

# RECEIPT

DATE

12/13/24

No.

628168

RECEIVED FROM

Silver Top Inc.

\$

1250.00

One thousand two hundred fifty and <sup>00</sup>/<sub>100</sub> DOLLARS☐ FOR RENT☒ FOR

DE-SW-1493

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

4405

TO

BY

M.M.



RECEIVED

DEC 13 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**

**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- 1493 Expiration Date 3/31/2025

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 Silver Top Inc

Location Address:	Mailing Address:
6423 Windsor St Phila, PA 19142	PO Box 726 Folcroft, PA 19032

Contact: Ezequiel Quesada Title: Owner

Business Phone: 267-784-1128 Fax:  

E-mail: DBSofficeservices@gmail.com / silvertopinc1973@gmail.com

24 hr Emergency Contact Phone: 267-784-1128

## 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: Philadelphia State: PA Date: 2007  
☐ 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    
Ezequiel Quesada  
100% owner  
DB:    
6423 Windsor St  
Phila, PA 19142

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- ☐ Attachment    
☒ No parent company

**5. Company locations in Delaware**

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

- ☐ Attachment \_\_\_\_\_  
☒ No Delaware locations

**6. Company Affiliates**

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

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

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

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

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

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

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

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

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



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

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

### 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 PA

☐ No transporter permits in other states

- (c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 1599594 MC# 591738-C

- ☐ 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 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 \_\_\_\_\_

### 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 \_\_\_\_\_

Print Name Ezequiel Quesada Title OWNER

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



# Silver Top Inc.

## 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

(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). Check Tires, Brakes etc
- 2) All around Truck

(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: Ezequiel Quesada

Phone: 267-784-1128

(5) The designated coordinator will contact the state and municipal authorities about 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: NA

New Jersey: N/A

(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.



## Silver Top Inc

## Vehicle Information

TRUCK #	PLATE #	VIN	TITLE #	YEAR	MAKE	MODEL	PHYSICAL DAMAGE	ENGINE SERIAL #	OIL FILTER	AIR FILTER	FUEL FILTER
ST-03A	AH16024	1XP5DB9XX6N644587	62728678	2006	PTRB	379	20,000.00				
ST-08	AH34697	1XKDDDB9X27J206429	64323638	2007	KENW	T80	20,000.00				
ST07A	AH06831	1NPFDB9X1VN433419	84422811	1997	PTRB		10,000.00				
ST-10	AG14678	1XPFDDB9X7XN488854	52602563	1999	PTRB		10,000.00				
ST10	AH08067	1XPFDDB9X2XN488857	5282577	1999	PTRB	378	10,000.00				
ST02	AH33504	3HSCHAMR82N035164	8407554	2002	INTL	9900	15,000.00				
ST-04	AH12085	1M2P267Y2RM019433	81544138	1994	MACK		10,000.00				
ST-03		2XKDDDB8X37M181390	76901516	2007	KENW		10,000.00				

Trailers	PLATE #	VIN	TITLE #	YEAR	MAKE	TYPE	GVWR
		1E1U2X287GR053942		12-2014	EAST	WT	80000
		1E1U2X287NR075761		03-2021	EAST	WT	80000
		1E1U2Y282MR072917		03-2020	EAST	WT	80000
		1E1U2X286RR085266		07-2023	EAST	WT	80000
		1E1U2Y281MR074660		10-2020	EAST	WT	80000
		1E1U2Y283ARC44807		10-2020	EAST	WT	80000

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT  
MUNICIPAL & RESIDUAL WASTE TRANSPORTER  
AUTHORIZATION APPLICATION

Page 2

SILVER TOP INC, PHILADELPHIA, PA

I HAVE HAD environmental enforcement actions issued against me by a PA Agency or Federal government in the past five (5) years.

Permit / License ID #	Issuing Authority	Issuing Agency Name	Date of Action	Type of Action
WH17561	PA	PADEP	11/12/2020	NOTICE OF VIOLATION
Amount of Unpaid Fines or Penalties:		\$0.00		
Explanation:		FAILURE TO REPORT ENFORCEMENT ACTION.		
WH17561	PA	PADEP	06/05/2019	NOTICE OF VIOLATION
Amount of Unpaid Fines or Penalties:		\$0.00		
Explanation:		SPECIFIC TYPE OF WASTE NOT MARKED ON VEHICLE.		
WH17561	PA	PADEP	06/05/2019	NOTICE OF VIOLATION
Amount of Unpaid Fines or Penalties:		\$0.00		
Explanation:		SPECIFIC TYPE OF WASTE NOT MARKED ON VEHICLE.		

