

# RECEIPT

DATE

5/19/25

No.

741839

RECEIVED FROM

Mr Buld's Inc

\$1250.00

One thousand two hundred fifty dollars and 00 — DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1484

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

428102

TO

BY

AG



RECEIVED

MAY 19 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: English

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

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

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

**1. Type of Permit**

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1484 Expiration Date 06/30/2025

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 Mr. Bult's, Inc.

Location Address:	Mailing Address:
3450 Charles City Rd, Henrico, VA 23231	2627 E 139th St, Burnham, IL 60633

Contact: Michael Sandridge Title: Operations Support

Business Phone: 773-362-4391 Fax:  

E-mail: msandridge@mrbults.com

24 hr Emergency Contact Phone: 708-320-1109

## 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: Burnham State: IL Date: 1/16/1985  
☐ 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 2  
☐ 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) 3
  - ☒ Out of state solid waste TSD facilities: (attachment) 3

## 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 4
- ☐ No transporter permits in other states

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

DOT# 387102 MC# 290960

- ☐ 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input checked="" 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 5

#### 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 6

### 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 Tony Schmidt Date \_\_\_\_\_

Print Name Tony Schmidt Title President

**\*\*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]

## 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: \_\_\_\_\_ Phone: \_\_\_\_\_
- (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.



## Attachment 1

Name

Address

Phone

1. Tony Schmidt - President

2627 E 139th St

708-585-3302

Burnham, IL 60633

2. Jim Bult - CEO

2627 E 139th St

708-585-3301

Burnham, IL 60633

3. Rich Borgetti - CFO

2627 E 139th St

708-585-3306

Burnham, IL 60633

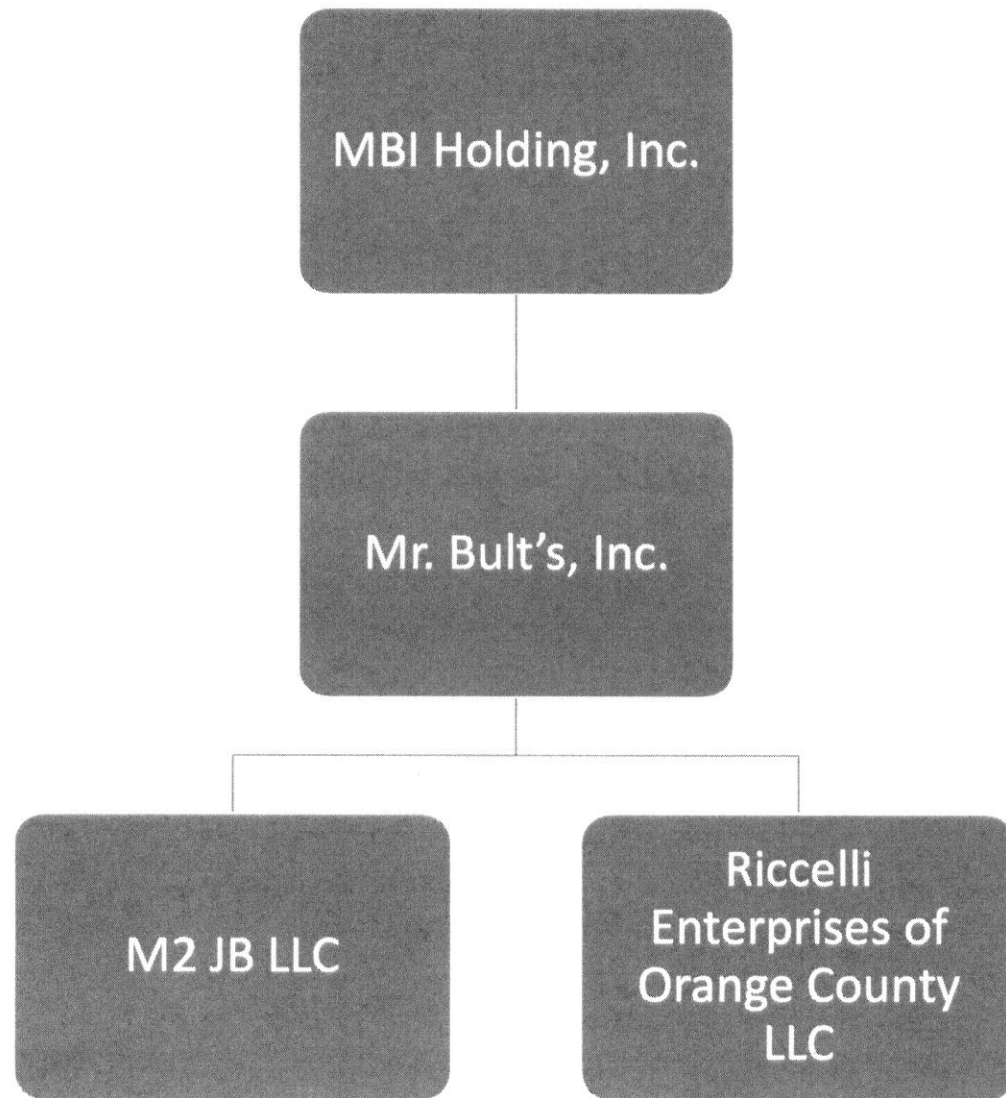
## Attachment 2

MBI Holding, Inc.

Mr. Bult's, Inc.

M2 JB LLC

Riccelli  
Enterprises of  
Orange County  
LLC



**General**

Name RECOMMUNITY NEW CASTLE

Address 1101 LAMBSON LANE

Map Addr ☐

City, State NEW CASTLE,DE/

ZIP 19720 Country USA

**General**

Name BFI King &amp; Queen Landfill

Address 4443 Iris Road

Map Addr ☐

City, State LITTLE PLYMOUTH,VA/

ZIP 23091 Country

**General**

Name HONEYGO RUN

Address 10710 PHILADELPHIA RD

Map Addr ☐

City, State PERRY HALL,MD/

ZIP 21128 Country USA



Issuer	Notes
AR Benton County SWD	Unit Specific
AR Boston Mountain SWD	Unit Specific
AR West River Valley SWD	Unit Specific
AZ Maricopa County Trailer Permit	Unit Specific
CO Aurora Overweight Permit	Unit Specific
CO CDOT Non-Interstate OSOW Permits	Unit Specific
CO E-470 Tollway	Unit Specific
CT MIRA	Unit Specific
DC Solid Waste Collectors	Unit Specific
DE Solid Waste Transporter Permit	Unit Specific
GA Amber Light Service Trucks	Unit Specific
IL EPA Special Waste Hauler	Unit Specific
IL Kane County	Unit Specific
IL Madison County SWVL	Unit Specific
IL Rock River Water District	Unit Specific
IL Village of Roxana	Unit Specific
KY Estill County Solid Waste	Unit Specific
KY Inventory	Unit Specific
KY Logan County Waste Hauler	Unit Specific
KY Louisville Waste Hauler Permit	Unit Specific
KY Waste Transporter License/KYU Inventory	Unit Specific
MA Boston Commercial Haulers	Unit Specific
MA Reducible Annuals	Unit Specific
MA Town of Charlton	Unit Specific
MA Town of Millbury	Unit Specific
MA Town of North Andover	Unit Specific
ME DEP Waste Transporter	Unit Specific
MN 10% Winter Overweights	Unit Specific
MN Hennepin County SWHL	Unit Specific
MN McLeod County SWH	Unit Specific
MO St. Louis SWHL	Unit Specific
MO St. Louis SWHL-Special Waste Hauler	Unit Specific
NY Bridge Authority	Unit Specific
NY Dutchess County	Unit Specific
NY Fulton County Dept of Solid Waste	Unit Specific
NY HUT	Unit Specific
NY Part 364	Unit Specific
NY Thruway Authority	Unit Specific
NY Westchester Commission (Tractors)	Unit Specific
NY Westchester Dept. of Health (Trailers)	Unit Specific
OH Delaware Annual Permits	Unit Specific
OH Quarterly Overweights	Unit Specific
PA Waste Transporter Program	Unit Specific

TN Nashville/Davidson - Tractor	Unit Specific
TN Nashville/Davidson - Trailer	Unit Specific
UT Tooele County Health Department	Unit Specific
VA 5% Overweights	Unit Specific
VT Agency of Natural Resources	Unit Specific
VT Chittenden Solid Waste District	Unit Specific
VT Rutland County	Unit Specific
VT Special Excess Weight Permits	Unit Specific
WI Department of Natural Resources	Unit Specific
WI Overweight Permits	Unit Specific
AR Benton County SWD Fleet Permit	Fleetwide
AZ Maricopa Subcontractor Registration	Fleetwide
AZ Town of Marana Business License	Fleetwide
CO Annual OSOW Blanket Permit	Fleetwide
CO Centennial Perpetual Fleet	Fleetwide
CO Commerce City Trans Permit	Fleetwide
CO SWMP	Fleetwide
CT MIRA Account Number	Fleetwide
IL EPA Tire Haulers-Chicago	Fleetwide
IL EPA Tire Storage-Madison	Fleetwide
IN DEM Tire Permit	Fleetwide
KY Louisville Waste Hauler License	Fleetwide
MD Tire Hauler License	Fleetwide
MN Anoka County SWHL	Fleetwide
MN Carver County SWHL	Fleetwide
MN Dakota County SWHL	Fleetwide
MN Ramsey County SWHL	Fleetwide
MN Scott County SWHL	Fleetwide
MN Washington County SWHL	Fleetwide
National Motor Freight Traffic Association	Fleetwide
NY Dutchess Solid Waste License	Fleetwide
NY Part 364 Waste Haulers Permit	Fleetwide
NY Westchester Commission	Fleetwide
OH City of Canton Quarterly Permit	Fleetwide
OH City of Dayton Right of Way	Fleetwide
OH City of Lancaster(Pinegrove Leachate)	Fleetwide
OH Crawford County Overweight Permit	Fleetwide
OH Fairfield County(Pinegrove Leachate)	Fleetwide
OH Miami County Permit	Fleetwide
OH Pickaway County-Circleville	Fleetwide
OH Public Utilities Commission	Fleetwide
OH Stark County Monthly Permit	Fleetwide
OH Wyandot County Annual Permit	Fleetwide
TN TMSP	Fleetwide

UT SLC Health Department	Fleetwide
VA DEQ Hauler Permit	Fleetwide
VT Addison Excess Weight Permit	Fleetwide
VT Charlotte Excess Weight Permit	Fleetwide
VT Colchester Excess Weight Permit	Fleetwide
VT Essex Excess Weight Permit	Fleetwide
VT Ferrisburgh Excess Weight Permit	Fleetwide
VT Hinesburg Excess Weight Permit	Fleetwide
VT Milton Excess Weight Permit	Fleetwide
VT Monkton Excess Weight Permit	Fleetwide
VT Ontario Commercial Registration	Fleetwide
VT Quebec Transport Commission	Fleetwide
VT Shelburne Excess Weight Permit	Fleetwide
VT Williston Excess Weight Permit	Fleetwide
WI Deparment of Natural Resources	Fleetwide



## **Storm water Pollution Prevention & Spill Response**

**!!!IF A SPILL OCCURS IN DELAWARE, CALL  
THESE NUMBERS!!!  
DE Emergency Reporting 302-739-9401 & 800-662-8802**

**MBI Safety Department 708-320-1109**

It is important to keep pollutants out of the Earth's ecosystems. Water, through storm runoff, and oil spills that reach waterways are two main sources of pollution. The Federal Government Regulates both through the **CLEAN WATER ACT** as well as other regulations.

