

RECEIPT

DATE

05/2/25

No.

741830

RECEIVED FROM

AAJH Transport Corp

\$350.00

Three hundred fifty and $\frac{00}{100}$

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2116

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

0344

TO

BY

AG



RECEIVED

FEB 25 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) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☒ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☐ Renewal: Permit # DE-SW-_____

Please indicate the term for which the permit is requested. Submit a check or money order, payable to the "State of Delaware," in the amount of the 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 AAJM Transport Corp

Location Address:	Mailing Address:
273 Woodside Ave Fl 2 Newark, NJ 07104	273 Woodside Ave Fl 2 Newark, NJ 07104

Contact: Juan J Macias Calderon Title: Owner

Business Phone: (862) 201-9261 Fax: _____

E-mail [REDACTED]

24 hr Emergency Contact Phone: (862) 201-9259

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: Newark State: New Jersey Date: 9/7/2017
☐ Municipality
☐ Public institution
☐ Limited Liability Corporation (LLC) State: _____
☐ Other: (must specify) _____

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

☒ Attachment 1

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

☐ Attachment _____
☒ No parent company

AAJM TRANSPORT CORP

Owner's name: Juan J Macias Calderon

Date of Birth [REDACTED]

Ownership %: 100 %

Mailing Address: 273 Woodside Ave Newark, NJ 07104

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

CERTIFICATE OF INC, (PROFIT)

AAJM TRANSPORT CORP
0450198466

The above-named DOMESTIC PROFIT CORPORATION was duly filed in accordance with New Jersey State Law on 09/07/2017 and was assigned identification number 0450198466. Following are the articles that constitute its original certificate.

1. **Name:**
AAJM TRANSPORT CORP
2. **Registered Agent:**
JUAN J MACIAS CALDERON
3. **Registered Office:**
273 WOODSIDE AVE FL 2 STE 1
NEWARK, NEW JERSEY 07104
4. **Business Purpose:**
TRANSPORTATION
5. **Duration:**
PERPETUAL
6. **Stock:**
200
7. **Effective Date of this filing is:**
09/07/2017
8. **First Board of Directors:**
JUAN J MACIAS CALDERON
273 WOODSIDE AVE FL 2 STE 1
NEWARK, NEW JERSEY 07104
9. **Incorporators:**
JUAN J MACIAS CALDERON
273 WOODSIDE AVE FL 2 STE 1
NEWARK, NEW JERSEY 07104
10. **Main Business Address:**
273 WOODSIDE AVE FL 2 STE 1
NEWARK, NEW JERSEY 07104

Signatures:

JUAN J MACIAS CALDERON
INCORPORATOR

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) Waste Management Delaware
 - ☒ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
 - ☐ Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

☐ Attachment _____

☒ No transporter permits in other states

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

DOT# 3046173 MC# 1008326

- ☐ 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.

- 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 ✓



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/04/24

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 ANTHONY DEBELLIS AGENCY INC 26 Elm Avenue Hackensack, NJ 07601 9946199		CONTACT NAME: PHONE (A/C No. Ext): (201) 489-1414 FAX (A/C No.): (201) 489-5504 E-MAIL: ANTHONYDEBELLIS-INS.COM ADDRESS:		
INSURED AAJM TRANSPORT CORP 273 WOODSIDE AVE FL 2 STE 1 NEWARK, NJ 07104 862-201-9261 862-201-9259		INSURER(S) AFFORDING COVERAGE		NAIC#
		INSURER A: NATIONAL SPECIALTY INS CO		22608
		INSURER B: ICW Group Insurance Companies		27847
		INSURER C: MOUNT VERNON FIRE INS. CO		32859
		INSURER D: LLOYDS OF LONDON		
		INSURER E: LLOYDS OF LONDON		
INSURER F: MOUNT VERNON FIRE INS. CO				

