

RECEIPT

DATE 10/29/24No. 628115RECEIVED FROM STC Dumpster Services LLC \$ 350.00Three hundred fifty and $\frac{00}{100}$ DOLLARS FOR RENT FOR DE-SW-2015

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 29457634836 TO _____BY M.M.



RECEIVED

OCT 29 2024

DIREC - WMS

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: ENGLISH

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- 2015 Expiration Date 12/31/2024

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

SCRAP TIRES ONLY

ALL OTHERS

- One Year - \$75.00
Two Years - \$125.00
Three Years - \$175.00
Four Years - \$225.00
Five Years - \$275.00
One Year - \$350.00
Two Years - \$650.00
Three Years - \$950.00
Four Years - \$1250.00
Five Years - \$1550.00

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 JTC DUMPSTER SERVICES, LLC

Location Address:	Mailing Address:
929 FIELDSBORO RD TOWNSEND, DE19734	929 FIELDSBORO RD TOWNSEND, DE19734

Contact: RAFAEL OROZCO Title: OWNER
Business Phone: 302-744-0038 Fax: _____
E-mail: JTCDUMPSTER@GMAIL.COM
24 hr Emergency Contact Phone: 302-744-0038

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: DELAWARE
 - 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 PAGE 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 PAGE 1
 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) SIDING AND ROOFING
 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) PAGE 1
 - 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# 4074738 MC# N/A

- 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.

NOT CROSSING STATE LINES THEREFORE NO MC # IS REQUIRED.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 PG 2,3,4

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 PG 4

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

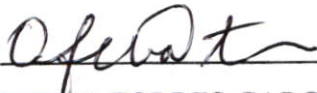
15. Environmental Record

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 10/24/2024
Print Name OFELIA TORRES-GARCIA 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). Broom & dust pan
- (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). ensure spill control plan & safety equipment is in vehicle.
 - 2). ensure vehicle is in good working condition & load is secure/enclosed
- (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: Ofelia Torres-Garcia Phone: [REDACTED]
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)
Maryland:
New Jersey:
- (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.

QUESTION 11 SPILL PLAN ATTACHMENT FOR SPILL PLAN PROVIDED:

1. GRANULAR ABSORBENT, BOOM SOCK, MATS AND PILLOWS, GLOVES AND SAFETY GLASSES AND FACE MASK, BUCKET WITH LID, TRASH BAGS, BROOM, AND DUSTPAN.
2. DRIVER WILL PREVENT SPILLS BY ENSURING OUR CONTAINERS ARE IN TOP SHAPE. BEFORE AND AFTER EACH DELIVERY/PICKUP DRIVER WILL DO A WALK AROUND THE VEHICLE AND CONTAINER TO MAKE SURE EVERYTHING IS SAFE. BEFORE AND AFTER EACH DELIVERY AND PICK-UP DRIVER WILL MAKE SURE THE CONTAINER IS CLEANED AND PROPERLY CLOSED. DRIVERS WILL ALSO ENSURE THE VEHICLE IS SAFE TO HIT THE ROAD.
3. DRIVER'S IMMEDIATE ACTIONS FOR SPILLS WILL BE TO USE PPE AND ISOLATE THE AREA, IDENTIFY SLIP HAZARDS, PLACE WARNING SIGNS/CONES. CONTAIN THE SPILL BY USING BOOMS. PREVENT ANY LIQUIDS FROM ENTERING DRAINS. USE THE SPILL KIT FROM VEHICLE THAT CONTAINS ABSORBENT PADS, GRANULAR ABSORBENT, PILLOWS TO CLEAN THE SPILL. ALL WHILE WEARING PPE.
4. DRIVER WILL ENSURE TO CALL OWNER OF COMPANY ONCE SPILL HAS BEEN CONTAINED AT 302-744-0038. IF NEEDED THE COMPANY WILL DISPATCH SOMEONE TO COME OUT AND ASSIST.
5. THE COMPANY WILL ALSO NOTIFY DELAWARE EMERGENCY REPORTING AT 1-800-662-8802 AND 302-739-9401.
6. DRIVER WILL MAKE SURE PPE IS ON, CONTAIN THE SPILL, USE BROOM AND DUSTPAN TO PICK UP ALL GRANULAR ABSORBENT, MATS, PILLOWS, BOOM SOCKS AND PUT IT IN TRASH BAG OR BUCKET. THEN HE WILL DOCUMENT ON OUR RESPONSE DOCUMENT.