Every time it rains, the rainwater carries away trace amounts of any material it comes in contact with. This contaminated water eventually reaches our nations waterways and / or underground water supplies. All material (i.e. used truck parts, chemicals, etc.) stored outdoors should be covered with tarps to prevent storm water contamination. Any spills or leaks of oil or other material should be cleaned up immediately so that the wind doesn't scatter it and the rainwater doesn't pick it up. If you notice a spill or a leak, notify your supervisor or maintenance manager so that the correct clean up or repair can be performed. This includes oil leaks from your vehicle in the parking lot. **Drivers must remain with their vehicles when re-fueling to prevent over flow and spillage.**

When adding hydraulic fluid to vehicles, make sure all of the cylinders are closed, retracted first. This will prevent the tank from overflowing when the fluid is squeezed from the cylinders.

Away from the site "on your routes" it is important to know what to do when you have an oil spill such as a blown hydraulic hose/ fuel leak. It is strictly against federal regulations to allow any oil to reach a waterway. A waterway is defined as a storm water drain, ditch,



pond, lake, river, creek, and ocean. **Do whatever you have to do to keep any oil from reaching any waterway.** Shut down the truck, if truck is equipped with a hydraulic system, close the main valve on the hydraulic tank. Call the shop or your supervisor for assistance. If you think the oil may reach a waterway, let him know. You may want to use a shovel to dig up some dirt and make a dike to contain the oil. It is cheaper to replace some sod and dirt from a yard than it is to pay for a waterway cleanup.

If the spill is very large, example from an on-site fuel storage tank, attempt to contain and call 911 or your local emergency response department.

## SPILLS

### Introduction

In spite of our best efforts, spills may happen while our trucks are on route. Pumps, hoses, fittings, mechanical failures, traffic collisions, and run off road accidents can unexpectedly cause spills. When these accidents happen, we need to respond quickly to minimize the amount of damage and liability.

Spills can be very costly. Costs exceeding \$50,000.00 in cleanup and fines can be easily reached if proper reporting and clean-up procedures are not met.



### Prevention

- Check Hydraulic hoses and fittings daily during pre and post trip inspection
- Write up leaking or worn hoses/ fittings on DVIR's. It is a lot easier to replace a fitting or a hose when the vehicle is at the shop than while at a landfill or on the side of the road.
- Refer to roll over prevention procedures so your truck doesn't end up like the one in the photo above.
- Pay attention and be on the lookout for spills. Stop immediately (away from waterway) when you notice a problem. It is easier to clean up one area than to clean up a three mile stretch of roadway.

### Spill Response

- When a fitting or a hose blows, shut off the truck
- If a main line has blown, close the hydraulic tank shut off valve. This keeps the whole tank from draining on to the ground.





- For other fluids (Fuel, antifreeze, and engine oil) shut the truck off and, if reasonable, try to stop or slow down the leak. (Example: Once, at a traffic scene, a fuel tank was damaged and a large fuel leak started. The driver stuffed a glove in the hole and prevented the spill from reaching dangerous levels.
- Contain the spill; do not let it reach storm drains. Use dirt, sod or anything else available. If the spill sprays roads or walkways, get floor dry, dirt, or sand to make it less slippery. The company may be held responsible for other injuries or accidents caused by the slippery surface.
- If the spill is significant, meaning it can get into storm drains, is large, or has contaminated areas where containment or clean-up can be difficult, call 911 immediately.
- Contact your supervisor immediately on all spills. Let them know if the fluids get into a storm drain, on cars, houses, driveways, customer buildings, people, or makes a large mess. A supervisor must go to the scene on all spills, regardless of the quantity spilled, and is responsible for reporting to all appropriate agencies.
- Call the shop for repairs, and let them know what tools or equipment they will need to bring out to help you clean up the mess.
- While the mechanic is cleaning up the mess or making the repairs, help with the cleanup of any spilled liquids.
- Do not leave the scene until the spill and ALL floor dry have been cleaned up, or until you have been instructed by the mechanic or supervisor, to go ahead and leave while they finish up with the job.

It is critical to our reputation that we clean up any mess that we make.

**Employee Name**

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**Signature**

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## Attachment 6

## Training Plans

Our drivers undergo extensive training in our Safety Standards and Procedures which includes but is not limited to the following.

1. Pre-Trip Inspections
2. Personal Safety
3. Landfill and Transfer Station Safety
4. Load Securement and Fires
5. Driving Safely
6. Accident Procedures
7. Tipper Safety
8. Before leaving the Landfill
9. Fuel Safety
10. Reporting Injuries
11. Loading Procedures
12. Post-Trip Inspections

All MBI drivers train under our more senior drivers. After the hands-on practical training period, the manager and driver trainer determine if more training is necessary to ensure that when a driver is released to individual operation, they are prepared for safe and successful performance.



# Safety Standards & Procedures

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***TEAM SAFETY***

# Safety Standards & Procedures

## Overview

MBI's Safety Standards & Procedures program outlines key procedures that to protect your safety on the job. The MBI Safety Standards & Procedures program consists of a 30 minute video, and this training booklet. This booklet highlights several important points within our driver safety program. After you have viewed the MBI Safety Standards & Procedures video and have had an opportunity to read through this booklet, you will find that there is a brief quiz at the rear of this workbook. Please complete the quiz and hand it back to your supervisor.

## Training Requirements

### Initial Training

All newly hired drivers must be trained on MBI's Safety Standards & Procedures before operating a commercial vehicle.

### Annual/ Refresher Training

Refresher training must be done once each year, or when an employee has violated an important standard rule that is covered within this program.

## Introduction

Our employees are the most important asset of the company; your safety is our greatest concern. When one of you is injured, it impacts all of us. Injuries are not only painful; they also cost the company money, lost production time and potential loss of business.

We want to be proud of our safety record. A good safety record benefits everyone in the company. It can only be achieved through the common sense and safety consciousness of each of you. As an employee of MBI, you are responsible for your own safety and the safety of your coworkers. If you discover a safety hazard, you must take the responsibility to correct the problem yourself or notify your supervisor of the hazard. The MBI Safety and Standards program outlines the most crucial procedures of our safety program. Make working safely your highest priority.



## Pre Trip Inspection

Before you take your vehicle on the highway, you must make sure it is roadworthy and capable of moving a load safely. This inspection is company policy and a Department of Transportation regulation. A thorough inspection makes good business sense and may prevent costly breakdowns or accidents out on the highway.

When inspecting your tractor trailer, your inspection must be complete and thorough. Follow the same routine with each inspection. A consistent inspection pattern will help you spot any deficiencies. This inspection process must include:

1. Your driving credentials; Valid CDL, and Medical certificate
2. Engine oil level check
3. Radiator fluid level check
4. Tire security and inflation check (100 lbs. PSI)
5. Air line inspection
6. Fifth wheel inspection
7. Complete visual inspection

Begin your vehicle inspection at the tractor. Carefully lift the hood- keeping one hand on the hood until it is fully open. Check the oil, if the oil level is between the add and full mark, add nothing. If the oil level is below the add mark, you must add oil. Begin by adding one gallon, add additional if required. Oil level should be between the "add" mark and the "full" mark on the dipstick. Next, check the coolant. If you can see the bottom of the radiators reservoir (older model tractors) or the overfill tank is low (newer model tractors) you must add coolant. When adding coolant, begin by adding 1 gallon. Again, add additional if required. Do not overfill either the oil or coolant- add fluids only when necessary.

After checking the engine, enter the tractor and start the engine. Let the engine idle normally. Check to make sure all emergency equipment is available- a reflective triangle kit and a charged fire extinguisher.

Leave the engine running and exit the tractor to begin your walk around inspection. During this visual inspection; check that all the lights are working while examining the vehicle for signs of damaged, missing, or broken parts.

The most important part of your pre-trip inspection is a wheel security check and tire inflation inspection. Each tire must be inflated to 100 PSI. The only acceptable way to check inflation is with a tire gauge. While checking the wheels, look for distinctive metal wear markings behind the flange washer of the lug nut and/or rust streaks leading away from the lug nuts. Every lug on every tire must be checked, visually, every day.

## Personal Safety

When entering and exiting the tractor, it is important to keep your personal safety in mind. Many injuries occur to drivers by simply getting into and out of their vehicles. When getting into and out of the truck, maintain three points of contact. One foot should be on the step; with one hand opening the door and the other hand on the brace handle. This is an important safety process that must take place each time you get in and out of the vehicle.

Common causes of trailer ladder accidents come from working too fast or not paying attention. Prevent painful injuries by slowing down and paying attention. Always make sure you have a good solid grip on the ladder. Do not jump from the cab or ladder. Never carry anything with you while climbing.

One way to prevent slip and fall injuries is to wear a proper work boot. Your work boots should be sturdy leather with a steel shank to minimize punctures and give proper support to the ankles.

Gloves protect your hands from cuts and bruises, and give you a good grip while climbing up and down a ladder. Wear the proper glove during all phases of tarping the trailer.

## Landfill and Transfer Station Safety

Injuries at transfers and landfills can be extremely serious- in some cases deadly. There have been a number of fatalities at sites throughout the United States. Waste sites have strict safety regulations regarding personal protective equipment when drivers are present. When hired, you were provided with reflective vests and hard hats. Always wear them while you are out of the tractor on-site. Do not put yourself – or the company in jeopardy. Wear the required personal protective equipment.

Transfer stations have unique hazards. Collection vehicles and the operating heavy machinery create many hazards. Collection vehicle drivers must abide by strict site rules and tipping floor regulations. MBI drivers must remain in the vehicle or in the designated driver waiting area while the vehicle is being loaded.

