

RECEIPT

DATE 04/28/25

No. 741815

RECEIVED FROM Sebest Inc

\$ 350.⁰⁰

Three hundred fifty and ⁰⁰/₁₀₀ DOLLARS

☐ FOR RENT New DE-SW-2129

☒ FOR

ACCOUNT		
PAYMENT		
BAL. DUE		

- ☐ CASH
- ☒ CHECK
- ☐ MONEY ORDER
- ☐ CREDIT CARD

FROM 1353 TO _____
BY AG



RECEIVED

APR 28 2025

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) 739-6060

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-_____ Expiration Date _____

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 SEBEST INC

Location Address:	Mailing Address:
10 SAMPSON AVE. DOVER, NJ 07801	10 SAMPSON AVE. DOVER, NJ 07801

Contact: ARLEY GIRALDO Title: MANAGING MEMBER/OWNER

Business Phone: 973-978-5433 Fax:

E-mail: sebestinc2002@gmail.com

24 hr Emergency Contact Phone: 973-978-5433

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: DOVER State: NJ Date: MAY 6, 2002
☐ 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 A

(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 B
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 1691798 MC# 621292
- ☐ 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	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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 2

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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment 2

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

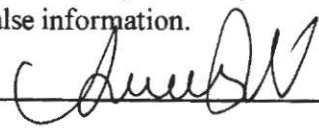
15. Environmental Record

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 APRIL 25, 2025
Print Name ARLEY GIRALDO Title MANAGING MEMBER

****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.

[illegible]

EXPIRES:

10/31/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE

NUMBER:

AX581L

UNIT NO. 03	YEAR 2022	MAKE MAC	ACCOUNT NUMBER NJ-58860
VEHICLE IDENTIFICATION NUMBER 1M2GR4GCXNM027763		FLEET NO. 002	SUPP. NO. 0000
REG. CODE 11			
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D
REGISTRATION DATE 11/01/2024			
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202558860002000	
OWNER SEBEST INC			

REGISTRANT

SEBEST INC
10 SAMPSON AVE
DOVER, NJ 07801

NJ 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	UT 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	QC 04 AXL	SK 036281	** ** ** **
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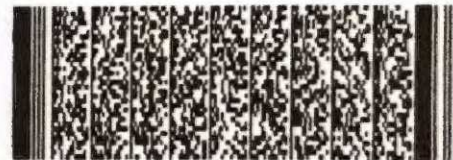
THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000007258

Motor Carrier Responsible for Safety

USDOT Number: 1691798

SEBEST INC
10 SAMPSON AVENUE
DOVER, NJ 07801



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.



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES:

10/31/2025

NEW JERSEY APPORTIONED CAB CARD
 KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE

NUMBER:

AY623Y

UNIT NO. 02		YEAR 2020		MAKE KEN		ACCOUNT NUMBER NJ-58860	
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX8LJ308582				FLEET NO. 002		SUPP. NO. 0000	
REG. CODE 11		TYPE TK		AXLES 4		GROSS WEIGHT 80000	
FUEL D		REGISTRATION DATE 11/01/2024		DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202558860002000	
OWNER SEBEST INC							
REGISTRANT SEBEST INC 10 SAMPSON AVE DOVER, NJ 07801							

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
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KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
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0000007260

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 SEBEST INC
 10 SAMPSON AVENUE
 DOVER, NJ 07801


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Acting Chair and Chief Administrator

EXPIRES:

11/30/2025

NEW JERSEY APPORTIONED CAB CARD
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PLATE
NUMBER:

AY175L

UNIT NO. 03		YEAR 2022		MAKE MAC		ACCOUNT NUMBER NJ-58860	
VEHICLE IDENTIFICATION NUMBER 1M2GR4GC3NM027510				FLEET NO. 001		SUPP. NO. 0000	
TYPE TK		AXLES 4		GROSS WEIGHT 80000		REG. CODE 11	
FUEL D		REGISTRATION DATE 12/01/2024					
DESCRIPTION COMMERCIAL TRUCK				TRANS ID # IU202558860001000			
OWNER SEBEST INC							