SPILL RESPONSE PLAN

BUSINESS NAME:

SITE ADDRESS:

FACILITY ACTIVITY DESCRIPTION:

RESPONSE ACTIONS IN CASE OF A SPILL:

1. IF POSSIBLE, SHUT THE SOURCE OF THE SPILL IMMEDIATELY.
2. NOTIFY SPILL CONTACT PERSON AND OTHER EMERGENCY CONTACTS: OWNER, MANAGER, DISPATCHER, ETC.
3. USE ABSORBENT MATERIALS, SUCH AS GRANULAR ABSORBENT, PADS, MATS, BOOM SOCK, PILLOWS TO CONTAIN SPILLS THAT ARE RELATIVELY SMALL IN NATURE AND WHERE THE SPILLED CHEMICAL AND ITS HAZARDS PROPERTIES HAVE BEEN PROPERLY IDENTIFIED AND ASSESSED.
4. USE APPROPRIATE PERSONAL PROTECTIVE EQUIPMENT DEPENDING ON THE SPILL.
5. COVER/BLOCK ANY DRAINS, CATCH BASINS IN THE SPILL AREA TO PREVENT THE MATERIAL FROM ENTERING INTO THE STORMWATER SYSTEM, SANITARY SEWER SYSTEM OR SEPTIC SYSTEM.
6. IF POSSIBLE, CLEAN UP THE SPILL USING ABSORBENT MATERIALS. COLLECT THE ABSORBENT MATERIALS AND TREAT THEM AS HAZARDOUS.
7. IF THE SPILL IS LARGE OR OTHERWISE UNCONTROLLABLE OR POSES A POTENTIAL IMMEDIATE HAZARD TO HUMAN HEALTH AND SAFETY CALL THE EMERGENCY RESPONSE REPORTING NUMBER.

EMERGENCY CONTACTS:

SPILL CONTACT PERSON:

PHONE NUMBER:

OWNER:

PHONE NUMBER:

OWNER'S ADDRESS:

MANAGER:

PHONE NUMBER:

OTHER:

PHONE NUMBER:

LIST OF PERSONAL PROTECTIVE EQUIPMENT:

LIST OF HAZARDOUS LIQUIDS THAT MAY SPILL:

EMERGENCY RESPONSE AGENCIES:

FIRE/POLICE:

911

DELAWARE EMERGENCY REPORTING:

302-739-9401 AND 1-800-662-8802

QUESTION 4B:

1. RAFAEL OROZCO – 50% OWNER
DOB: [REDACTED]
929 FIELDSBORO RD TOWNSEND, DE 19734
2. OFELIA TORRES-GARCIA – 50% OWNER
DOB: [REDACTED]
929 FIELDSBORO RD TOWNSEND, DE 19734

QUESTION 5:

ONLY ONE LOCATION: 929 FIELDSBORO RD TOWNSEND, DE 19734

QUESTION 8B:

1. CHERRY ISLAND LANDFILL: 1706 E 12TH ST WILMINGTON DE 19809
2. SANDTOWN LANDFILL: 1107 WILLOW GROVE RD FELTON DE 19934
3. JONES CROSSROADS LANDFILL: 28560 LANDFILL LN GEORGETOWN DE 19947
4. PINE TREE CORNERS TRANSFER STATION: 276 PINETREE RD TOWNSEND DE 19734
5. MILFORD TRANSFER: 1170 S DUPONT BLVD MILFORD DE 19963
6. RT 5 TRANSFER: 29997 JOHN P HEALY DR HARBESON DE 19951
7. DRPI: 198 MARSH LN NEW CASTLE DE 19720

QUESTION 12:

- A. NO SPECIAL LICENSE OR ENDORSEMENTS AND NO CDL DRIVERS AS OUR TRUCK IS AT MAX OF 23000 LBS.
- B. COMPANY WILL BE DOING YEARLY CHECKS ON DRIVING RECORD BY REQUESTING 3 YEAR RECORDS. WE WOULD EXPECT NO MAJOR MOVING VIOLATIONS. ANY DUI OR HIT AND RUNS WOULD AUTOMATICALLY TERMINATE A DRIVER.
- C. THE OWNER RAFAEL IS THE ONLY DRIVER FOR THE COMPANY AND IS THE ONE THAT IS KNOWLEDGABLE ABOUT THE PROPER PROCEDURES FOR THE DRY WASTE WE TRANSPORT. HE IS ALSO KNOWLEGABLE ABOUT THE SPILL PLAN AND THE CONDITIONS OF THE WASTE PERMIT.

QUESTION 14:

OPERATORS: RAFAEL OROZCO-OWNER



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/25/2024

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 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		CONTACT NAME: Certificate Department	
Commercial Insurance Associates, Inc.		PHONE (A/C, No, Ext): 610-255-5200	FAX (A/C, No): 610-255-5205
260 Chapman Rd Suite 100B		E-MAIL ADDRESS: csr@insurance-cia.com	
Newark DE 19702		INSURER(S) AFFORDING COVERAGE	
		INSURER A: United Financial Casualty Company	NAIC # 11770
INSURED		INSURER B:	
JTC Dumpster Services, LLC		INSURER C:	
929 Fieldsboro Rd		INSURER D:	
Townsend DE 19734		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"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			972295499	8/14/2024	8/14/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 500,000 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 \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Physical Damage			972295499	8/14/2024	8/14/2025	Deductibles - Comp: \$500, Coll: \$500

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

CERTIFICATE HOLDER**CANCELLATION**

DNREC-CAPS 89 Kings Hwy Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Travis Magert</i>
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