**Stay away from the loading equipment, stay off the transfer floor.**

A driver that is caught on the transfer floor will receive an immediate 3 day suspension. Any driver that is in violation of this rule a second time, he will be immediately terminated without exception. **Do not go to the transfer floor.**

When you are at the landfill, follow all pertinent rules for that site. Observe and follow all landfill speed limits, as landfills often require slower speeds because of tight road and traffic conditions. Many needless accidents occur in landfills due to non-observance of these simple rules. Maintaining constant and controlled speed is the best way to prevent accidents while on site.

## Load security and Fires in a Trailer

Before you leave the transfer station, you must secure the load to prevent debris from flying out on the road, which could cause an accident, damage to other vehicles, or potential fines. Make sure all tie downs are secured.

While traveling with a full load, be prepared for emergency situations such as a fire in your load. MBI has a few trailer fires every year, so we have good experience regarding what you can expect.

If a fire occurs in your load, it will most likely be a small, smoky fire- not a raging blaze. As you continue to drive down the road, it may get larger as it is fed an ample supply of oxygen.

We don't want, nor do we expect our drivers to fight any fires in the trailer. If you do notice smoke coming from the trailer, do not panic. Assess your situation before deciding which action to take. Consider these facts when making your decision. A fire truck will pull up along side your vehicle and cause traffic congestion. A fire in your load could cause damage to surrounding property. The firefighters will add tremendous weight to your trailer- as much as 50 to 60 thousand pounds of water.

Your actions should:

- minimize traffic congestion
- prevent damage to surrounding property
- Allow you to continue your trip after the fire is extinguished.

If you are on a county road, try to find an area to pull off that will disrupt the least amount of traffic. If you are on an interstate highway, proceed to the next exit. Try to stay on a flat stable surface. Select an open area, avoiding bridges, overhead power lines or wires, away from viaducts and away from any buildings or other structures. This will minimize traffic congestion and allow the fire department room to safely operate.

When you are stopped, **call 911** to report the emergency. The next call you should make is to your supervisor to report the incident. **Do not separate or remove the tractor from the trailer.** A fire is dangerous, but a water filled load is also dangerous- it may capsize, collapse the landing gear or cause other problems that are

hazardous and very costly to remedy. We have had drivers separate the trailer as soon as they discovered a fire was in their trailer. In every instance, this was the wrong thing to do. Either the landing gear or the ground gives way, and then the problems are then compounded with the trailer rolling over, and spreading the fire/load into nearby fields. **Leave the tractor hooked to the trailer.** Remember; take no chances with your personal safety.

## Driving Safely

When you are operating your vehicle, it is vital that you are constantly paying attention to the road, anticipating what is happening ahead of you and planning your approaches to intersections, entrance and exit ramps, and curves and merges.

Your personal safety is extremely important while driving. Each company vehicle is equipped with personal protective equipment (seat belts) to keep you safe in the event of a crash. Always wear your seat belt while driving company vehicles

As a professional driver, it is important not to contribute or participate to the problem of distracted driving. Full attention is required at all times.

Follow all local and state regulations regarding cell phone usage. Texting while driving is strictly prohibited by law and MBI. Violators will be subject to immediate termination.

Stay clear and be aware of school busses. Speeding is not worth the life of a child. Treat school busses and motor coaches as if they have the right of way, regardless of the situation. Remember; school buses are bright yellow for a reason; it's the color of caution.

## Accident Procedures

If you are involved in an accident, there are specific procedures to follow. Call 911 immediately and request an ambulance if there are any injuries. To protect the scene, use your warning devices. Assist the injured, but do not attempt to move them unless there is an imminent threat.

Do not leave the scene. Once the immediate issues have been addressed, contact your supervisor, dispatcher, or MBI's safety manager. Keep your cool and be courteous. Identify yourself and MBI, but do not make any statements to anyone except the police, MBI, or MBI's insurance representatives. Ask for witnesses to write down their name, address and telephone number- whatever information you can get from them.

In your tractors is an accident reporting kit. Each kit contains a camera, instruction sheet and a pencil. You must document the scene by taking photos from at least four angles, and taking photos of the license plates of other vehicles involved. Use all of the film in your camera. The instruction sheet will help you document the scene and report the necessary facts. You will need to complete an accident report and give it to your supervisor.

## Tipper Safety

**All drivers must be trained on the safe operation of the tipper. Adhere to all of the following safety instructions:**

1. Be sure the deck is clear of all personnel before backing a trailer onto the deck or raising the tipper.
2. Back trailer firmly against tipper, engage the parking brakes.
3. Exit the vehicle (wearing the appropriate PPE).
4. Unlatch the trailer latches to open the tailgate (valve), remove the air lines (glad-hands) and light cord.
5. Raise the tipper deck until it contacts the landing gear, then raise the deck an additional 2 inches to relieve the load from the tractor.
6. Re-enter the vehicle, release the tractor brakes and pull forward 1 foot. Set tractor brakes.
7. Exit the vehicle, raise the tipper deck and trailer to discharge the load.
  - **CONFIRM:** that the trailer is free from all connections to the tractor.
  - **AREA BEHIND THE TIPPER:** is clear from all personnel and landfill equipment.
  - **EXTREME DANGER:** Stay back during tipping cycle as pinch and crush points are exposed. Once the trailer is empty, lower the deck completely.
  - **UP & DOWN SWITCH:** Switch is for finger operation only. Do not attempt to alternate the method to operate the switch.

### **Things to look out for:**

1. Pinch points between the tractor and trailer
  - After step 6 (above). Do not re-enter the space between tractor and trailer.
  - After step 7 (above). Do not re-enter the space between the tractor and the trailer until the 5<sup>th</sup> wheel has been re-latched to the trailer king pin.
2. Tractor and trailer should be disconnected.
  - During step 7 (above). While raising the trailer, pay attention to operation of equipment. The truck should be dis-connected from the trailer during the operation of the tipper.

Once the tipper cycle is complete, you must re-connect the tractor to the trailer. Once the vehicle is properly re-connected, pull from the platform and move to the designated cleaning site.

## Before leaving the Landfill

One of the ways we stay profitable is reducing fuel costs. Open and secure the back door (if trailer is equipped). Keeping the rear door open on an empty trailer reduces wind drag and the amount of fuel used. After you secure the tailgate, make sure all debris has been removed from the trailer before you make your way back to the terminal or transfer site. Heavy fines can be issued to the company and possible loss of contracts can occur if you do not follow procedures. After the trailer has been cleaned; do visual inspections of the unit before you get back on the road. Look for damage to tires, loose wheels, and leaks from the tractor.

## Fueling Safety

At some point during the workday, you'll need to fill the tank with fuel. Please use a designated refueling station. Safety is a part of this process as well.

Stay at the pump while you re-fuel your tractor. You must stay near the tank until it is full. That means:

- Do not go to the washroom
- Do not go get something to eat
- Do not go to the cab to do paperwork

If you spill fuel on the ground it is your fault. It is company policy that this is a chargeable accident. And remember, two chargeable accidents within two years is cause for dismissal.

## Reporting Injuries

If you do become injured on the job or have any other type of medical emergency, notify your supervisor.

An accident investigation report must be completed for every work related injury. You will be asked specific information about your injury and ways that this type of accident could have been prevented. Based on this information, we modify safety procedures to prevent similar accidents from occurring to other MBI employees.

If you are seriously injured on the job, immediately call your supervisor. If unavailable, notify the main office in Burnham, Illinois. It is a "must" that someone in authority is contacted as soon as possible.

If you are working with someone who becomes injured- do not treat the individual unless you are certified in first aid or CPR and have been trained in blood borne pathogens. Try and make the injured worker as comfortable as possible. Do not move them unless they are in a life threatening situation. Avoid contact with blood or other body fluids.

## Post Trip Inspection

At the end of the workday, you must perform a post-inspection and fill out some documentation. That includes the driver vehicle inspection report and other paperwork concerning your load activities for that day.

The driver vehicle inspection must be completed daily and is a Department of Transportation requirement. The post inspection is just as important as the pre-inspection, and allows our maintenance staff to make any repairs before you start the next day. A professional driver knows how to keep his eye on the road and on his vehicle. Please take this inspection seriously.

The parts of the vehicle that must be inspected include: service brakes including the trailer brake air line connection, parking brakes, steering mechanism, lighting devices and reflectors, tires, horns, windshield wipers, rear vision mirrors, coupling devices, wheel and rim security and emergency equipment. Complete this report and hand it in along with any other paperwork before you leave for the day.

It is mandatory that drivers also report ALL Department of Transportation inspections, both vehicle and driver inspections. Failure to report inspections can result in DOT penalties for MBI and the driver. Drivers must report all citations to their supervisor.

## Working Safely

Working safely is vital to the future success of our company. It is a responsibility that both you and the company will share throughout your employment at MBI.

We believe that our safety program is a good one. But without the cooperation of you- our employees, it won't be effective. We urge you to be safety conscious not only at work, but also when you leave work and return to your families. Safety should be a lifestyle that you adopt.

With your help, we can keep our company a safe, accident free place in which to work. We can have a safety record that we can all be proud of.

## Quiz,

### *Safety Standards & Procedures*

Complete the quiz by circling the correct answer.