PART E3 - COMPLIANCE HISTORY - ENVIRONMENTAL CRIMES

SILVER TOP INC, PHILADELPHIA, PA

I HAVE NOT BEEN CONVICTED of any environmental crimes in the past five (5) years.

PART F - CERTIFICATION

I consent to the Department's use of the mailing address provided herein, for service by first class mail of all requests and actions taken by the Department of Environmental Protection. I consent that mail service satisfies all requirements for service unless and until I notify the Department by certified mail of any change of mailing address.

I certify that the applicant is either the owner of these vehicles or currently has a valid contract with the owner of these vehicles to exclusively use the vehicles to transport municipal or residual waste.

I certify that these vehicles have current safety inspections with a certificate of inspection valid for the base registration state and/or federal requirements for interstate commerce.

I certify that these vehicles have insurance that meets the minimum state and/or federal requirements for financial responsibility for intrastate or interstate operation.

I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

SUBMISSION INFORMATION

Submitted By User Name:	CAPITAN1128 (Ezequiel Quesada)
Submitted By Email:	silvertopinc1973@gmail.com
Submitted Date:	04/03/2024

COMMONWEALTH OF PENNSYLVANIA  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
BUREAU OF WASTE MANAGEMENT  
MUNICIPAL & RESIDUAL WASTE TRANSPORTER  
AUTHORIZATION APPLICATION

Page 1

PART A - GENERAL APPLICATION INFORMATION  
APPLICATION TYPE: Renewal

APPLICANT INFORMATION

WH Number: WH21513      Employer ID#: 20-5236736      US DOT #: 1599594  
Applicant Name: SILVER TOP INC  
Legal Name: SILVER TOP, INC.  
Business Street Address: 6423 WINDSOR ST  
PHILADELPHIA, PA 19142-1428  
US  
Applicant Contact Name: EZQUIEL QUESADA  
Title: OWNER  
Telephone: 267-784-1128  
Extension:  
Fax:  
Cell Phone:  
Primary Email Address: SILVERTOPINC1973@GMAIL.COM  
Additional Email:  
Applicant Type Code: Pennsylvania Corporation

PART B - FLEET INFORMATION

PO BOX 726, FOLCROFT, PA 19032-0726

Vehicle Identification Number (VIN)	Gross Vehicle Weight	Vehicle Type	Amount
1E1U2X286RR085266	80000	WT	50
1E1U2X287GR053942	80000	WT	50
1E1U2X287NR075761	73280	WT	50
1E1U2Y281MR074660	80000	WT	50
1E1U2Y282MR072917	80000	WT	50
1M2P267Y2RM019433	80000	TT	50
1NPFDB9X1VN433419	80000	TT	50
1XKDD9X27J206429	80000	TT	50
1XP5DB9XX6N644587	80000	TT	50
1XPFD9X2XN488857	48000	TT	50
1XPFD9X7XN488854	80000	TT	50
3HSCHAMR82N035164	80000	TT	50

PART C - INSURANCE INFORMATION

Insurance Company Name	Self Insured	Policy No.	Effective Date	Expire Date
NAVIGATORS INSURANCE COMPANY	N	FA22MOT02228400	12/15/2023	12/15/2024

PART E1 - COMPLIANCE HISTORY - PERMITS & LICENSE ACTIONS

SILVER TOP INC, PHILADELPHIA, PA





## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/10/2024

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: Laura Marcheski
Merit Insurance Services, LLC	PHONE (A/C, No, Ext): (609) 975-8893
105 Evesboro Medford Rd	FAX (A/C, No): (609) 654-1929
Suite C	E-MAIL ADDRESS: Laura@meritinsurancesvs.com
Marlton NJ 08053	INSURER(S) AFFORDING COVERAGE
INSURED	INSURER A: Covington Specialty Ins Co
Silver Top Inc	INSURER B: Navigators Insurance Company
6423 Windsor Street	INSURER C: Lloyds of London
Philadelphia PA 19142	INSURER D:
	INSURER E:
	INSURER F:

## COVERAGES

CERTIFICATE NUMBER: CL23121304832

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			VBA960098	1/20/2024	1/20/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			FA22HOT02228401	12/15/2023	12/15/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CSL Including Excess Liability \$ 2,000,000
C	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			SCT1310424	12/15/2023	12/15/2024	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

Delaware Department of Natural Resources  
and Environmental Control  
89 Kings Highway  
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

Laura Marcheski/LAM

*Laura J Marcheski*

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## Davis, DaQuan (DNREC)

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**From:** Arretta Davis <[dbsofficeservices@gmail.com](mailto:dbsofficeservices@gmail.com)>  
**Sent:** Thursday, January 9, 2025 9:29 AM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit  
**Attachments:** MCS-150 Update.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good Morning

Just wanted to follow up on the MCS-150 and it has been updated.

Please let me know if there is anything additional you need.

Arretta F Davis  
Silver Top Inc  
DBS - Office Services  
215-208-7342  
[DBSofficeservices@gmail.com](mailto:DBSofficeservices@gmail.com)

On Fri, Dec 27, 2024 at 11:14 AM Arretta Davis <[dbsofficeservices@gmail.com](mailto:dbsofficeservices@gmail.com)> wrote:  
Good Morning,

I just spoke with them at FMSCA and the site is still down. They have received our update and it will take up to 8 days to process.

Will keep checking daily to confirm when it is updated.

Thank you in advance for your help and cooperation.

Arretta F Davis  
Silver Top Inc  
DBS - Office Services  
215-208-7342  
[DBSofficeservices@gmail.com](mailto:DBSofficeservices@gmail.com)

On Fri, Dec 27, 2024 at 8:57 AM WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Good morning,

I was out, but I just looked up the DOT number, and it still says VMT is outdated. I will need this corrected so that you can approve your renewal.

Thank you,

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



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**From:** Arretta Davis <[dbsofficeservices@gmail.com](mailto:dbsofficeservices@gmail.com)>

**Sent:** Monday, December 23, 2024 1:25 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>; Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)>

**Cc:** Ezequiel Quesada <[silvertopinc1973@gmail.com](mailto:silvertopinc1973@gmail.com)>

**Subject:** Re: Delaware Solid Waste Transporter Permit

Hello Mr. Davis,

Just following up from our phone conversation last week. I was unable to update the information you request on the FMSCA due to the site being down.

However, I did update it by filling out the MSC-150 form and emailing it directly to them on Friday. I have attached the form I emailed to them. I will follow up on Thursday to see if it has changed in the system. If it has not and the site is back up, I will file it online.

All trucks and trailers are registered in Pennsylvania. Ezequiel will be sending me the plate numbers for the trailers and I will forward them to you.

Happy Holidays

Arretta F Davis

CFO- Silver Top Inc

DBS - Office Services

215-208-7342

[DBSofficeservices@gmail.com](mailto:DBSofficeservices@gmail.com)

On Thu, Dec 19, 2024 at 1:51 PM WHTransporters <[WHTransporters@delaware.gov](mailto:WHTransporters@delaware.gov)> wrote:

Hi Mr. Quesada,

Please address the items listed below:

- **Section 9(c)**- The DOT # and MC # Carrier VMT is outdated. Please contact FMSCA and update your Carrier VMT. Please view the attachment.
- **Section 13**- The vehicle list you submitted is missing some state of registration and license plates for each vehicle/trailer. Please update your list with this information.

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

Thank you,



## DaQuan L. Davis

Environmental Scientist I

### Division of Waste and Hazardous Substances

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



---

**From:** Arretta Davis <[dbsofficeservices@gmail.com](mailto:dbsofficeservices@gmail.com)>  
**Sent:** Thursday, December 19, 2024 12:33 PM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Cc:** [silvertopinc1973@gmail.com](mailto:silvertopinc1973@gmail.com)  
**Subject:** Re: Delaware Solid Waste Transporter Permit

Hello DaQuan,

Please find attached the completed signed application with all requested information.

If there should be anything we missed, please let me know.