REGISTRANT

 SEBEST INC
 10 SAMPSON AVE
 DOVER, NJ 07801

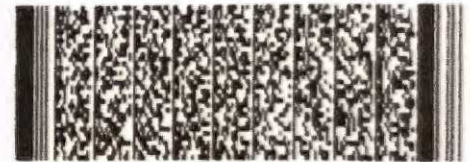
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0000008277

Motor Carrier Responsible for Safety

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 SEBEST INC
 10 SAMPSON AVENUE
 DOVER, NJ 07801


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Remember: Compulsory vehicle
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 New Jersey Motor Vehicle Commission
 Acting Chair and Chief Administrator

EXPIRES:

11/30/2025

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE

NUMBER:

AW250R

UNIT NO. 02		YEAR 2021		MAKE KEN		ACCOUNT NUMBER NJ-58860	
VEHICLE IDENTIFICATION NUMBER 1NKZX4EX9MJ441379				FLEET NO. 001		SUPP. NO. 0000	
REG. CODE 11		TYPE TK		AXLES 4		GROSS WEIGHT 80000	
FUEL D		REGISTRATION DATE 12/01/2024		DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202558860001000	
OWNER SEBEST INC							
REGISTRANT SEBEST INC 10 SAMPSON AVE DOVER, NJ 07801							

NJ 080000	AL 080000	AR 080000	AZ 080000
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New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 10/31/2025

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLEPLATE
NUMBER:

AZ483E

UNIT NO. 3	YEAR 2025	MAKE KW	ACCOUNT NUMBER NJ-58860
VEHICLE IDENTIFICATION NUMBER 1NKZXPTX1SJ141434		FLEET NO. 002	SUPP. NO. 0000
REG. CODE 11			
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D
REGISTRATION DATE 11/01/2024			
DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202558860002000	
OWNER SEBEST INC			

REGISTRANT
SEBEST INC
10 SAMPSON AVE
DOVER, NJ 07801

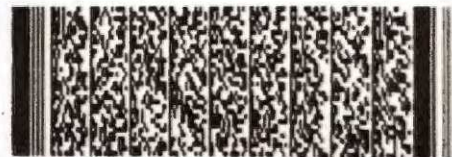
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NE 080000	NH 080000	NM 080000	NV 080000
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PA 080000	RI 080000	SC 080000	SD 080000
TN 080000	TX 080000	UT 080000	VA 080000
VT 080000	WA 080000	WI 080000	WV 080000
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0000007259

Motor Carrier Responsible for Safety

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Acting Chair and Chief Administrator

EXPIRES: 11/30/2025

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NUMBER:

AY736W

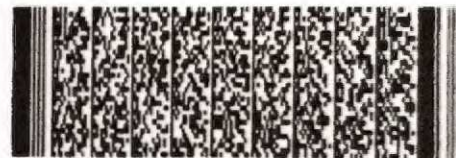
UNIT NO. 2	YEAR 2024	MAKE KW	ACCOUNT NUMBER NJ-58860	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZPTX3RJ382812				CA 080000	CO 080000	CT 080000	DC 080000
FLEET NO. 001				DE 080000	FL 080000	GA 080000	IA 080000
SUPP. NO. 0000				ID 080000	IL 080000	IN 080000	KS 080000
REG. CODE 11				KY 080000	LA 080000	MA 080000	MD 080000
TYPE TK				ME 080000	MI 080000	MN 080000	MO 080000
AXLES 4				MS 080000	MT 080000	NC 080000	ND 080000
GROSS WEIGHT 80000				NE 080000	NH 080000	NM 080000	NV 080000
FUEL D				NY 080000	OH 080000	OK 080000	OR 080000
REGISTRATION DATE 12/01/2024				PA 080000	RI 080000	SC 080000	SD 080000
DESCRIPTION COMMERCIAL TRUCK				TN 080000	TX 080000	UT 080000	VA 080000
TRANS ID # IU202558860001000				VT 080000	WA 080000	WI 080000	WV 080000
OWNER SEBEST INC				WY 080000	AB 036281	BC 036281	MB 036281
REGISTRANT				NB 036281	NL 036281	NS 036281	ON 036281
SEBEST INC				PE 036281	QC 04 AXL	SK 036281	** *****
10 SAMPSON AVE				** *****	** *****	** *****	** *****
DOVER, NJ 07801				** *****	** *****	** *****	** *****

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

0000008276

Motor Carrier Responsible for Safety

USDOT Number: 1691798

SEBEST INC
10 SAMPSON AVENUE
DOVER, NJ 07801

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.