Name: \_\_\_\_\_

ID: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

1. When should you add oil to the engine?
  - A. When the oil level is below the add mark on the dipstick.
  - B. When you see oil spots under the tractor.
  - C. When you see too much smoke from the exhaust.
  - D. Once a month
2. How much oil should you add?
  - A. One quart
  - B. Until it is above the "full" line on the dipstick
  - C. Begin with one gallon, add additional if required.
  - D. One half gallon
3. How do you know when to add coolant?
  - A. When the coolant overfill tank is low (newer tractors/ if installed)
  - B. When you can see the bottom of the radiators reservoir (older tractors without overfill tank).
  - C. When the gauge says it is over heating
  - D. Both A & B
4. How much coolant should you add?
  - A. Begin with one gallon, add additional if required.
  - B. Drain the rest of the radiator and add 5 fresh gallons
  - C. Until the radiator is full to the brim
  - D. One quart
5. What is the most important part of the pre-trip inspection?
  - A. Checking the tire inflation.
  - B. Checking the wheel attachment.
  - C. Starting the inspection very early in the day.
  - D. Both A & B.
6. What are two things you need to check while inspecting the wheels and tires?
  - A. Color and roundness
  - B. Wheel attachment security and inflation
  - C. Dirty rims and rusty nuts
  - D. Inflation and rim rustiness
7. What is the only acceptable way to check tire inflation?
  - A. Only a tire gauge is acceptable.
  - B. Thump with a fist or tire gauge.
  - C. Solid kicks with a proper work boot
  - D. Solid thump with a hammer.
8. What is the correct tire inflation?
  - A. 100 psi
  - B. 125 psi
  - C. 80 psi
  - D. 90 psi
9. What must you look for while inspecting for loose wheels?
  - A. Uneven tread wear on the outer edges
  - B. Distinctive wear markings on the rim at the flange washer, rust tracks leading away from the lug nuts.
  - C. Clean red rims
  - D. A flat tire
10. What is the sequence used to tighten lug nuts.
  - A. Start where the rim is farthest from the hub.
  - B. False.
  - C. Alternating lugs in a counter clockwise direction.
  - D. Every other lug should be tightened.
11. What can cause wheel loss on the highway?
  - A. Lubricating the wheel studs while changing a tire.
  - B. Debris compressed between the mating surfaces of the rims
  - C. Tightening the lug nuts
  - D. Clean rims
12. What should you do to prevent loose wheels?
  - A. While changing a tire, use 30 weight oil to lubricate the studs.
  - B. Avoid pot holes on the highway
  - C. Remove debris from the mating surfaces while changing a tire.
  - D. Both A & C are correct
13. What is very important when climbing in/out of the tractor, or up/down a ladder?
  - A. Not jumping from the cab or ladder.
  - B. Not carrying anything while climbing.
  - C. Maintaining 3 points of contact.
  - D. All of the above are correct.
14. What three articles of Personal Protective Equipment are to be worn at all times on-site?
  - A. Hardhats and sunglasses for the highway.
  - B. Flip flops and tank tops.
  - C. Hard hat, reflective vest, and work boots.
  - D. Hammer and hard hat.



15. What are two acceptable places for a driver to wait when at the transfer station?
  - A. Inside the cab or in a designated driver waiting area.
  - B. On the transfer floor near the door or cab
  - C. In the cab or next to the end of the trailer so the drivers can see you.
  - D. In the cab or in front of the cab
16. If you are driving on an interstate highway, where should you go if there is a fire in your load?
  - A. Immediately stop and pull as far as possible on the shoulder
  - B. Immediately stop and pull into the nearest field off of the road.
  - C. Pull into the median out of traffic, use the flashers and wait for help
  - D. Proceed to the next exit
17. Where should you park if there is a fire in your load?
  - A. Stop at the rest stop on the expressway.
  - B. On the left shoulder of the interstate.
  - C. In an open area, clear of viaducts, power lines, and buildings.
  - D. Park smoking trailers only at the landfill.
18. Who should you contact first and second in case of fire?
  - A. Another MBI driver and then Fire Department/Police.
  - B. 911, and then your supervisor
  - C. Fire Department/Police and then your family to assure your safety
  - D. Fire Department and then the Police Department
19. In the event of a fire, when should you remove the tractor from the trailer?
  - A. As soon as you see flames
  - B. When you are parked on level ground away from overhead obstructions
  - C. Only when smoke is blowing toward the trailer.
  - D. Never separate the tractor from the trailer.
20. What must you do to document an accident?
  - A. Fill out an accident report, get witness information including name, addresses, and phone number.
  - B. Photograph the scene using all of the film in the camera
  - C. Photograph the scene from at least four angles
  - D. All of the above
21. How can you reduce fuel costs?
  - A. Open the empty trailer door, to decrease wind drag.
  - B. Leave trailer door closed while driving empty
  - C. Deflate the tires
  - D. Both A & B are correct.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_\_

22. What must you do before leaving the landfill?
  - A. Clean trailer, open door and remove vest and hard hat before driving.
  - B. Check with tipper operator to make sure it is ok to leave and open the door.
  - C. Open the trailer door and check the brakes
  - D. Inspect tires/rims, open trailer door and clean trailer.
23. While refueling your tractor, where should you be?
  - A. In the cab with the door open; near the fuel tank.
  - B. By the pump near the fuel tank.
  - C. Grab some lunch while refueling to save time.
  - D. Do paperwork while fueling to be more efficient.
24. If you are injured on the job, what are the two things you must do?
  - A. Notify your supervisor and fill out an accident investigation report.
  - B. Call your doctor to schedule an appointment and call your supervisor.
  - C. Fill out accident reports and notify the insurance company.
  - D. Call another driver and then your supervisor.
25. What report has to be filled out at the end of the day and is a DOT requirement?
  - A. The DOT HAZ-MAT Report
  - B. The Driver Vehicle Inspection Report.
  - C. The MBI Load report.
  - D. The MBI Accident Report.
26. What does three points of contact mean?
  - A. Keep two eyes on the road and one hand on the steering wheel at all times
  - B. Keep two feet and one hand on the pedals and steering wheel when driving.
  - C. Keeping three limbs in contact while climbing.
  - D. Making sure that the tipper contacts the tail gate, and both sets of wheels.
27. An MBI driver in violation of the transfer floor policy will receive:
  - A. A discussion with your supervisor.
  - B. Immediate termination.
  - C. Sent home for the day.
  - D. An immediate 3 day suspension for a first violation, termination for a second violation.

**Answer Key**  
**Safety Standards and Procedures**  
Please review correct answers with the group.

1.    **A**     When the oil level is below the add mark on the dipstick
2.    **C**     Begin with one gallon, add additional if required
3.    **D**     Both A & B
4.    **A**     Begin with one gallon, add additional if required
5.    **D**     Both A & B are correct
6.    **B**     Wheel attachment security and inflation
7.    **A**     Only a tire gauge is acceptable
8.    **A.**    100 PSI
9.    **B**     Distinctive wear markings on the rim at the flange washer, rust tracks leading away from the lug nuts.
10.   **C**     Alternating lugs in a counter clockwise direction
11.   **B**     Debris compressed between the mating surfaces of the rims
12.   **D**     Both A & C are correct
13.   **D**     All of the above are correct
14.   **C**     Hard hat, reflective vest, and work boots
15.   **A**     Inside the cab or in a designated driver waiting area
16.   **D**     Proceed to the next exit
17.   **C**     In an open area, clear of viaducts, power lines, and buildings
18.   **B**     911, and then your supervisor
19.   **D**     Never separate the tractor from the trailer
20.   **D**     All of the above
21.   **D**     Both A & B are correct
22.   **D**     Inspect tires/rims, open trailer door and clean trailer
23.   **B**     By the pump near the fuel tank
24.   **A**     Notify your supervisor and fill out an accident investigation report
25.   **B**     The Driver Vehicle Inspection Report
26.   **C**     Keeping three limbs in contact with the vehicle while climbing
27.   **D**     An immediate 3 day suspension for a first violation, termination for a second violation.

UNITNUMBER	DESCRIP	DOMICILE	ACTIVCODE	TYPE	MAKE	MODEL	MODELYEAR	LICENSE	SERIALNO	UNITUSERFLD1
T2508	2006 TITAN TIPPER	515	TIPP	TRAILER	TITAN	TIP48F2AXLE	2006	527237ST	2TVTP1L217D000366	TIPPTRAILER
T4452	2012 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2012	981403ST	1E1U2Y281CRL47112	WALK FLOOR
T4469	2014 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2014	981388ST	1E1U2Y283ER049633	WALK FLOOR
T4480	2014 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2014	981399ST	1E1U2Y287ER049649	WALK FLOOR
T4489	2014 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2014	981555ST	1E1U2Y288ER049644	WALK FLOOR
T4493	2014 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2014	981559ST	1E1Z2Y283ER051520	TIPP TRAILER
T4499	2014 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2014	981565ST	1E1U2Y282ER050871	WALK FLOOR
T4527	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2015	989715ST	1E1Z2Y280FR051766	TIPP TRAILER
T4530	2014 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2014	989718ST	1E1U2Y281ER050876	WALK FLOOR
T4545	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2015	989825ST	1E1Z2Y283FR051776	TIPP TRAILER
T4564	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2015	981603ST	1E1Z2Y288FR051790	TIPP TRAILER
T4577	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2015	981619ST	1E1Z2Y289FR052656	TIPP TRAILER
T4597	2015 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2015	981692ST	1E1U2Y289FR052179	WALK FLOOR
T4618	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2015	981711ST	1E1Z2Y288FR053930	TIPP TRAILER
T4619	2015 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	981710ST	1E1Z2Y28XGR053932	TIPP TRAILER
T4620	2016 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	981709ST	1E1Z2Y281GR053933	TIPP TRAILER
T4623	2016 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	981706ST	1E1Z2Y287GR053936	TIPP TRAILER
T4627	2016 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	989905ST	1E1Z2Y283GR056090	TIPP TRAILER
T4638	2016 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2016	981701ST	1E1U2Y28XGR057392	WALK FLOOR
T4639	2016 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	981740ST	1E1Z2Y288GR057378	TIPP TRAILER
T4640	2016 East Walking Floor	510	WF	TRAILER	EASTX	WF48F2AXLE	2016	981739ST	1E1U2Y28XGR056078	WALK FLOOR
T4646	2016 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2016	981733ST	1E1U2Y281GR057393	TIPP TRAILER
T4666	2022 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2022	987196ST	1E1Z2Y284NR076653	TIPP TRAILER
T4675	2022 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2022	987187ST	1E1Z2Y284NR076667	TIPP TRAILER
T4691	2023 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2023	987217ST	1E1Z2Y285PR081539	TIPP TRAILER
T4692	2023 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2023	987205ST	1E1Z2Y281PR081540	TIPP TRAILER
T4697	2023 East Tipper	510	TIPP	TRAILER	EASTX	TIP48F2AXLE	2023	987210ST	1E1Z2Y280PR081545	TIPP TRAILER



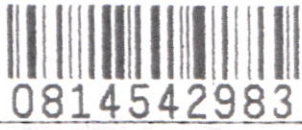
Current Plate Number <b>517326ST</b>	Plate Type Requested <b>ST PERM</b>	Exp. Month <b>ST</b>	Year <b>PERM</b>
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Do not write in Validation Area.