Silver Top Inc

Arretta F Davis

DBS - Office Services

215-208-7342

[DBSofficeservices@gmail.com](mailto:DBSofficeservices@gmail.com)



On Fri, Dec 13, 2024 at 3:50 PM WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)> wrote:

Hi Mr. Quesada,

Thank you for submitting your application to renew your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 9(a)**- Please provide your home state (PA) transporter permit stickers.
- **Section 9(b)**- Do you have any other state solid waste permits?
- **Section 9(c)**- The DOT # and Mc # Carrier VMT is outdated. Please contact FMSCA and update your Carrier VMT.
- **Section 10**- The Certificate of Insurance that you submitted will expire on 12/15/24. We will need next year's COI as well.
- **Section 10**- Please provide an MCS-90 endorsement form. The MCS-90 endorsement form policy doesn't match your automotive liability insurance on your certificate of insurance.
- **Section 12**- Please provide driver training. Requirements include:
  - (a). 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.
- **Section 13**- The vehicle list you submitted is missing the state of registration, GVWR, and the name of the owner for each vehicle. Please update your list with this information.
- **Section 14**-You did not provide a list of vehicle operators.
- **Section 16**- Please have the owners sign and date the application. The owner's signature was missing a date please have the owner re-sign the application and ensure it has a date.

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

Thank you,



## DaQuan L. Davis

Environmental Scientist I

Division of Waste and Hazardous Substances

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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





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- 1493 Expiration Date 3/31/2025

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 Silver Top Inc

Location Address:	Mailing Address:
6423 Windsor St Phila, PA 19142	PO Box 726 Folcroft, PA 19032

Contact: Ezequiel Quesada Title: Owner

Business Phone: 267-784-1128 Fax: \_\_\_\_\_

E-mail: DBSofficeservices@gmail.com / silvertopinc1973@gmail.com

24 hr Emergency Contact Phone: 267-784-1128

**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: Philadelphia State: PA Date: 2007  
☐ 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 \_\_\_\_\_  
Ezequiel Quesada  
100% OWNER  
DB: [REDACTED] [REDACTED]  
6423 Windsor St  
Phila, PA 19142

(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





### 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 PA
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1599594 MC# 591738-C
- ☐ 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)

12/17/2024

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: Laura Marcheski
Merit Insurance Services, LLC	PHONE (A/C, No, Ext): (609) 975-8893
105 Evesboro Medford Rd	FAX (A/C, No): (609) 654-1929
Suite C	E-MAIL ADDRESS: Laura@meritinsurancesvs.com
Marlton NJ 08053	INSURER(S) AFFORDING COVERAGE
	INSURER A: Covington Specialty Ins Co
	INSURER B: Navigators Insurance Company
	INSURER C: Lloyds of London
	INSURER D:
	INSURER E:
	INSURER F:
INSURED	NAIC #
Silver Top Inc	
6423 Windsor Street	
Philadelphia PA 19142	

## COVERAGES

CERTIFICATE NUMBER: CL24121306018

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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			VBA960098	1/20/2024	1/20/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	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			FA22MOT02228402	12/15/2024	12/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ CSL Including Excess Liability \$ 2,000,000
C	UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			SCT1310425	12/15/2024	12/15/2025	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	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 <input type="checkbox"/> N/A					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

## CERTIFICATE HOLDER

## CANCELLATION

gabrielrecyclinginc@gmail.com

Delaware Department of Natural Resources  
and Environmental Control  
89 Kings Highway  
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

Laura Marcheski/LAM

*Laura J Marcheski*

USDOT Number: \_\_\_\_\_ Date Received: \_\_\_\_\_

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



United States Department of Transportation  
Federal Motor Carrier Safety Administration

## Endorsement for Motor Carrier Policies of Insurance for Public Liability

under Sections 29 and 30 of the Motor Carrier Act of 1980

# FORM MCS-90

Issued to SILVER TOP INC of FOLCROFT PA, 19032  
(Motor Carrier name) (Motor Carrier state or province)  
Dated at HARTFORD CT, 06155 on this 15 day of DECEMBER, 2024  
Amending Policy Number: FA22MOT022284-02 Effective Date: 12-15-2024  
Name of Insurance Company: NAVIGATORS INSURANCE COMPANY

Countersigned by: \_\_\_\_\_  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- ☒ This insurance is primary and the company shall not be liable for amounts in excess of \$ 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: 860-507-0771.

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

(continued on next page)



**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

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

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 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.