New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

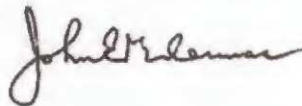
STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
FILING CERTIFICATION (CERTIFIED COPY)

SEBEST, INC.

0100878866

*I, the Treasurer of the State of New Jersey,
do hereby certify, that the above named business
did file and record in this department a
Certificate of Incorporation on May 6th, 2002
and that the attached is a true copy of this
document as the same is taken from and compared
with the original(s) filed in this office and now
remaining on file and of record.*

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
10th day of May, 2002



John E McCormac, CPA
State Treasurer



STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N J 08646

The person, partnership or corporation named below is hereby authorized to collect
NEW JERSEY SALES & USE TAX

pursuant to N.J.S.A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein
This authorization is null and void if any change of ownership or address is effected

Robert K. Tully

Director, Division of Taxation

**SEBEST, INC.
72 E BLACKWELL ST #C
DOVER NJ 07801**

Tax Registration No **010-680-273/000**

Tax Effective Date **07-01-02**

Document Locator No **800000000000**

Date issued **07-03-02**

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

SEBEST, INC.

ADDRESS:

**72 EAST BLACKWELL ST C
DOVER NJ 07801**

EFFECTIVE DATE:

05/06/02

TRADE NAME:

SEQUENCE NUMBER:

1203740

ISSUANCE DATE:

01/17/06

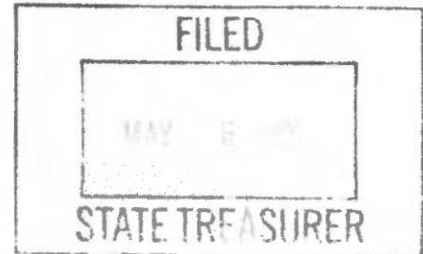
John S. Tully

Director

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

CERTIFICATE OF INCORPORATION
OF
SEBEST, INC



State of New Jersey
Trenton, New Jersey 08625

The undersigned being of age 18 years of older, for the purpose of forming a corporation pursuant to the provisions of title 14A, corporation, general, of the status of the State of New Jersey, does hereby execute the following certificate of Incorporation:

FIRST: The name of the corporation is:
SEBEST, INC

SECOND: The address of the initial registered office of the corporation is: 10 E. Blackwell St. Apt 3 E Dover Nj 07801. The name of this corporation and initial registered agent at such addresses: Arley Giraldo.

THIRD: The purposes of which this corporation is organized are: to conduct all activities set forth and permitted under by virtue of the terms, conditions are provisions of title 14A "New Jersey Business Corporation Act".

FOURTH: The Aggregate number of shares, which the corporation shall authority to issue, is five hundred (500) shares of common stock without per value.

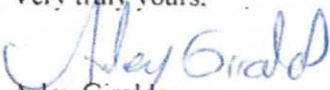
FIFTH: The board of directors of the corporation shall consist of One (1) directors: and the initial directors shall be: Arley Giraldo. 10 E Blackwell St. Apt. 3 E Dover, NJ 07801.

SIXTH: The name and address of the incorporation of corporation is: Arley Giraldo. 10 E. Blackwell St. Apt. 3E Dover Nj 07801.

SEVENTH: The period of existence of this corporation shall be perpetual.

In witness whereof, the undersigned incorporate has hereunto subscribed his name this 24 days of April 2002.

Very truly yours.


Arley Giraldo
President

0100878866

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS

SEBEST, INC.

0100878866

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on May 06, 2002.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

ARLEY GIRALDO
72C EAST BLACKWELL STREET
DOVER, NJ 07801

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business on the last Annual Report filed in this office on June 16, 2019.