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INS LTR	TYPE OF INSURANCE	ADOL RECD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR				12/13/2024	12/13/2025	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Anyone person) \$ 5,000				
			PERSONAL & ADV INJURY \$ 1,000,000				
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					GENERAL AGGREGATE \$ 2,000,000	
						PRODUCTS - COMPROP AGG \$ INCLUDED	
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY				12/4/2024	12/4/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000
			BODILY INJURY (Per person) \$				
			BODILY INJURY (Per accident) \$				
			PROPERTY DAMAGE (Per accident) \$				
F	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input checked="" type="checkbox"/> CLAIMS-MADE				12/13/2024	12/13/2025	EACH OCCURRENCE \$ 1,000,000
			AGGREGATE \$ 1,000,000				
			DED <input checked="" type="checkbox"/> RETENTIONS 10,000				
B	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 checked="" type="checkbox"/> N	N/A		12/30/2023	06/30/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
			E.L. EACH ACCIDENT \$ 1,000,000				
			E.L. DISEASE - EA EMPLOYEE \$ 1,000,000				
			E.L. DISEASE - POLICY LIMIT \$ 1,000,000				
D	CARGO/CLEANUP				11/19/24	11/19/25	\$1000 DED \$20,000
E	PHYSICAL DAMAGE				11/19/24	11/19/25	\$5000 DED PER SCHED

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

CERTIFICATE HOLDERDepartment of Natural Resources and
Environmental Control Compliance and
Permitting Section 89 King Highway Dover
DE 19901**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

AAJM Transport Corp
273 Woodside Ave
Newark, NJ 07104

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: Juan J Macias Calderon Phone: (862) 201-9261
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.*)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

SPILL CONTROL PLAN

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

A. SAFETY AND SPILL CONTROL EQUIPMENT IN EACH VEHICLE:

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

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

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

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

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

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

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

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

ALL PERMITTED TRANSPORTERS MUST PREPARE AND CARRY A SPILL CONTROL PLAN IN EACH VEHICLE

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

<input checked="" type="checkbox"/>	Safety Equipment in the Vehicle	<input checked="" type="checkbox"/>	Safety Equipment in the Vehicle, continued
<input type="checkbox"/>	Emergency reflective triangles and/or flares	<input type="checkbox"/>	
<input type="checkbox"/>	Fire extinguisher	<input type="checkbox"/>	
<input type="checkbox"/>	First aid kit	<input type="checkbox"/>	
<input type="checkbox"/>	Wheel Chocks	<input type="checkbox"/>	
<input type="checkbox"/>	Gloves	<input type="checkbox"/>	
<input type="checkbox"/>	Reflective Vest	<input type="checkbox"/>	
<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	
<input type="checkbox"/>	Flashlight	<input type="checkbox"/>	

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

Spill Control Plan for Non-Hazardous Solid Waste Transporters
Page 2 of 2

7. Measures to contain releases will be performed by:

- ☐ The driver, who is familiar with and appropriately trained to perform the activity.
- ☐ The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- ☐ A regional third-party contractor identified under "EMERGENCY CONTACTS; CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."

- 8. The transporter acknowledges should additional clean-up services be required to address releases, including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.**
- 9. If the accident results in a release/spill exceeding a Delaware Reportable Quantity as included in the regulations of 7 Del. Admin. Code 1203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team, by calling one of the numbers included under "EMERGENCY CONTACTS, REPORTING A RELEASE OR SPILL IN DELAWARE."**

**SPILL CONTROL PLAN FOR
NON-HAZARDOUS SOLID WASTE TRANSPORTERS**

EMERGENCY CONTACTS

COMPANY COORDINATOR(S)

Name	Telephone Number
Juan J Macias Calderon	(862) 201-9261

Name	Telephone Number

**CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO
RELEASES/SPILLS**

Name	Telephone Number

Name	Telephone Number

REPORTING A RELEASE OR SPILL IN DELAWARE

**911
(302) 739-9401
(800) 662-8802**

ADDITIONAL COMPANY CONTACTS

Name	Telephone Number

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

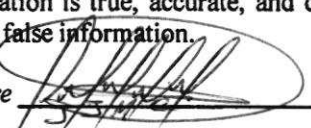
15. Environmental Record

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 12/04/2024
Print Name Juan Jose Macias Calderon 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.