# Silver Top Inc.

## 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

(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). Check Tires, Brakes etc
- 2) All around Truck

(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: Ezequiel Quesada

Phone: 267-784-1128

(5) The designated coordinator will contact the state and municipal authorities about 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: NA

New Jersey: N/A

(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.

## Silver Top Inc – Driver Training

- A.) All drivers are required to have a CDL – we conduct safety meetings monthly.
  - B.) Drivers records are checked twice a year.
  - C) All drivers are trained according to what they are carrying, each truck has a copy of the Spill Control Plan
-



### 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

① Gilberto Mance Portugal  
② Pablo S Amaro

### 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 Ezequiel Quesada Date 12/18/2024

Print Name Ezequiel Quesada Title OWNER

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

VEHICLE INFORMATION - See Item 13 of the application.

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
PTRB - 2006	TT	1XP5DB9XX6N644587	AH16024 - PA	80000	Silver Top INC
KENW - 2007	TT	1XKDD89X27J206429	AH34697 - PA	80000	Silver Top INC
PTRB - 1997	TT	1NPFDB9X1VN433419	AH06831 - PA	80000	Silver Top INC
PTRB - 1999	TT	1XPEDB9X7XN488854	AG14678 - PA	80000	Silver Top INC
PTRB - 1999	TT	1XPEDB9X2XN488857	AH08067 - PA	48000	Silver Top INC
INTL - 2002	TT	3H5CHAMR82N035164	AH33504 - PA	80000	Silver Top INC
MACK - 1994	TT	1M2P267Y2RM019433	AH12085 - PA	80000	Silver Top INC
EAST - 2014	WT	1E1U2X287GR053942		80000	Silver Top INC
EAST - 2021	WT	1E1U2X287NR075761		73280	Silver Top INC
EAST - 2020	WT	1E1U2Y282MR072917		80000	Silver Top INC
EAST - 2023	WT	1E1U2X286RR0852166		80000	Silver Top INC
EAST - 2020	WT	1E1U2Y281MR074660		80000	Silver Top INC
KENW - 2007	TT	2XKDD89X37M181390	AH56718 - PA	80000	Silver Top INC
EAST - 2020	WT	1E1U2Y283ARL44907		80000	Silver Top INC



Applied stickers take 24 hours to reach full tack

COPY



1513259163

**WH21513**

**EXP APR 2025**

VIN 1E1U2Y280MR072916

**PA WTSP**

TRAILER

DEP-S25B

APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.

1513259163

**WH21513**

**EXP APR 2025**

VIN 1E1U2Y280MR072916

**PA WTSP**

TRAILER

DEP-S25B

CAUTION! REMOVE STICKERS CAREFULLY.





Ezequiel Quesada &lt;silvertopinc1973@gmail.com&gt;

**USDOT - MCS - 150 Update [Incident: 241220-003880]**

FMCSA Customer Service <fmcsa\_ask@mailfg.custhelp.com>  
Reply-To: FMCSA Customer Service <fmcsa\_ask@mailfg.custhelp.com>  
To: silvertopinc1973@gmail.com

Wed, Jan 8, 2025 at 10:30 AM



U.S. Department of Transportation  
**Federal Motor Carrier Safety Administration**

Recently you requested assistance from FMCSA Contact Center support. Below is a summary of your request and our response. If this issue is not resolved to your satisfaction, please contact us again and provide the incident reference # below. Thank you for allowing us to be of service to you.

**Subject****USDOT - MCS - 150 Update****Response By Email (Emily W.) (01/08/2025 10:30 AM)**

Hello,

We received and processed your request. Please note you may check the status of your USDOT/MC numbers within 24 hours at <https://safer.fmcsa.dot.gov/CompanySnapshot.aspx>.

**Important:** For any future updates that are requested by submitting an FMCSA form, please be sure to visit <https://www.fmcsa.dot.gov/registration/registration-forms> to locate the most recent version of the appropriate form.

Please feel free to contact us if you have any further questions or require assistance.

Thank you,

FMCSA Contact Center  
Phone: 1-800-832-5660  
Ask a Question: <https://ask.fmcsa.dot.gov/app/ask/>

Reminder: You may update your record immediately at our FMCSA registration portal which can be accessed from [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov).

**Customer By Service Email (Ezequiel Quesada) (01/03/2025 08:02 AM)**

Please find attached the updated MCS-150 (lines 24 and 31), as well as a copy of the front and back side of my license.