PRESIDENT

ARLEY GIRALDO
72 EAST BLACKWELL STC
DOVER, NJ 07801



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
7th day of November, 2019

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6102219097

Verify this certificate online at

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

NEW JERSEY NJMVC

New Jersey Motor Vehicle Commission

COMMERCIAL DRIVER LICENSE


Acting Chief Administrator



DL

DOB

ISS 10-28-2024

CLASS B

EXP 11-14-2028



GIRALDO
ARLEY
10 SAMPSON AVE
DOVER, NJ 07801-2734

END NONE
RESTR NONE

GENDER M HGT 5'-06" EYES BRN ORGAN DONOR
DK RD202430200000125 RENC 53.00



NEW JERSEY  MVC
New Jersey Motor Vehicle Commission



COMMERCIAL DRIVER LICENSE



Leticia J. Lopez
Acting Chief Administrator



DL

DOB

ISS

10-14-2023

CLASS B

EXP

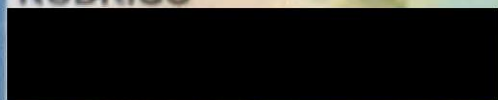
11-04-2027

ARANGO ATEHORTUA
RODRIGO

END NONE
RESTR NONE

GENDER M HGT 5'-07" EYES BLK
JC RD202328700000045

RENC 53.00



Victor J. Arango Atehortua



NEW JERSEY NJMVC

Helping you stay safe on the road

COMMERCIAL DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES



DL

DOB

ISS 02-05-2022

EXP 10-27-2026

CLASS B

HINCAPIE SIERRA
FERNANDO

END NONE
RESTR NONE

GENDER M HGT 5'-02" EYES BRN ORGAN DONOR
AG RD202263600090097 RENC 42.00

Fernando Hincapie Sierra



NEW JERSEY MVC

New Jersey Motor Vehicle Commission

COMMERCIAL DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

Julian Giraldo



DL

DOB

ISS 06-01-2024

CLASS B

EXP 06-28-2028

GIRALDO
JULIAN

END NONE
RESTR NONE

GENDER M HGT 5'-05" EYES BRN ORGAN DONOR
SW RD202415300000177 RENG 42.00



NEW JERSEY Motor Vehicle
Commission

COMMERCIAL DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES



DL

DOB

ISS 02-06-2021

CLASS B

EXP 09-19-2025

GIRALDOMONTOYA
EDGAR D

END NONE
RESTR E

SEX M HGT 6'-02" EYES BRN
CA RD202103700000230

ORGAN DONOR

RENC 42.00



NEW JERSEY **NJMVC**

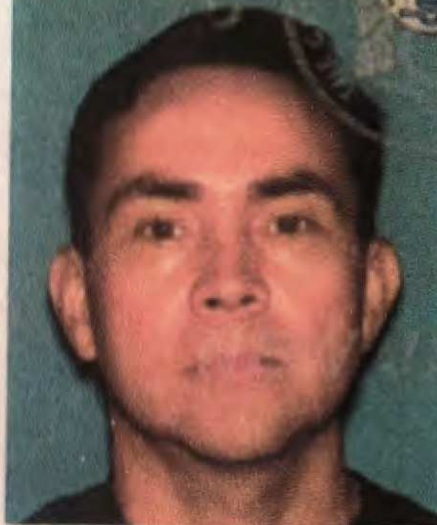
New Jersey Motor Vehicle Commission

LIMITED-TERM

NON-DOMICILED COMMERCIAL DRIVER LICENSE

NOT FOR "REAL ID" PURPOSES

Leticia Little-Hayes
Acting Chief Administrator



DL

DOB

ISS

11-22-2023

CLASS **B**

EXP 10-08-2026

HERMOSA FLOR
JAIME A

END N
RESTR NONE

GENDER **M**
KB

HGT 5'-06" EYES **BRN**
RD202332600000061

ORGAN DONOR
U-UU 2113



For FMCSA Use Date Received: _____

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

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

(US DOT Number)

Dated at 12:01 a.m. on this 03 day of 01, 2025

Amending Policy Number _____

Effective Date: 11/17/2024 12:00:00 AM

Name of Insurance Company: Knightbrook Insurance Company

Countersigned by: *George A. Linder Jr.*
(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: 336-390-9499

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

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

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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

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

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

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

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

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

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

(continued on next page)

SCHEDULE OF LIMITS - PUBLIC LIABILITY
--

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <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 10,001 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 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <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.