**OWNER INFORMATION**

First <b>Mr</b>	Last <b>Bults</b>	Middle <b>Inc</b>
First	Last	Middle

Residence/Business Street Address <b>2627 E 139th St</b>	
City <b>Burnham</b>	ZIP <b>IL 60633</b>



6. Owner 1 DL/FEIN # <b>T2508</b>
Owner 2 DL/FEIN #

**VEHICLE INFORMATION**

Vehicle Identification Number (VIN) <b>2TVTP1L217DC00366</b>							
Year <b>2006</b>	Make <b>TITAN</b>	Model	Body Style <b>TRAILER</b>	Color			
Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>	Other Branded Title State _____	MCY C.C. <input type="checkbox"/>	Mobile Home Sq. Ft.	Rental <input type="checkbox"/>	Leased <input type="checkbox"/>	
Check if G.V.W.R. over 16,000 pounds (odometer reading not required) Yes <input type="checkbox"/>			Gross Weight (RV, RT, TRK, BUS, TRLR)	For Hire <input checked="" type="checkbox"/>	# of Axles		

## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address		STATE ZIP	
2627 E 139TH ST		IL 60633	
City		STATE ZIP	
BURNHAM		IL 60633	
Barcode 6237373294/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1U2Y281CRL47112			
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	
Year Make Model		Body Style Color	
2012 EAST WF		TRAILER UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	
10. Surrender Title Number and State # 12321629 State: ME		11. File Number	
		12. Unit Number T4452	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year Make/Model		Name Dealer #	
VIN		LUCKY DOG LLC RA1340	
19. BENEFICIARY		Street Address	
Name		2802 52ND AVE	
Street Address		City State ZIP	
HAYATTSVILLE MD 20781		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY	
		TRP NUMBER Tax Form Number	
		\$184.00	
22. Daytime Phone Number (optional) 708-868-0059		Circle Quarter: 1st 2nd 3rd 4th	
23. Signature <i>John B. Smith</i>			
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.		07/09/2024	

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLDGALS@COMCAST.NET  
(217)529-1379

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐

REMITTER/DRIVER SERVICES FACILITY STAMP:

6237373294

CUSTOMER RECEIPT

Date: \_\_\_\_\_

Control #



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address		STATE ZIP	
2627 E 139TH ST		IL 60633	
City		6. Owner 1 DL/FEIN #	
BURNHAM			
Barcode 6237379888/		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1U2Y283ER049633			
Year		Model	
2014		WF	
Make		Body Style	
EAST		TRAILER	
		Color	
		UNK / UNK	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	
10. Surrender Title Number and State #12852557 State: ME		11. File Number	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date	
15. FIRST LIENHOLDER Name Street Address City State ZIP		16. SECOND LIENHOLDER Name Street Address City State ZIP	
17. TRANSFER INFORMATION Year Make/Model VIN		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HAYATTSVILLE MD 20781	
19. BENEFICIARY Name Street Address City State/Country ZIP		20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature <i>Shirley Bogatti</i>			
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			

OFFICE USE ONLY

6237379888

Control #

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REMITTER/DRIVER SERVICES FACILITY STAMP:

CUSTOMER RECEIPT

Date: 07/09/2024

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLDGA@COMCAST.NET  
(217)529-1379

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s):		2. Current Plate Number	
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
		5. OWNER INFORMATION	
		First Last Middle MR BULTS INC	
		First Last Middle	
		Residence/Business Street Address 2627 E 139TH ST	
		City STATE ZIP BURNHAM IL 60633	
		6. Owner 1 DL/FEIN # Owner 2 DL/FEIN #	
		7. VEHICLE INFORMATION	
		Vehicle Identification Number (VIN) 1E1U2Y287ER049649	
VIN Second Stage Info.			
8. Purchase Date 05/06/2024 Month Day Year			
New <input type="checkbox"/> Used <input checked="" type="checkbox"/>			
Year Make Model Body Style Color 2014 EAST WF TRAILER UNK / UNK			
9. Current Odometer Reading (No Tenths) 000MNR			
<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)			
Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State			
Check If G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>			
Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire <input type="checkbox"/> # of Axles			
10. Surrender Title Number and State #13030564 State: ME			
11. File Number			
12. Unit Number T4480			
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			
Name			
Street Address			
City State ZIP			
14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)			
Insurance Company Name (Do not list agent)			
Policy Number			
Expiration Date			
15. FIRST LIENHOLDER			
Name			
Street Address			
City State ZIP			
16. SECOND LIENHOLDER			
Name			
Street Address			
City State ZIP			
17. TRANSFER INFORMATION			
Year Make/Model			
VIN			
18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
Name Dealer # LUCKY DOG LLC RA1340			
Street Address 2802 52ND AVE			
City STATE ZIP HAYATTSVILLE MD 20781			
19. BENEFICIARY			
Name			
Street Address			
City State/Country ZIP			
20. REASON FOR REPLACEMENT PLATES/STICKER			
<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing			
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			
State all reasons for corrections or duplication.			
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature(s)			
1. <i>[Signature]</i>			
2. <i>[Signature]</i>			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			
24. AUDITOR'S USE ONLY			
TRP NUMBER Tax Form Number			
\$184.00			
Circle Quarter: 1st 2nd 3rd 4th			
07/09/2024			
GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGLS@COMCAST.NET (217)529-1379			

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐ REMITTER/DRIVER SERVICES FACILITY STAMP:

6237384986

CUSTOMER RECEIPT

Control #

Date: \_\_\_\_\_



## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)


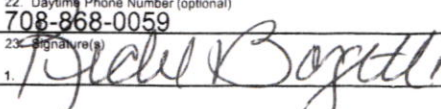

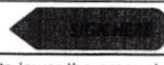
Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/12/24:01:8996: 184.00 MU 981555ST TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
		MR BULTS INC			
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City		STATE		ZIP	
BURNHAM		IL		60633	
6237393151/		6. Owner 1 DL/FEIN #			
		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1U2Y288ER049644				VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year Make Model Body Style Color 2014 EAST WF TRAILER UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <input type="checkbox"/>	
10. Surrender Title Number and State #13038898 State: ME		11. File Number		12. Unit Number T4489	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER Name Street Address City State ZIP			16. SECOND LIENHOLDER Name Street Address City State ZIP		
17. TRANSFER INFORMATION Year Make/Model VIN			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HAYATTSVILLE MD 20781		
19. BENEFICIARY Name Street Address City State/Country ZIP			20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059					
23. Signature(s) Helle Bopatti					
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			07/10/2024		
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 6237393151 CUSTOMER RECEIPT Control #					
Date: _____					

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLGALS@COMCAST.NET  
(217)529-1379

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address			
2627 E 139TH ST			
City		STATE	ZIP
BURNHAM		IL	60633
		6. Owner 1 DL/FEIN #	
6237393531/			
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y283ER051520			
8. Purchase Date Month Day Year 05/06/2024	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2014	Make EAST
		Model TP	Body Style TRAILER
			Color UNK / UNK
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____ Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>
		MCY C.C. _____	Mobile Home Sq. Ft. _____
		Rental <input type="checkbox"/> Leased <input type="checkbox"/>	Gross Weight (RV, RT, TRK, BUS, TRLR) _____
		For Hire <input type="checkbox"/>	# of Axles _____
10. Surrender Title Number and State #13006378 State: ME		11. File Number	
		12. Unit Number T4493	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name Dealer #	
		LUCKY DOG LLC RA1340	
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City State ZIP	
Name		HAYATTSVILLE MD 20781	
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER	
		Tax Form Number	
		\$184.00	
		Circle Quarter:	
		1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature(s) 			
1. 			
2. 			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			
07/10/2024			
GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379			
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 6237393531 CUSTOMER RECEIPT Control #			



## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/12/24:01:9006: 184.00 MU 981565ST TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
		MR BULTS INC			
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City		STATE		ZIP	
BURNHAM		IL		60633	
6. Owner 1 DUFEIN #		Owner 2 DUFEIN #			
6237394381/					
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN)		VIN Second Stage Info.			
1E1U2Y282ER050871					
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year Make Model Body Style Color 2014 EAST WF TRAILER UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/>	
10. Surrender Title Number and State #13040114 State: ME		11. File Number		12. Unit Number T4499	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER Name Street Address City State ZIP			16. SECOND LIENHOLDER Name Street Address City State ZIP		
17. TRANSFER INFORMATION Year Make/Model VIN			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HAYATTSVILLE MD 20781		
19. BENEFICIARY Name Street Address City State/Country ZIP			20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059					
23. Signature 1. <i>Mike Boyette</i>					
2. <i>[Signature]</i>					
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.					
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 6237394381 07/10/2024 Date: _____					
Control #					
CUSTOMER RECEIPT					

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)


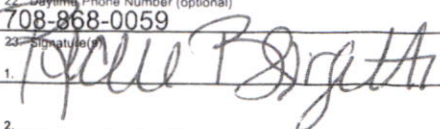

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number  3. Plate Type Requested <b>ST SEMI TRAILER</b> 4. Exp. Month _____ Year _____	
5. OWNER INFORMATION First _____ Last <b>MR BULTS INC</b> Middle _____ First _____ Last _____ Middle _____ Residence/Business Street Address <b>2627 E 139TH ST</b> City <b>BURNHAM</b> STATE <b>IL</b> ZIP <b>60633</b> 6. Owner 1 DU/FEIN # _____ Owner 2 DU/FEIN # _____ 7. VEHICLE INFORMATION Vehicle Identification Number (VIN) <b>1E1Z2Y280FR051766</b> VIN Second Stage Info. _____ Year <b>2015</b> Make <b>EAST</b> Model <b>TP</b> Body Style <b>TRAILER</b> Color <b>UNK / UNK</b> 8. Purchase Date <b>05/06/2024</b> New <input type="checkbox"/> Used <input checked="" type="checkbox"/> 9. Current Odometer Reading (No Tenths) <b>000MNR</b> <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required) Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/> 10. Surrender Title Number and State # <b>16209740</b> State: <b>ME</b> 11. File Number _____ 12. Unit Number <b>T4527</b> 13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name _____ Street Address _____ City _____ State _____ ZIP _____ 14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name _____ Policy Number _____ Expiration Date _____ 15. FIRST LIENHOLDER Name _____ Street Address _____ City _____ State _____ ZIP _____ 16. SECOND LIENHOLDER Name _____ Street Address _____ City _____ State _____ ZIP _____ 17. TRANSFER INFORMATION Year _____ Make/Model _____ VIN _____ 18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name <b>LUCKY DOG LLC</b> Dealer # <b>RA1340</b> Street Address <b>2802 52ND AVE</b> City <b>HAYATTSVILLE</b> State <b>MD</b> ZIP <b>20781</b> 19. BENEFICIARY Name _____ Street Address _____ City _____ State/Country _____ ZIP _____ 20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing 21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication. 22. Daytime Phone Number (optional) <b>708-868-0059</b> 23. Signature <b>[Signature]</b> 24. Signature _____ Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller. OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: <b>6237408158</b> Date: <b>07/10/2024</b> Control # _____			



## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address			
2627 E 139TH ST			
City		STATE	ZIP
BURNHAM		IL	60633
		6. Owner 1 DL/FEIN #	
6237408463/		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info	
1E1U2Y281ER050876			
8. Purchase Date Month Day Year 05/06/2024	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2014	Make EAST
		Model WF	Body Style TRAILER
			Color UNK / UNK
9. Current Odometer Reading (No Tenths) 000MNR	<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State	MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/>
Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>		Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <input type="checkbox"/>	
10. Surrender Title Number and State #16272870 State: ME		11. File Number	
		12. Unit Number T4530	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date	
15. FIRST LIENHOLDER Name Street Address City State ZIP		16. SECOND LIENHOLDER Name Street Address City State ZIP	
17. TRANSFER INFORMATION Year Make/Model VIN		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HAYATTSVILLE MD 20781	
19. BENEFICIARY Name Street Address City State/Country ZIP		20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature(s) 1. 		SIGN HERE	
2. 		SIGN HERE	
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐

REMITTER/DRIVER SERVICES FACILITY STAMP:

6237408463

CUSTOMER RECEIPT

Control #

Date: \_\_\_\_\_

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLDGALS@COMCAST.NET  
(217)529-1379

07/10/2024

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address		2627 E 139TH ST	
City		STATE	ZIP
BURNHAM		IL	60633
6. Owner 1 DL/FEIN #		Owner 2 DL/FEIN #	
6237409578/			
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y283FR051776			
8. Purchase Date Month Day Year 05/06/2024	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year Make Model 2015 EAST TP	Body Style Color TRAILER UNK / UNK
9. Current Odometer Reading (No Tenths) 000MNR	<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State	MCY C.C. Mobile Home Sq. Ft. Rental Leased <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Surrender Title Number and State # 16296462 State: ME		11. File Number	12. Unit Number T4545
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name Dealer #	
		LUCKY DOG LLC RA1340	
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City	State ZIP
Name		HAYATTSVILLE	MD 20781
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER Tax Form Number	
		\$184.00	
22. Daytime Phone Number (optional) 708-868-0059		Circle Quarter: 1st 2nd 3rd 4th	
23. Signature(s) 1. <i>Shane B. Smith</i>			
2. <i>Shane B. Smith</i>			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐

REMITTER/DRIVER SERVICES FACILITY STAMP:

6237409578

CUSTOMER RECEIPT

Control #

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLGALS@COMCAST.NET  
(217)529-1379

07/10/2024

Date: \_\_\_\_\_



## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month	Year
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address		2627 E 139TH ST	
City		STATE	ZIP
BURNHAM		IL	60633
6237411523/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y288FR051790			
8. Purchase Date Month Day Year 05/06/2024	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2015	Make EAST
		Model TP	Body Style TRAILER
		Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State
		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required)	Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles
10. Surrender Title Number and State #16196476 State: ME		11. File Number	12. Unit Number T4564
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name Dealer #	
		LUCKY DOG LLC RA1340	
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City State ZIP	
Name		HAYATTSVILLE MD 20781	
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER	
		Tax Form Number	
		\$184.00	
22. Daytime Phone Number (optional) 708-868-0059		Circle Quarter: 1st 2nd 3rd 4th	
23. Signature(s)			
1. <i>Michelle Baults</i>			
2. <i>Michelle Baults</i>			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions.			
I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			

OFFICE USE ONLY

Verified by CRT ☐ I.D. ☐

REMITTER/DRIVER SERVICES FACILITY STAMP:

6237411523

CUSTOMER RECEIPT

Control #

Date: \_\_\_\_\_

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLD@GALS.COMCAST.NET  
(217)529-1379

07/10/2024



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
MR BULTS INC			
First		Last Middle	
Residence/Business Street Address 2627 E 139TH ST			
City		STATE	ZIP
BURNHAM		IL	60633
6. Owner 1 DUFEIN #		Owner 2 DUFEIN #	
6237422778/			
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y289FR052656			
8. Purchase Date 05/06/2024 Month Day Year	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2015	Make EAST
		Model TP	Body Style TRAILER
		Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State
		Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required)	Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire # of Axles
10. Surrender Title Number and State # 13710701 State: ME		11. File Number	12. Unit Number T4577
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name	Dealer #
		LUCKY DOG LLC	RA1340
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City	State ZIP
Name		HYATTSVILLE	MD 20781
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER Tax Form Number	
		\$184.00	
		Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature(s)			
1. SIGN HERE			
2. SIGN HERE			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			
OFFICE USE ONLY 6237422778 Control #			
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 07/11/2024 GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379			

## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)


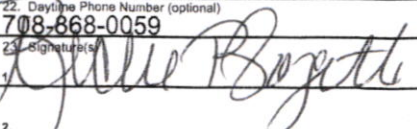
Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9633: 184.00 MU 98169257 TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
6. Owner 1 DL/FEIN #		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION		VIN Second Stage Info.			
Vehicle Identification Number (VIN) 1E1U2Y289FR052179		VIN Second Stage Info.			
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2015 Make EAST Model WF Body Style TRAILER Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/>	
10. Surrender Title Number and State # 13705880 State: ME		11. File Number		12. Unit Number T4597	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)			
Name		Insurance Company Name (Do not list agent)			
Street Address		Policy Number			
City State ZIP		Expiration Date			
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER			
Name		Name			
Street Address		Street Address			
City State ZIP		City State ZIP			
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
Year Make/Model		Name Dealer # LUCKY DOG LLC RA1340			
VIN		Street Address 2802 52ND AVE			
19. BENEFICIARY		City State ZIP HYATTSVILLE MD 20781			
Name		20. REASON FOR REPLACEMENT PLATES/STICKER			
Street Address		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing			
City State/Country ZIP		24. AUDITOR'S USE ONLY			
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		TRP NUMBER		Tax Form Number	
22. Daytime Phone Number (optional) 708-868-0059		\$184.00		Circle Quarter: 1st 2nd 3rd 4th	
23. Signature(s) 1. <i>Yelle Bogatti</i> 2. <i>Yelle Bogatti</i>		GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.		07/12/2024			
OFFICE USE ONLY		Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:			
6237450563		CUSTOMER RECEIPT			
Control #		Date: _____			



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

CL9X07/22/24:02:9852: 184.00 MU  
981711ST , TR 00/00

1. Type of transaction(s):		2. Current Plate Number				
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested <b>ST SEMI TRAILER</b>				
		4. Exp. Month		Year		
		<b>OWNER INFORMATION</b>				
		First		Last		Middle
		First		Last		Middle
Residence/Business Street Address		STATE				
2627 E 139TH ST		IL		ZIP 60633		
City		BURNHAM				
 6237452436/		6. Owner 1 DL/FEIN #				
		Owner 2 DL/FEIN #				
<b>VEHICLE INFORMATION</b>						
8. Purchase Date		Vehicle Identification Number (VIN)		VIN Second Stage Info.		
05/06/2024		1E1Z2Y288FR053930				
New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year	Make	Model	Body Style	
Month Day Year		2015	EAST	TP	TRAILER	
Color		UNK / UNK				
9. Current Odometer Reading (No Tenths)		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		<input type="checkbox"/> Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title State _____		
000MNR		Check if G.V.W.R. Over 10,000 lbs. (odometer reading not required)    Yes <input type="checkbox"/>		Gross Weight (RV, RT, TRK, BUS, TRLR)    For Hire <input type="checkbox"/> # of Axles		
10. Surrender Title Number and State		11. File Number		12. Unit Number		
# 13690129    State: ME				T4618		
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)			
Name			Insurance Company Name (Do not list agent)			
Street Address			Policy Number			
City    State    ZIP			Expiration Date			
15. FIRST LIENHOLDER			16. SECOND LIENHOLDER			
Name			Name			
Street Address			Street Address			
City    State    ZIP			City    State    ZIP			
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)			
Year		Make/Model		Name    Dealer #		
				LUCKY DOG LLC    RA1340		
VIN		Street Address				
		2802 52ND AVE				
19. BENEFICIARY		City		State    ZIP		
Name		HYATTSVILLE		MD    20781		
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER				
City    State/Country    ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing				
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			24. AUDITOR'S USE ONLY			
State all reasons for corrections or duplication.			TRP NUMBER    Tax Form Number			
			\$184.00			
			Circle Quarter: 1st    2nd    3rd    4th			
22. Daytime Phone Number (optional) 708-868-0059						
23. Signature(s)						
1. 			SIGN HERE			
2. _____			SIGN HERE			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.						
GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379						
07/12/2024						
OFFICE USE ONLY    Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:						
6237452436						
<b>CUSTOMER RECEIPT</b>						
Date: _____						
Control # _____						

# ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

CL9X07/22/24:02:9851: 184.00 MU  
961710ST . TR 00/00

<b>1. Type of transaction(s):</b> <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		<b>2. Current Plate Number</b> 6237454200/		<b>3. Plate Type Requested</b> ST SEMI TRAILER	
<b>4. Exp. Month</b> Year		<b>5. OWNER INFORMATION</b>			
<b>6. Purchase Date</b> 05/06/2024 Month Day Year		<b>7. Vehicle Identification Number (VIN)</b> 1E1Z2Y28XGR053932		<b>8. VIN Second Stage Info.</b>	
<b>9. Current Odometer Reading (No Tenth)</b> 000MNR		<b>10. Surrender Title Number and State</b> #13705876 State: ME		<b>11. File Number</b> T4619	
<b>12. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)</b> Name Street Address City State ZIP		<b>13. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)</b> Insurance Company Name (Do not list agent) Policy Number Expiration Date			
<b>14. FIRST LIENHOLDER</b> Name Street Address City State ZIP		<b>15. SECOND LIENHOLDER</b> Name Street Address City State ZIP			
<b>16. TRANSFER INFORMATION</b> Year Make/Model		<b>17. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)</b> Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HYATTSVILLE MD 20781			
<b>18. BENEFICIARY</b> Name Street Address City State/Country ZIP		<b>19. REASON FOR REPLACEMENT PLATES/STICKER</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing			
<b>20. REASON(S) FOR CORRECTED OR DUPLICATE TITLE</b> State all reasons for corrections or duplication.		<b>21. AUDITOR'S USE ONLY</b> TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th			
<b>22. Daytime Phone Number (optional)</b> 708-868-0059		<b>23. Signature(s)</b> [Signature] SIGN HERE [Signature] SIGN HERE			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.					
GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLGALS@COMCAST.NET (217)529-1379					
OFFICE USE ONLY      Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:					
6237454200 <b>CUSTOMER RECEIPT</b> Control #      Date:					



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)