If this can be updated as soon as possible, it would be greatly appreciated.



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

The collection of this information is authorized under the provisions of 49 CFR, Parts 390-399.

Public reporting for this collection of information is estimated to be 20 minutes (and 7.5 minutes for the biennial updates) per response, including the time for reviewing the instructions and completing and reviewing the data inserted on the form electronically. All responses to this collection of information are mandatory, and will be provided in confidence to the extent allowed by law. Notwithstanding any other provision of law, no person is 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 valid OMB Control Number for this information collection is 2126-0013. 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-MBI, U.S. Department of Transportation, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

## Motor Carrier Identification Report

(Application for USDOT Number)

# FORM MCS-150

### REASON FOR FILING (select only one):

- ☐ New Application ☒ Biennial Update or Changes ☐ Out of Business Notification  
☐ Reapplication (after revocation of new entrant) ☐ Reactivate

1. LEGAL BUSINESS NAME: Silver Top Inc

2. DOING BUSINESS AS NAME (if different from Legal Business Name):

### 3-7. PRINCIPAL PLACE OF BUSINESS (see 49 CFR 390.57):

6423 WINDSOR ST, PHILADELPHIA PA 19142  
3. STREET ADDRESS/ROUTE NUMBER 4. CITY 5. STATE/PROVINCE 6. ZIP CODE 7. COLONIA (Mexico only)

### 8-12. MAILING ADDRESS: ☐ Same as Principal Address ☒ Mailing address below:

Po Box 726 FOLCROFT PA 19032  
8. STREET ADDRESS/ROUTE NUMBER 9. CITY 10. STATE/PROVINCE 11. ZIP CODE 12. COLONIA (Mexico only)

### 13-15. CONTACT NUMBERS:

(267)784-1128 (267)784-1128  
13. PRINCIPAL BUSINESS PHONE NUMBER 14. PRINCIPAL CONTACT CELL PHONE NUMBER 15. PRINCIPAL BUSINESS FAX NUMBER

### 16-19. IDENTIFICATION NUMBERS:

1599594 20-5236736  
16. USDOT NUMBER 17. MC or MX NUMBER 18. DUN & BRADSTREET NUMBER 19. IRS/TAX ID NUMBER  
(see instructions before completing this section)

20. E-MAIL ADDRESS: SILVERTOPINC1973@GMAIL.COM

21. CARRIER MILEAGE (to nearest 10,000 miles for the previous 12 months): 378,000

### 22. COMPANY OPERATIONS (check all that apply):

- ☒ A. Interstate Carrier ☐ B. Intrastate Hazmat Carrier ☐ C. Intrastate Non-Hazmat Carrier ☐ D. Interstate Hazmat Shipper ☐ E. Intrastate Hazmat Shipper

**23. OPERATION CLASSIFICATIONS** (check all that apply):

- ☒ A. Authorized For-Hire    ☐ D. Private Motor Carrier of Passengers (Business)    ☐ F. Migrant    ☐ I. State Government  
☒ B. Exempt For-Hire    ☐ E. Private Motor Carrier of Passengers (Non-Business)    ☐ G. U.S. Mail    ☐ J. Local Government  
☐ C. Private Property    ☐ H. Federal Government    ☐ K. Indian Tribe

**24. CARGO CLASSIFICATIONS** (check all that apply):

- ☐ A. General Freight    ☐ I. Machinery, Large Objects    ☐ Q. Coal/Coke    ☐ Y. Paper Product  
☐ B. Household Goods    ☐ J. Fresh Produce    ☐ R. Meat    ☐ Z. Utility  
☐ C. Metal: Sheets, Coils, Rolls    ☐ K. Liquids/Gases    ☒ S. Garbage, Refuse, Trash    ☐ AA. Farm Supplies  
☐ D. Motor Vehicles    ☐ L. Intermodal Container    ☐ T. U.S. Mail    ☐ BB. Construction  
☐ E. Drive Away/Towaway    ☐ M. Passengers    ☐ U. Chemicals    ☐ CC. Water Well  
☐ F. Logs, Poles, Beams, Lumber    ☐ N. Oil Field Equipment    ☐ V. Commodities Dry Bulk    ☒ DD. Other listed below:  
☐ G. Building Materials    ☐ O. Livestock    ☐ W. Refrigerated Food  
☐ H. Mobile Homes    ☐ P. Grain, Feed, Hay    ☐ X. Beverages

