	RECEIP	T DATE_	11/19/24	No.	628138
	RECEIVED FROM	a Tru	cking, LLC	\$	350.00
	Three hund	red fil	Fy and too	-	DOLLARS
	OFOR RENT	SW-11	592		
	ACCOUNT	CASH			
	PAYMENT	CHECK	FROM 1436	то	
The second	BAL. DUE	ORDER	BY MM		3-11
No.					



# 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

**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- 1692 Expiration Date 12-31-24 Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee. SCRAP TIRES ONLY **ALL OTHERS** One Year - \$350.00 ☐ One Year - \$75.00 ☐ Two Years - \$125.00 ☐ Two Years - \$650.00 ☐ Three Years - \$950.00 ☐ Three Years - \$175.00 ☐ Four Years - \$225.00 Four Years - \$1250.00

☐ Five Years - \$275.00

☐ Five Years - \$1550.00

-	-			-		
2.	Dal	ease	+0	D.,	ы	li o
L.	Ne	Case	w	r u	ш	ш

	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.	3. Company Information					
	Company Name LALA Truck	ting LLC				
Loc	cation Address:	Mailing Address:				
/	1 dohrman que	SAMC				
(	Tegneck NJ07666					
		2				
Co	ntact: John Zivers T	itle: owner				
Bu	siness Phone: 201-600-57417 F	ax:				
	nail					
24	hr Emergency Contact Phone:					
4.	4. Company Ownership Information					
	<ul> <li>(a). Please indicate the company type:</li> <li>☐ Proprietorship</li> <li>☐ Partnership</li> <li>☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.</li> </ul>					
	City:S	tate:Date:				
	☐ Municipality ☐ Public institution ☐ Limited Liability Corporation (LLC) ☐ Other: (must specify)	State: NJ				
		Officer, attach a list with name, title, mailing address, all stockholders owning greater than 5% outstanding				
	Attachment					
	(c). If company is owned by or affiliated with address & mailing address, and % owner	a parent company, attach parent company name, ship.				
	AttachmentNo parent company					

Solid Waste Transporter Application Page  $\bf 3$  of  $\bf 6$ 

5. Company locations in Delaware

	List name and $\underline{street}$ 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?
	(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? $\square$ Yes $\square$ No $\square$ 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
	(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill?  Yes No

8.	Trea	tment, Storage, and Disposal Facilities		
	(a).	Do you cross state lines with the waste?		
	(b).	Identify in an attachment <b>all</b> solid waste Treatment, Storage, D. Facilities and Transfer Stations to which the waste will be trans		, Reclamation
		Delaware Solid Waste Authority locations: (attachment) Clean Earth of New Castle, Inc. (thermal treatment facility Delaware Recyclable Products, Inc. (dry waste, commerci Other in-state solid waste facilities, including private facil Out of state solid waste TSD facilities: (attachment)	al, industrial, and ities: (attachment	
9.	Othe	er Transporter Permits		
	(a).	Attach a copy of your home state solid waste transporter permit home state.)	it. (N/A if Delaw	are is your
		Attachment Not applicable-No transporter permit required for these solutions.	id 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#	9191	0
		□ N/A If N/A, please provide an explanation, on the following required to have a DOT or MC number.	ng page, as to wh	y you are not
10.	Proc	of of Financial Responsibility		
	Dela Insui Depa	transporter must submit proof of financial responsibility as ware's Regulations Governing Solid Waste. This proof may rance, with MCS-90 endorsement where applicable, or by artment. (The Certificate of Insurance must identify the <b>Depart</b> ironmental Control, Compliance and Permitting Section as a second control of the c	be established by other means a ment of Natural	a Certificate of pproved by the <b>Resources and</b>
	(a).	Are you for-hire in interstate commerce?  Yes No (F business of transporting, for compensation or payment, wastes than your own.)	or-Hire means yo generated by a co	u are in the ompany other
	(b). (c).	Do you transport in the State of Delaware Only (Intrastate)? Do you transport Interstate?	☐ Yes ☐ Yes	No DNo

(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	\$350,000.00
Commercial Waste	\$750,000.00 + MCS-90 [	\$350,000.00
Industrial Waste	\$750,000.00 + MCS-90	\$350,000.00
Dry Waste	\$750,000.00 + MCS-90	\$350,000.00
Ash	\$750,000.00 + MCS-90	\$350,000.00
Infectious Waste	\$1,000,000.00 + MCS-90	\$750,000.00 + MCS-90
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90	\$350,000.00
Asbestos	\$1,000,000.00 + MCS-90 (For Hire & Private)	\$350,000.00
Scrap Tires Only	\$350,000.00	\$350,000.00

### 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 _		
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#### 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?
	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	11-10-24	
Print Name Down Rivers	Title	ouner	



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/09/2024

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

unis certificate does not confer n	ghts to the certificate holder in field of si	ich endorsement(s).			
PRODUCER		CONTACT Aileen Ogaldez			
Velocity Insurance		PHONE (A/C, No, Ext): 201-866-8807 FAX (A/C, No): 2016171714			
4514 Bergen Tpke		E-MAIL ADDRESS: csr@velocityins.net			
		INSURER(S) AFFORDING COVERAGE NAIC	#		
North Bergen	NJ 07047	INSURER A: Professional Transportation RRG INC 1732	8		
INSURED		INSURER B: United States Liability Insurance 2589	5		
LALA TRUCKING LLC		INSURER C :			
11 DOHRMAN AVE		INSURER D:			
		INSURER E :			
TEANECK	NJ 07666	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.

