehicle.

3. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.

4. Seat belts must be worn whenever a vehicle is in motion. **GJP TRANSPORT CORP** recognizes that seat belts are extremely effective in preventing injuries and loss of life. It is a simple fact that wearing your seat belt can reduce your risk of dying in a traffic crash by as much as 60 percent in a truck. We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented using seat belts. Therefore, all employees of **GJP TRANSPORT CORP** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.

5. Cell phone usage, including texting, is prohibited while driving for company purposes.

6. Use of radar detectors is forbidden in all vehicles owned or used by the company.

7. Hitchhikers and passengers other than company employees are not permitted.

8. Cargo should be secured, and all doors should be locked, both when the vehicle is on route and when it is parked.

9. Respect the rights of other drivers and pedestrians.

10. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.

→ 11. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day. CDL drivers will also be required to complete a violation review form.

12. **GJP TRANSPORT CORP** will review motor vehicle reports annually.

→ 13. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee's file.

14. Employees are responsible for maintaining a valid driver's license.

Safety Rules Enforcement

Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

Accidents

Any employee who is involved in an accident while driving for company purposes will be required to complete an accident report on the same day to (ev.iew the information to make sure it is complete. The employee must go for his or her post-accident drug and alcohol analysis at one of our designated facilities. The employee may also be required to discuss the accident with Human Resources or the safety manager.

Management will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring

Motor Vehicle Report (MVR)-:Standards

MVRs will be checked:annually for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More, than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges at **GJP TRANSPORT CORP**
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.
3. Any of the following violation incurred in the previous three years:
 - a. Any combination of more than three moving violations (any violati on resulting in an at-fault auto accident automatically counts as two violations)
 - b. Any violation less than three years old for an alcohol- or controlled substance-related driving offense
 - c. Refusing to take a breathalyzer test
 - d. Careless or reckless driving that results in injury to persons or property
 - e. Passing a stopped school bus.
 - f. Leaving the escene of an accident without stopping to file a report
 - g. Racing
4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

Disclaimer: Tit is policy is intended for reference purposes only; please consult all applicable state and local laws or statues prior to implementation.

This form is an example only. Requirements for the annual review of driving record can be found in [49 CFR 391.25](#).

ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the driver's motor vehicle record, annual Certification of Violations, and other information described in 49 CFR 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

DRIVER NAME: LAST, FIRST, MI	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT	
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE	EXPIRATION DATE

I have reviewed the driving record of the above named driver in accordance with 49 CFR 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving
- Is disqualified to drive a motor vehicle pursuant to Section 391.15

Actions taken with driver:

MOTOR CARRIER NAME	MOTOR CARRIER ADDRESS		
REVIEWER PRINTED NAME	REVIEWER SIGNATURE	TITLE	DATE OF REVIEW



GJP TRANSPORT CORP

102 Eckel Road

Little Ferry NJ 07643

Email: gjptransportcorp@gmail.com / Tel: 201-952-8709

NAME	LAST NAME	DOB	CDL	PRE-EMPLOYMENT MVR	ANNUAL MVR
CESAR	SHELTON	[REDACTED]	[REDACTED]	4/25/2024	
JUAN	PENA	[REDACTED]	[REDACTED]	5/10/2023	5/13/2024
JULIO	POZO	[REDACTED]	[REDACTED]	10/19/2023	10/23/2024
JORGE	MALO	[REDACTED]	[REDACTED]	6/20/2024	