[illegible]



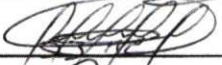

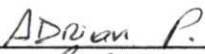



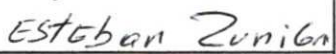
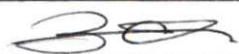
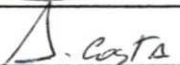
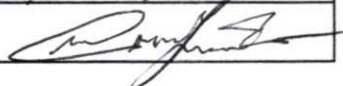
AAJM TRANSPORT CORP

273 Woodside Ave

Newark, NJ 07104

SAFETY MEETING ATTENDANCE

Date:

NAME	LAST NAME	CDL	SIGNATURE
Pedro	Briones		
Steve	Delgado		
Juan	Macias		
Carlos	Campusano		
Adrian	Perez		
Alex	Quintero		
Milton	Miranda		
Nery	Vega		
Esteban	Zuniga		
Luis	Ramos		
Joan	Acosta		
Thiago	Duarte		

AAJM TRANSPORT CORP

COMPANY DRIVER POLICY

DRIVING AND TRAFFIC VIOLATION POLICY

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

Safety Rules

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

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

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

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

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

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

Therefore, all employees of **AAJM TRANSPORT CORP** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.

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

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

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

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

9. Respect the rights of other drivers and pedestrians.

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

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

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

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

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

Safety Rules Enforcement

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

Accidents

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

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

Motor Vehicle Report (MVR)-Standards

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

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

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

POLICY DRIVER RECEIPT

I acknowledge receipt of the **AAJM TRANSPORT CORP** Driving & Traffic Violation Policy.

I have read, understand, and agree to the terms set forth in this Driving and Traffic Violation policy .

Date

Employee Signature

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

Mandatory Safety Gear Policy

Attention ALL Drivers of **AAJM TRANSPORT CORP.**

You must come to work prepared, and be dressed accordingly. If our clients find that our Drivers are careless, this will decrease better runs for all of you. It is mandatory to

wear your safety gear at all times while you are operating our trucks!

You are the faces of our company, and you must respect it by wearing your safety gear every day.

It is mandatory for ALL of you to wear the following upon entering your truck:

- Reflective Safety Vest
- Hard Hat
- Safety Goggles
- Steel Toe Boots
- Pants (no shorts allowed)
- Long Sleeve Shirt
- Bluetooth
- Shovel (for snow)

Date

Employee Signature

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

Safety and compliance (Drivers responsibilities)

Due to recent DOT violations and a severe impact on Safety Rating, **AAJM TRANSPORT CORP** is putting into effect company fines for any violations due to driver negligence. Fines will reflect on any violations on Driver Vehicle Inspection Report. Fines could range from \$25 and up to \$300 (depending on the severity of the violation). Will not tolerate any driver that is not performing his duties in a safe and professional manner.

If a driver is fined, it will be deducted from the following week payroll, **NO EXCEPTIONS**. If a driver gets another violation after he was already fined from a previous violation, driver will be terminated immediately. If a driver is involved in an accident, and it is proved to be the driver's fault, driver will be terminated.

Also, a monthly safety bonus will be rewarded every month for drivers who perform their duties in a safe and professional manner. Meaning, maintaining their trucks clean, reporting any repairs needed and makes sure it's repaired. Have proper equipment, such as hard hat, safety shoes, and vest at all times. No violations that month.

Every day, a proper PRE-TRIP is required and **MANDATORY**. Pre-Trip inspections includes the following: Make sure all lights are working (headlights, turn signals, overhead lights, license plate light, etc.), make sure tires are properly inflated and in good condition. Wipers are in working order. Horn works. Windshield is clean and clear. License plate is clean of any dirt and is visible. Make sure your fire extinguisher is charged and secured. This takes 5 minutes to do, this is mandatory, failure to comply will result in termination.

Let's all work together and make a difference in bringing our Safe Score down. If any questions, please do not hesitate to come and talk to me.

Date

Employee Signature

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