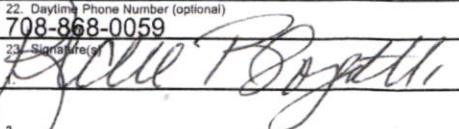
Application cannot be accepted with alterations (changes) or while-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9850: 184.00 MU 981709ST TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
6237454292/		6. Owner 1 DL/FEIN #			
		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1Z2Y281GR053933				VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2016 Make EAST Model TP Body Style TRAILER Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/>	
10. Surrender Title Number and State # 13705875 State: ME		11. File Number		12. Unit Number T4620	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		
Name			Insurance Company Name (Do not list agent)		
Street Address			Policy Number		
City State ZIP			Expiration Date		
15. FIRST LIENHOLDER			16. SECOND LIENHOLDER		
Name			Name		
Street Address			Street Address		
City State ZIP			City State ZIP		
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year		Make/Model		Name Dealer #	
VIN				LUCKY DOG LLC RA1340	
19. BENEFICIARY				Street Address 2802 52ND AVE	
Name				City State ZIP HYATTSVILLE MD 20781	
Street Address				20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP				<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY		
			TRP NUMBER		
			Tax Form Number		
			\$184.00		
			Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059					
23. Signature [Signature]			SIGN HERE		
			SIGN HERE		
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			07/12/2024		
OFFICE USE ONLY			Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:		
6237454292			GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379		
Control #			Date: _____		
CUSTOMER RECEIPT					



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9847: 184.00 MU 981706ST TR 00/00	
		3. Plate Type Requested ST SEMI TRAILER			
		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
		MR BULTS INC			
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
 6237477111/		6. Owner 1 DL/FEIN #			
		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1Z2Y287GR053936				VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2016 Make EAST Model TP Body Style TRAILER Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <input type="checkbox"/>	
10. Surrender Title Number and State #13705973 State ME		11. File Number		12. Unit Number T4623	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER Name Street Address City State ZIP			16. SECOND LIENHOLDER Name Street Address City State ZIP		
17. TRANSFER INFORMATION Year Make/Model VIN			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HYATTSVILLE MD 20781		
19. BENEFICIARY Name Street Address City State/Country ZIP			20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059					
23. Signature 			SIGN HERE		
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			SIGN HERE		
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 6237477111 CUSTOMER RECEIPT Date: 07/13/2024 Control #					

GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLGALS@COMCAST.NET  
(217)529-1379

## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)


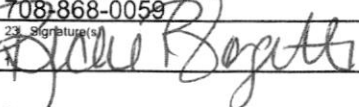
Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address			
2627 E 139TH ST			
City		STATE	ZIP
BURNHAM		IL	60633
6237478200/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y283GR056090			
8. Purchase Date 05/06/2024 Month Day Year	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2016	Make EAST
		Model TP	Body Style TRAILER
			Color UNK / UNK
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____
		Check if G.V.W.R. Over 10,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire <input type="checkbox"/> # of Axles
10. Surrender Title Number and State # 13789337 State: ME		11. File Number	12. Unit Number T4627
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name Dealer #	
		LUCKY DOG LLC RA1340	
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City State ZIP	
Name		HYATTSTVILLE MD 20781	
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.		24. AUDITOR'S USE ONLY	
		TRP NUMBER Tax Form Number	
		\$184.00	
		Circle Quarter: 1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature 1. <i>Michelle Bagatti</i> 2. <i>Michelle Bagatti</i>			
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			
07/13/2024 GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379			
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:			
6237478200			
CUSTOMER RECEIPT			
Control #			
Date: _____			



## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9842: 184.00 MU 981701ST * TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
 6237477856/		6. Owner 1 DL/FEIN #			
		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1U2Y28XGR057392		VIN Second Stage Info.			
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2016	
9. Current Odometer Reading (No Tenths) 000MNR		Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input type="checkbox"/> 10 yrs. or older (mileage not required) <input checked="" type="checkbox"/>		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State	
10. Surrender Title Number and State # 13996534 State: ME		11. File Number		12. Unit Number T4638	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER Name Street Address City State ZIP			16. SECOND LIENHOLDER Name Street Address City State ZIP		
17. TRANSFER INFORMATION Year Make/Model VIN			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HYATTSVILLE MD 20781		
19. BENEFICIARY Name Street Address City State/Country ZIP			20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY TRP NUMBER \$184.00 Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059			23. Signature(s)  SIGN HERE SIGN HERE		
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.					
07/13/2024					
OFFICE USE ONLY Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP: 6237477856 CUSTOMER RECEIPT Control #					

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
5. OWNER INFORMATION			
First		Last Middle	
		MR BULTS INC	
First		Last Middle	
Residence/Business Street Address		2627 E 139TH ST	
City		STATE	ZIP
BURNHAM		IL	60633
		6. Owner 1 DU/FEIN #	
6237479894/		Owner 2 DU/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y288GR057378			
8. Purchase Date Month Day Year 05/06/2024	New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	Year 2016	Make EAST
		Model TP	Body Style TRAILER
		Color UNK / UNK	
9. Current Odometer Reading (No Tenth) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)	
		Rebuilt <input type="checkbox"/>	Flood <input type="checkbox"/>
		Other Branded Title <input type="checkbox"/>	MCY C.C. <input type="checkbox"/>
		Mobile Home Sq. Ft. <input type="checkbox"/>	Rental <input type="checkbox"/>
		Leased <input type="checkbox"/>	
10. Surrender Title Number and State # 13842798 State: ME		11. File Number T4639	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)		14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)	
Name		Insurance Company Name (Do not list agent)	
Street Address		Policy Number	
City State ZIP		Expiration Date	
15. FIRST LIENHOLDER		16. SECOND LIENHOLDER	
Name		Name	
Street Address		Street Address	
City State ZIP		City State ZIP	
17. TRANSFER INFORMATION		18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)	
Year	Make/Model	Name Dealer #	
		LUCKY DOG LLC RA1340	
VIN		Street Address	
		2802 52ND AVE	
19. BENEFICIARY		City State ZIP	
Name		HYATTSVILLE MD 20781	
Street Address		20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP		<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE		24. AUDITOR'S USE ONLY	
State all reasons for corrections or duplication.		TRP NUMBER	
		Tax Form Number	
		\$184.00	
		Circle Quarter:	
		1st 2nd 3rd 4th	
22. Daytime Phone Number (optional) 708-868-0059			
23. Signature(s)			
1.		SIGN HERE	
2.		SIGN HERE	
Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			
OFFICE USE ONLY			
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:			
6237479894			
CUSTOMER RECEIPT			
Date: _____			
Control #			


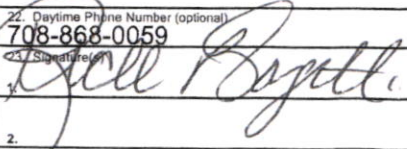
GREAT AMERICAN LICENSE SERVICE INC  
GALS 1340  
SPFLDGALS@COMCAST.NET  
(217)629-1379

07/13/2024




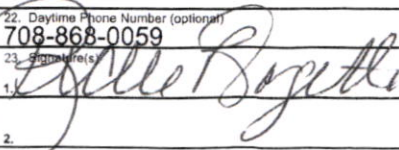
## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9890: 184.00 MU 981739ST TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
 6237479993/		5. Owner 1 DU/FEIN #			
		Owner 2 DU/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1U2Y28XGR056078				VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2016 Make EAST Model WF Body Style TRAILER Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		<input type="checkbox"/> Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles	
10. Surrender Title Number and State # 13996530 State: ME		11. File Number		12. Unit Number T4640	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE)			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT)		
Name			Insurance Company Name (Do not list agent)		
Street Address			Policy Number		
City State ZIP			Expiration Date		
15. FIRST LIENHOLDER			16. SECOND LIENHOLDER		
Name			Name		
Street Address			Street Address		
City State ZIP			City State ZIP		
17. TRANSFER INFORMATION			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP)		
Year		Make/Model		Name Dealer #	
VIN				LUCKY DOG LLC RA1340	
19. BENEFICIARY				Street Address 2802 52ND AVE	
Name				City State ZIP HYATTSVILLE MD 20781	
Street Address				20. REASON FOR REPLACEMENT PLATES/STICKER	
City State/Country ZIP				<input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing	
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE			24. AUDITOR'S USE ONLY		
State all reasons for corrections or duplication.			TRP NUMBER Tax Form Number		
22. Daytime Phone Number (optional) 708-868-0059			\$184.00		
23. Signature 			Circle Quarter: 1st 2nd 3rd 4th		
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			07/13/2024		
OFFICE USE ONLY			GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLDGALS@COMCAST.NET (217)529-1379		
Verified by CRT <input type="checkbox"/> I.D. <input type="checkbox"/> REMITTER/DRIVER SERVICES FACILITY STAMP:					
6237479993					
Control #					
CUSTOMER RECEIPT			Date: _____		

## ILLINOIS SECRETARY OF STATE - APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number		CL9X07/22/24:02:9874: 184.00 MU 96173357 TR 00/00	
3. Plate Type Requested ST SEMI TRAILER		4. Exp. Month		Year	
5. OWNER INFORMATION					
First		Last		Middle	
		MR BULTS INC			
First		Last		Middle	
Residence/Business Street Address 2627 E 139TH ST					
City BURNHAM		STATE IL		ZIP 60633	
 6237481005/		6. Owner 1 DL/FEIN #			
		Owner 2 DL/FEIN #			
7. VEHICLE INFORMATION					
Vehicle Identification Number (VIN) 1E1U2Y281GR057393				VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2016 Make EAST Model WF Body Style TRAILER Color UNK / UNK	
9. Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/> Rental <input type="checkbox"/> Leased <input type="checkbox"/> Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/> Gross Weight (RV, RT, TRK, BUS, TRLR) <input type="checkbox"/> For Hire <input type="checkbox"/> # of Axles <input type="checkbox"/>	
10. Surrender Title Number and State # 13996535 State: ME		11. File Number		12. Unit Number T4646	
13. MAIL TITLE TO (IF DIFFERENT THAN ABOVE) Name Street Address City State ZIP			14. VEHICLE INSURANCE INFORMATION (TRAILERS EXEMPT) Insurance Company Name (Do not list agent) Policy Number Expiration Date		
15. FIRST LIENHOLDER Name Street Address City State ZIP			16. SECOND LIENHOLDER Name Street Address City State ZIP		
17. TRANSFER INFORMATION Year Make/Model VIN			18. SELLER'S INFORMATION (INDIVIDUAL OR DEALERSHIP) Name Dealer # LUCKY DOG LLC RA1340 Street Address 2802 52ND AVE City State ZIP HYATTSVILLE MD 20781		
19. BENEFICIARY Name Street Address City State/Country ZIP			20. REASON FOR REPLACEMENT PLATES/STICKER <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Destroyed <input type="checkbox"/> Requesting a Different Number <input type="checkbox"/> Respacing		
21. REASON(S) FOR CORRECTED OR DUPLICATE TITLE State all reasons for corrections or duplication.			24. AUDITOR'S USE ONLY TRP NUMBER Tax Form Number \$184.00 Circle Quarter: 1st 2nd 3rd 4th		
22. Daytime Phone Number (optional) 708-868-0059					
23. Signature(s) 			SIGN HERE		
2. Your signature on the application authorizes the Secretary of State to lower the amount of your check if the fee submitted is greater than the fee required for mail-in transactions. I/we hereby affirm that the information is true and correct and, when applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period. If applying for a title for a motor vehicle nine years old or newer, I/we also acknowledge awareness of the odometer certification made by the seller.			07/13/2024		
OFFICE USE ONLY 6237481005			GREAT AMERICAN LICENSE SERVICE INC GALS 1340 SPFLD.GALS@COMCAST.NET (217)529-1379		
Control #			Date: _____		