NSR LTR	TYPE OF INSURANCE	INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE CCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 100,000
В			GL 1253540	06/27/2024	06/27/2025	MED EXP (Any one person) PERSONAL & ADV INJURY	\$ 5,000 \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:		dE 1200010	OO/E//EGET	00/21/2020	GENERAL AGGREGATE	\$ 2,000,000
	POLICY PRO- LOC					PRODUCTS - COMP/OP AGG	\$ 2,000,000
	OTHER:						\$
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO	1				BODILY INJURY (Per person)	\$
A	OWNED SCHEDULED AUTOS		PT-24040635-01	04/30/2024	04/30/2025	BODILY INJURY (Per accident)	\$
	HIRED NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$

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

2020 Volvo 4V5KG9EJ7LN270280, 2021 Volvo 4V5XG9EJ3MN269389, 2021 Volvo 4V5CG9EJ8MN269386

CERTIFICATE HOLDER	CANCELLATION
CERTIFICATE HOLDER	CANCELLATION

STATE OF DELAWARE DEPARTMENT OF NATURAL & ENVIRONMENTAL CONTROL, HAZ WASTE MANAGEMENT 89 KINGS HIGH **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 Hileen Gaydez

EXPIRES

10/31/2025

## NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER

AT852L

UNIT	10.	2020	MAKE VLV		ACCOUNT NUMBER NJ-58678		1			080000	AT, 0200 CO 0800	30			
VEHIC	4V5KG	EJ7LN27	ON NUMBER	FLEET 001	NO. SUPP. NO.	REG. CODE	18	080000 080000 000000	FL 0800 IL 0800 LA 0800	00	NA 080010	N.S.			
TYPE	AXLES 4		WEIGHT	FUEL	REGISTRATION 11/01/2024	DATE	MS		MI 0800 MI 0800	00	HER 080000 MC 080000 HM 080000	85			
			COMMERC TRUCK	IAL	TRANS 1D #	8001000	PA TN	080000 080000 080000	OH 0800 RI 9800 TX 9800 WA 0800	00 00	08 080000 07 080000 07 080000	175			
OWNER		CKING LL	.c			-	WY NB	080000 036281	AB 0362 NL 0362	81	8C 036291 VS 036281	OH	036283		
	RUCKI	NG LLC				-		036281	QC 04 A		1K 036281		11-20		

LALA TRUCKING LLC 11 DOHRMANN AVE TEANECK, NJ 07666

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

0000003085

Motor Carrier Responsible for Safety

USDOT Number: 2932138

LALA TRUCKING LLC 11 DOHRMANN AVE TEANECK, NJ 07666



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants registration reciprocity with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 178, Trenton, NJ 08611-0178, within thirty(30) days.

Remember: Compulsory vehicle insurance is the law in New Jersey.

An Any Thy



New Jersey Motor Vehicle Commission Acting Chair and Chief Administrator EXPIRES:

08/31/2025

## **NEW JERSEY APPORTIONED CAB CARD**

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW408R

UNIT NO. YEAR 2021			MAKE VOL			ACCOUNT NUMBER NJ-58678			
VENTO	LE IDEN	EJ3MN	TION N 1269389	UMBER	FLEET 003	The second	SUPP. NO. 0000	REG. CODE	
TK	AXLES		80000	THE OWNER OF THE OWNER OWNER OF THE OWNER O	FUEL		GISTRATION 09/01/2024	DATE	
			COL	SCRIPT MMERO TRUCK	CIAL	100000000000000000000000000000000000000	IU20255867	8003000	

LALA TRUCKING LLC 11 DOHRMANN AVE TEANECK, NJ 07666

NJ 080000 T	AL 080000 T		
CA 080000	CO 080000	AR 080000	AZ 080000
	Control of the Contro	CT 080000	DC 080000
DE 080000	EF 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	K2 0800000
KY 080000	TV 080000	MA 080000	MD 080000
ME 080000	MI 080000	MM 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
NY 080000	OH 080000	OK 080000	OR 080000
PA 080000	RI 080000	SC 080000	000000 de
TN 080000	TX 080000	000000 TU	VA 080000
VT 080000	WA 080000	WI 080000	MA 080000
WY 080000	AB 036281	BC 036281	MB 036281
NB 036281	NL 036281	NS 036281	ON 036281
PE 036281	QC 04 AXL	SK 036281	** *****
** *****		** ****	* ** *****
			* ** *****