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION
ACCEPTANCE REPORT**

USER ID:	QUANTUMKB
TRANSMISSION NUMBER:	WEB76997
TRANSMITTED ON:	11/15/2024 14:56:46
COMPANY NAME:	KNIGHTBROOK INSURANCE COMPANY
SUBMITTEND BY:	KNIGHTBROOK INSURANCE COMPANY (26019-00)

Docket	Form/Type	Policy Number	Effective Date	Action
MC-621292	BMC-91X/BIPD		11/17/2024	ACCEPTED

Values in FMCSA Licensing & Insurance Database.

Legal Name:	SEBEST INC
DBA Name:	
Address:	10 SAMPSON AVENUE
	DOVER NJ US 07801

91X Coverage(Type/Max/Underlying): Primary / \$750,000 / \$0

Total: 1



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER All Fronts Insurance Services Inc 225 Gordon's Corner Road Suite 2F Manalapan NJ 07726		CONTACT NAME Customer Service PHONE (A/C, No, Ext) (888) 878-4252 E-MAIL ADDRESS coi@allfrontsins.com FAX (A/C, No) (347) 348-0840															
INSURED SEBEST INC 10 SAMPSON AVENUE DOVER NJ 07801		INSURER(S) AFFORDING COVERAGE <table border="1"><thead><tr><th>INSURER</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A: Scottsdale Insurance Company</td><td>41297</td></tr><tr><td>INSURER B: Knightbrook Insurance Co</td><td>13722</td></tr><tr><td>INSURER C: United States Liability Insurance Company</td><td>25895</td></tr><tr><td>INSURER D: Explorer Insurance Company</td><td>40029</td></tr><tr><td>INSURER E: Underwriters at Lloyd's</td><td>85202</td></tr><tr><td>INSURER F:</td><td></td></tr></tbody></table>		INSURER	NAIC #	INSURER A: Scottsdale Insurance Company	41297	INSURER B: Knightbrook Insurance Co	13722	INSURER C: United States Liability Insurance Company	25895	INSURER D: Explorer Insurance Company	40029	INSURER E: Underwriters at Lloyd's	85202	INSURER F:	
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INSURER D: Explorer Insurance Company	40029																
INSURER E: Underwriters at Lloyd's	85202																
INSURER F:																	

COVERAGES **CERTIFICATE NUMBER:** 24-25 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket AI <input checked="" type="checkbox"/> Blanket WDS GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER		[REDACTED]	01/14/2025	01/14/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 1,000,000 \$		
	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					11/17/2024	11/17/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ PIP-Basic \$ 75,000
	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 5,000					02/13/2025	02/13/2026	EACH OCCURRENCE \$ 500,000 AGGREGATE \$ \$
	<input checked="" type="checkbox"/> 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 Y N/A					01/15/2025	01/15/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EA EMPLOYEE \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
E	Physical Damage			10/19/2024	10/19/2025	Deductible \$5,000		

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

CERTIFICATE HOLDER

Delaware Dept of Natural Resources & Environment
Control Compliance & Permit
Section, 89 Kings Highway
Dover

DE 19501

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

DELEWARE SOLID WASTE TRANSPORTER –
ATTACHMENTS

A. OWNERS

- a. ARLEY GIRALDO, 100% owner
 - i. [REDACTED]
 - ii. Mailing Address: 10 SAMPSON AVE.
DOVER, NJ 07801

B. PERMITS

- a. NYS DEC 364 WASTE TRANSPORTER PERMIT
#NJ-1132
- b. NYC BIC PERMIT NUMBER # 504180
- c. PA DEP WH18368
- d. WESTCHESTER #672