**25. HAZARDOUS MATERIALS (Carrier or Shipper)** (check all that apply):

(C=Carrier; S=Shipper; B=Bulk, in cargo tanks; NB=Non-Bulk, in packages)

	C	S	B	NB		C	S	B	NB		C	S	B	NB
A. DIV 1.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N. DIV 2.3D	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AA. DIV 6.2 (Select Agents and Toxins)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. DIV 1.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	O. CLASS 3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BB. CLASS 7	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. DIV 1.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	P. COMB LIQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CC. HRCQ	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
D. DIV 1.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Q. DIV 4.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DD. CLASS 8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. DIV 1.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	R. DIV 4.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EE. CLASS 8A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. DIV 1.6	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	S. DIV 4.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FF. CLASS 8B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G. DIV 2.1 (Flam. Gas)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	T. DIV 5.1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GG. CLASS 9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H. DIV 2.1 LPG	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	U. DIV 5.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HH. ELEVATED TEMP. MAT.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I. DIV 2.1 (Methane)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	V. DIV 6.1A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	II. INFECTIOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J. DIV 2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	W. DIV 6.1B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JJ. MARINE POLLUTANTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K. DIV 2.3A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	X. DIV 6.1 LIQUID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KK. HAZARDOUS SUB (RQ)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L. DIV 2.3B	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Y. DIV 6.1 SOLID	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LL. HAZARDOUS WASTE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M. DIV 2.3C	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Z. DIV 6.2 (Infect. Substance)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MM. LTD. QTY.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**26(a). NUMBER OF COMMERCIAL MOTOR VEHICLES (CMV) THAT WILL BE OPERATED IN THE U.S.:**

							Number of vehicles carrying number of passengers (including the driver)																						
							Straight Trucks			Truck Tractors		Trailers		Hazmat Cargo Tank Trucks		Hazmat Cargo Tank Trailers		Motor-coach		School Bus			Bus		Passenger Van		Limousine		
																				1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+	
Owned			8		6																								
Term Leased																													
Trip Leased																													

**26(b). NUMBER OF NON-COMMERCIAL MOTOR VEHICLES (NON-CMV) THAT WILL BE OPERATED IN THE U.S.:**

Non-CMV

**27. DRIVER INFORMATION:**

DRIVER INFORMATION	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	8		8	8
Beyond 100-Mile Radius				

**28. IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FMCSA?**

☐ Yes ☒ No If yes, enter your USDOT Number: \_\_\_\_\_

**29. PASSENGER CARRIER COMPLIANCE CERTIFICATION:**

ALL MOTOR PASSENGER CARRIER APPLICANTS must certify as follows:

*Applicant is fit, willing, and able to provide the proposed operations and to comply with all pertinent statutory and regulatory requirements, including the U.S. Department of Transportation's Americans with Disabilities Act regulations for over-the-road bus companies located at 49 CFR Part 37, Subpart H, if applicable.*

☒ YES

Private entities that are primarily in the business of transporting people, whose operations affect commerce, and that transport passengers in an over-the-road bus (defined as a bus characterized by an elevated passenger deck over a baggage compartment) are subject to the U.S. Department of Transportation's Americans with Disabilities Act regulations located at 49 CFR Part 37, Subpart H. For a general overview of these regulations, go to the Federal Motor Carrier Safety Administration's Web site at [www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm](http://www.fmcsa.dot.gov/rules-regulations/bus/company/ada-guidelines.htm).

**30. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR, PARTNERS, OR OFFICERS, AND TITLES**

*(e.g., president, treasurer, general partner, limited partner)*

1. EZEQUIEL QUESADA

OPER. MGR.

2. SILVER TOP INC

EZEQUIEL QUESADA

*(please type or print names)*

*(please type or print titles)*

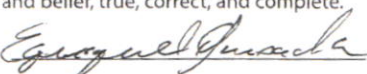
**31. CERTIFICATION STATEMENT** *(to be completed by one of the authorized company officials listed in #30):*

I, Silver Top Inc

*(please type or print name)*

, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature:



Title:

OPER. MGR.

*(please type or print)*

Date:

12/20/2024