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

0000004037

Motor Carrier Responsible for Safety

USDOT Number: 2932138

LALA TRUCKING LLC 11 DOHRMANN AVE TEANECK, NJ 07666



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New Jersey Motor Vehicle Commission Acting Chair and Chief Administrator

EXPIRES:

08/31/2025

#### **NEW JERSEY APPORTIONED CAB CARD** KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER:

AW409R

UNIT NO. YEAR 202			MAKE VOL			ACCOUNT NUMBER NJ-58678			
	CLE IDEN				FLEET 003	2000	SUPP. NO. 0000	REG. CODE	
TYPE TK					FUEL D	REGISTRATION DATE 09/01/2024			
			COM	CRIPTI IMERC RUCK	STATE OF STREET		ANS ID # U202558678	8003000	
OWNER LAL	A TRUC	KING	LLC						
EGIST	PANT							1	

LALA TRUCKING LLC 11 DOHRMANN AVE TEANECK, NJ 07666

		The state of the s		
IJ	080000	AL 080000	AR 080000	AZ 080000
CA	080000	CO 080000	CT 080000	DC 080000
DE	080000	FL 080000	GA 080000	IA 080000
ID	080000	IL 080000	IN 080000	KS 080000
KY	080000	LA 080000	MA 080000	MD 080000
ME	080000	MI 080000	MN 080000	MO 080000
MS	080000	MT 080000	NC 080000	ND 080000
NE	080000	NH 080000	NM 080000	NV 080000
NY	080000	OH 080000	OK 080000	OR 080000
PA	080000	RI 080000	SC 080000	SD 080000
TN	080000	TX 080000	OT 080000	VA 080000
VT	080000	WA 080000	WI 080000	WV 080000
WY	080000	AB 036281	BC 036281	MB 036281
NB	036281	NL 036281	NS 036281	ON 036281
PE	036281	OC 04 AXL	SK 036281	** *****
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	A DE DY ME AS NE NY PANT NY NE PE	CA 080000 DE 080000 DE 080000 DE 080000 ME 080000 ME 080000 MY 080000 PA 080000 PT 080000 MY 080000	CA 080000 CO 080000 DE 080000 FL 080000 IL 080000 CY 080000 LA 080000 MT 080000 MT 080000 MT 080000 PA 080	CA 080000   CO 080000   CT 080000   CE 080000   FL 080000   GA 080000   IN 080

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

0000004038

Motor Carrier Responsible for Safety

USDOT Number: 2932138

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Remember: Compulsory vehicle insurance is the law in New Jersey.



New Jersey Motor Vehicle Commission Acting Chair and Chief Administrator

## **Ownership**

John W Rivera 11 dohrman ave Teaneck nj 07666

100 percent ownership

## **Drivers**

John W Rivera Phillip Badillo Angel Averos

## Spill control Plan Solid waste Henten

Spill control Plan;

- 1. Five Extinguisher
- 2. Flashlish E
- 3. Heavy duty Gloves and Hard Hart
- 4. Reflectors and flares.
- 5. First AID kit

All loads will be covered by tap to prevent accordental discharge of the load.

priver will Forspect an tumbucks are secured and turp is closed.

If there and accident or spilled of any form the driver is to call John Rivera owner at 201-600-5417

John Rivere will then contact the state and municipal authorities where accident occured, Octavary 911 (302) 739-9401 or 1800-662-8802 this plan will be carried in all Vehicles, along with the permits.

### Davis, DaQuan (DNREC)

From:

John Rivera <johnwrivera@hotmail.com>

Sent:

Wednesday, November 20, 2024 7:35 PM

To:

WHStransporters

Subject:

Re: Missing Information on DE SW Transporter Permit Application

Attachments:

attachment 1.pdf

Sent from my iPhone

On Nov 20, 2024, at 8:46 AM, WHStransporters < WHStransporters@delaware.gov> wrote:

Hi Mr. Rivera,

Thank you for submitting your application to renew your Delaware Solid Waste Transporter Permit. After reviewing your application, I found that some information was left blank, missing, or incorrect. Please address the following items below:

- 1. **Section 2:** The release-to-public question was left bank. Do you want Lala Trucking, LLC to be publicly recommended?
- 2. **Section 10 (c):** You checked no to both interstate and intrastate. Is Lala Trucking, LLC interstate or intrastate?
- 3. **Section 12:** No driver training was submitted. Please provide driver training and ensure it includes all the required information or the training will not be accepted.

Please provide this information via email within 5 days.

Thank you,

<image001.png>

## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

<image002.png> 302-739-9403

<image003.png>

daquan.davis@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

+ I Do not went to be public.

& we are an interstate.

locks and tarpo are in place.

Befor hiring Drivers are screened and
abstract is pulled by mourener company.

Drivers must have at least 3-years of
Clean driving record. Drivers ride along for at least
a week with owner who goes overprocedure and without
the driver manage truck first hand.
Weekly meetings are held with olivers
to discuss roomes and safety procedured.

All orivers are intuated how to pre check all