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

<u>Primary Coordinator:</u> ARLEY GIRALDO 10 SAMPSON AVE. DOVER, NJ 07801	<u>Phone Number:</u> 973-978-5433 (cell)
ARLEY GIRALDO, Transportation Manager	
<u>Spill Reporting Phone Numbers:</u>	<u>Phone Number:</u>
USDOT National Response Center	201-874-1175
Center for Disease Control	404-633-5313
USCG National Response Center	202-426-2675
	800-424-8802
Delaware DNREC 24-hour Hotline	302-739-9401
(in state only)	800-662-8802
New Jersey DEP 24-hour Hotline	609-292 -7172
New York State DEC 24-hour Hotline	518-457-7362
	800-457-7362
Pennsylvania DEP 24-hour Answering Service	717-787-4343
PS Emergency Management Agency	717-783-8150(24-hr)
Region 1 (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport) (9am-5pm)	717-327-3646
(24-hour)	717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA local Police and Fire Departments	911or (0) Operator
Maryland DEP 24-hour Answering Service	866-633-4686

□

EMERGENCY RESPONSE EQUIPMENT

The following emergency response equipment is to be maintained on each SEBEST INC vehicle while hauling contaminated waste or contaminated material.

1. Emergency Eyewash Kit
2. First Aid Kit
3. Portable ABC Dry Chemical Fire Extinguisher
4. Equipment and Protective Clothing, as follows:
 - Safety Goggles and/or Shield
 - PVC Boots

- PVC Gloves
- Rain Gear
- Disposable Coveralls (e.g. Tyvek)
- Triangle Reflectors
- Hard Hat
- Duct Tape (at least one roll)
- Tool Kit
- Flash Light
- Sorbent Pads, OH-Dri
- 85 Gallon Overpack Drum (for drum shipments)
- Bung Wrench (Non-Sparking, for drum shipments)
- Shovel
- Spill Kit

All emergency response equipment is to be inspected daily by the DRIVER during his/her Pre-Trip inspection. Emergency equipment which is damaged or missing should be replaced prior to departure.

In the event of a spill, **SEBEST INC** emergency response contractors can provide additional equipment, such as vacuum trucks, dump trucks, front end loaders and other equipment necessary to contain and remove contaminants.

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SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

All Personnel will follow this plan in the event of a spill/discharge of any material during pickup, transportation or delivery.

All actions taken and notification made following a report of a spill/discharge or other emergency must be done only with the full knowledge and approval of the Cerberus Transport LLC Emergency Coordinator in charge and in compliance with applicable local, state and federal regulations.

1. In the event of a spill/discharge or other emergency during delivery, transportation or pickup, the Driver will use his/her common sense to IMMEDIATELY and safely take appropriate action to protect human health and the environment including:
 - a. Secure the area to unauthorized access by people or other vehicles
 - b. Keep all sources of ignition (e.g. pipes, cigarettes, flares, etc.) away from the scene
 - c. Set up warning signals around the scene to prevent further accidents. Flame producing signals such as flares should not be used during incidents involving

- d. Attempt to contain the spill and stop or reduce the flow of the leak
 - e. Obtain help in the immediate area to assist in securing the site
2. The DRIVER will contact (or have a responsible person in the area call) the Cerberus Transport LLC Emergency Coordinator(s) via the phone numbers listed previously. The DRIVER or alternate caller will provide the Emergency Coordinator with the information requested in the following section.
 3. The DRIVER is then to continue to monitor the scene and remain in contact with the Emergency Coordinator while an appropriate course of action is determined
 4. The Emergency Coordinator, DRIVER, or other authorized individual shall be responsible for contacting the appropriate authorities as well as the necessary contractors.

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PRELIMINARY SPILL INFORMATION

A. Who is reporting the spill? If other than the driver, note the driver's name.

B. Where are you calling from and what is the telephone number or the site you are calling from?

C. Where is the spill? -----

D. Who is the Generator of the waste spilled? -----

E. What wastes have spilled and how much of each waster were spilled?

WASTE	AMOUNT
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F. What is being done to stop, slow or cleanup the spill/discharge? -----

G. What type of truck are you driving? (Tri-Axle dump truck, Roll-Off, etc.) -----

H. Has anyone been injured? How bad are their injuries? -----

I. How much damage is there to the vehicle involved and the surrounding property?

J. What authorities (e.g. police, fire, EPA, etc.) are already at the scene? -----

IMMEDIATE CONTAMINATED MATERIALS INCIDENT NOTIFICATION

At the earliest practical moment after a spill/discharge occurs, the Emergency Coordinator or the Driver shall initiate contact with the USDOT/USEPA/USCG National Response Center by telephone at 1-800-424-8802 if the incident involves contaminated materials during transportation, unloading or storage and results in one or more of the following:

1. A person is killed
2. A person receives injuries requiring hospitalization
3. Estimated damage to carrier or other property exceeding \$50,000
4. A situation though it does not meet one of the criteria exists of such a nature that in the judgement of the carrier, it should be reported even though it does not meet one of the criteria listed above (e.g. a continuing danger to life exists at the scene)

In making the telephone report, the Emergency Coordinator, Driver or other authorized individual shall provide the following information to the extent possible:

1. Name of the REPORTER
2. The name and address of the transported as follows:
 - Name address:
3. Telephone number where the REPORTER can be contacted
4. The location, date and time that the incident occurred
5. Identify the extent of injuries, if any
6. The classification, name and quantity of contaminated materials involved, if such information is available. For each material involved in the incident, an attempt should be made to supply the following specific information:
 - a. Generator's name
 - b. Generator's EPA identification number
 - c. Proper DOT shipping name
7. A brief description of the type of incident and the nature of contaminated material involvement and whether a continuing danger to life exists at the scene.

DETAILED CONTAMINATED MATERIALS INCIDENT REPORT

A written report, in duplicate on DOT Form F 5800.1 , must be made within 15 days of discovery of an incident arising out of the transportation, loading , unloading or storage of contaminated materials as follows:

- a) As a follow-up to any such incident reported by telephone during the immediate notification process described previously.
- b) As a result of an unintentional release of contaminated materials from any packaging including a cargo tank.

CONTAMINATED SUBSTANCE DISCHARGE NOTIFICATION

A discharge of a contaminated substance into or upon navigable water must be reported to the USDOT/USEPA/USCG Coast Guard National Response Center at 1-800-424-8802 or 1-202-426-2675 . (Note: Only spills of hazardous substance which equal or exceed the designated "Reported Quantity" are required to be reported.)

Reportable Quantity values may be found as an Appendix to 49 CFR 172.101

The notification should be made by the designated Emergency Coordinator or alternately the driver as soon as that person has knowledge of the spill or damage.

The discharge notification should include the same information as that which is provided to the USDOT National Response Center during the Federal immediate notification process outlined previously

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DRIVER TRAINING

All drivers will have Class A or Class B CDL license. All drivers review the FMCSA share the road safely truck and bus driver tips annually and sign and date the documents as a read and acknowledge. Documents are stored in the cab of the vehicle as well. Drivers shall review the DOT Motor Carrier Safety Regulations. FMCSA will also conduct safety audits.

I work with my insurance carrier to verify driving records. If a driver were to obtain a moving violation there would be a formal meeting held with the driver reviewing the incident and written warning which the driver and president of the company will sign stating if a second violation is received they will be terminated from the company. They are responsible for making payment on the violation as well and attending a motor vehicle training class

Driver(s) will ensure vehicle transporting solid waste is covered to prevent discharge or release of solid waste to the environment. Waste will be disposed of at approved facilities as in attached facility list. The driver(s) shall maintain a log of shipments which will also be utilized for annual reporting to Delaware. The driver(s) shall coordinate the schedule for truck arrival and material deliveries at the facility. The delivery shall be compatible with the availability of equipment and personnel for material handling operations at the job site. The driver(s) shall inspect all vehicles leaving the site to ensure that contaminated soils adhering to the wheels or undercarriage are removed prior to the vehicle leaving the site. The driver(s) shall not deliver waste to any facility other than the disposal facility(ies) listed on the shipping manifest. The driver(s) shall ensure that trucks are protected against contamination by properly covering and lining them with compatible material or by decontaminating them prior to any use other than hauling contaminated materials.

All drivers review the spill control plan, sign and date as training records of a read and acknowledge training session. Spill control plan is retained in the cab of the vehicle. In addition, all vehicles will carry safety equipment as per Motor Carrier Safety Regulations DOT 49 CFR.

Driver(s) will review the 1301 Regulations Governing Solid Waste to ensure familiarity with conditions of permit.