CUSTOMER RECEIPT



# ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s):		2. Current Plate Number	
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month	Year
5. OWNER INFORMATION			
First		Last	Middle
		MR BULTS INC	
First		Last	Middle
Residence/Business Street Address 2627 E 139TH ST			
City		STATE	ZIP
BURNHAM IL 60633		IL	60633
 6236980404/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN)		VIN Second Stage Info.	
1E1Z2Y284NR076653			
8. Purchase Date	New <input type="checkbox"/>	Used <input checked="" type="checkbox"/>	
05/06/2024			
Month Day Year	Year	Make	Model
	2022	EAST	TL
		Body Style	Color
		TRAILER	UNK / UNK

T4666

RP3107/01/24/09122517 104.00  
96719051 00/00

T4675

ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

1. Type of transaction(s):		2. Current Plate Number	
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month Year	
		5. OWNER INFORMATION	
		First Last Middle MR BULTS INC First Last Middle	
Residence/Business Street Address 2627 E 139TH ST		STATE ZIP IL 60633	
City BURNHAM IL 60633		6. Owner 1 DL/FEIN # Owner 2 DL/FEIN #	
 62370108047			
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN) 1E1Z2Y284NR076667		VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	
9. Current Odometer Reading (No Tenths) 000MNR		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____ Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) <input type="checkbox"/>	
<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		MCY C.C. Mobile Home Sq. Ft. Rental Leased Gross Weight (RV, RT, TRK, BUS, TRLR) For Hire # of Axles	
		Body Style: TRAILER Color: UNK / UNK	



T4691

Application cannot be accepted with alterations (changes) or white-out

# ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

1. Type of transaction(s):		2. Current Plate Number	
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month _____ Year _____	
		5. OWNER INFORMATION First _____ Last _____ Middle _____ MR BULTS INC First _____ Last _____ Middle _____ Residence/Business Street Address 2627 E 139TH ST City _____ STATE _____ ZIP _____ BURNHAM IL 60633	
6. Purchase Date 05/06/2024 Month Day Year New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		6. Owner 1 DL/FEIN # Owner 2 DL/FEIN #	
		7. VEHICLE INFORMATION Vehicle Identification Number (VIN) 1E1Z2Y285PR081539 Year _____ Make _____ Model _____ 2023 EAST TL Body Style TRAILER Color UNK / UNK	
		VIN Second Stage Info	
9. Current Odometer Reading (No Tenths) 000MNR <input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____ Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	
		MCY C.C. _____ Mobile Home Sq. Ft. _____ Gross Weight (RV, RT, TRK, BUS, TRLR) _____ For Hire <input type="checkbox"/> # of Axles _____	

RP3J07/02/24:01:8813: 184.00 CK01  
 987217ST TR 00/00  
 FOR DEPOSIT ONLY

## ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out.

T4692  
RP3J07/02/24:01:5501: 184.00 CK01  
987205ST TR 00/00  
FOR DEPOSIT ONLY

1. Type of transaction(s): <input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		2. Current Plate Number	
		3. Plate Type Requested ST SEMI TRAILER	
		4. Exp. Month	Year
5. OWNER INFORMATION			
First		Last	Middle
		MR BULTS INC	
First		Last	Middle
Residence/Business Street Address 2627 E 139TH ST			
City BURNHAM		STATE IL	ZIP 60633
 6237014575/		6. Owner 1 DL/FEIN #	
		Owner 2 DL/FEIN #	
7. VEHICLE INFORMATION			
Vehicle Identification Number (VIN) 1E1Z2Y281PR081540		VIN Second Stage Info.	
8. Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>	
9. Current Odometer Reading (No Tenths)		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual	Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/>
		Other Branded Title <input type="checkbox"/> State	MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. <input type="checkbox"/>
		Body Style TRAILER	Color UNK / UNK
		Rental <input type="checkbox"/>	Leased <input type="checkbox"/>

T4697

ILLINOIS SECRETARY OF STATE – APPLICATION FOR VEHICLE TRANSACTION(S)

Application cannot be accepted with alterations (changes) or white-out

1 Type of transaction(s):		2 Current Plate Number		RP3J07/02/24:01:9806: 184.00 CK01 987210ST TR 00/00		
<input type="checkbox"/> Title and Transfer <input checked="" type="checkbox"/> Title and Registration <input type="checkbox"/> Title Only <input type="checkbox"/> Duplicate Title <input type="checkbox"/> Corrected Title <input type="checkbox"/> Salvage Certificate <input type="checkbox"/> Junking Certificate <input type="checkbox"/> Plates Only <input type="checkbox"/> Sticker Only <input type="checkbox"/> Transfer Only <input type="checkbox"/> Corrected ID Card <input type="checkbox"/> Duplicate ID Card <input type="checkbox"/> Set of Plates Replacement <input type="checkbox"/> Sticker Replacement <input type="checkbox"/> Reclass of License Plates <input type="checkbox"/> Resale of License Plates <input type="checkbox"/> Other:		3 Plate Type Requested ST SEMI TRAILER				
		4 Exp. Month		Year		
		5 OWNER INFORMATION				
		First		Last		Middle
		First		Last		Middle
		Residence/Business Street Address 2627 E 139TH ST				
		City BURNHAM		STATE IL	ZIP 60633	
		 6237015268/		6 Owner 1 DL/FEIN #		
				Owner 2 DL/FEIN #		
		7 VEHICLE INFORMATION				
		Vehicle Identification Number (VIN) 1E1Z2Y280PR081545		VIN Second Stage Info.		
8 Purchase Date 05/06/2024 Month Day Year		New <input type="checkbox"/> Used <input checked="" type="checkbox"/>		Year 2023	Make EAST	
		Model TL		Body Style TRAILER	Color UNK / UNK	
9 Current Odometer Reading (No Tenths) 000MNR		<input type="checkbox"/> Actual <input type="checkbox"/> Not Actual <input type="checkbox"/> In Excess of Mechanical Limits <input checked="" type="checkbox"/> 10 yrs. or older (mileage not required)		Rebuilt <input type="checkbox"/> Flood <input type="checkbox"/> Other Branded Title <input type="checkbox"/> State _____ Check if G.V.W.R. Over 16,000 lbs. (odometer reading not required) Yes <input type="checkbox"/>	MCY C.C. <input type="checkbox"/> Mobile Home Sq. Ft. _____ Gross Weight (RV, RT, TRK, BUS, TRLR) _____ For Hire <input type="checkbox"/> # of Axles _____	
		Rental <input type="checkbox"/> Leased <input type="checkbox"/>				



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/2/2025

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).

<b>PRODUCER</b> Cottingham & Butler 800 Main St. Dubuque IA 52001	<b>CONTACT NAME:</b> To Request a Certificate <b>PHONE (A/C, No, Ext):</b> 888-785-4677 <b>E-MAIL ADDRESS:</b> certificates@cottinghambutler.com <b>FAX (A/C, No):</b> 563-587-5866
<b>INSURED</b> Mr. Bult's, Inc. K&L Leasing, LLC 2627 East 139th Street Burnham IL 60633	<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Greenwich Insurance Company <b>INSURER B:</b> XL Insurance America, Inc. <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>
	<b>NAIC #</b> 22332 24554

**COVERAGES****CERTIFICATE NUMBER:** 1544818068**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"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		RGD3001446-06	11/15/2024	11/15/2025	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 - COMP/OP AGG \$ 2,000,000 \$
A	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		RAD9437940-06	11/15/2024	11/15/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
B B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	RWD3001447-06 RWR9435510-06	11/15/2024 11/15/2024	11/15/2025 11/15/2025	<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

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
The Auto Liability policy includes the MCS-90 endorsement.

**CERTIFICATE HOLDER****CANCELLATION**

Department of Natural Resources & Environmental Control  
Division of Waste & Hazardous Substances Compliance & Permitting Section  
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

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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-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 Mr. Bult's, Inc. of Illinois 387102  
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:00 A.M. on this 8th day of November, 2024

Amending Policy Number: RAD943794006 Effective Date: 11-15-2024

Name of Insurance Company: Greenwich 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 \$ 7,000,000 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: \_\_\_\_\_.

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 49 CFR 171.8, 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 49 CFR 173.403.	\$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 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, 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 49 CFR 173.403.	\$5,000,000

\*The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

## Davis, DaQuan (DNREC)

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**From:** Mike Sandridge <msandridge@mrbults.com>  
**Sent:** Thursday, May 22, 2025 11:54 AM  
**To:** WHStranporters  
**Cc:** Tony Schmidt  
**Subject:** Re: DNREC NOTICE- Incomplete Solid Waste Transporter Permit Application (DE-SW-1484)  
**Attachments:** Driver list 5.2.25.xlsx; 2025 Renewal Document w Check\_5.14.25.pdf; MBI Minimum Guidelines rvsd 6112024 (2).pdf; General Company Work Guildlines.pdf

Hello Mr. Sandridge,

Thank you for submitting your application for 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 12-** Regarding the driver training, please update and add the following:
  - 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.  
Annual Motor Vehicle Records are processed annually through a driver's license monitoring system called Supervision based on the employees hire date. The system generates an MVR after a year to the date of hire. A review is completed at that time and moving violations are reviewed in its entirety. We also monitor all moving violations from roadside inspections through a system called Tenstreet. Tenstreet monitors all inbound violations and flags them and then assigns infraction action training specific to the violation to correct future behavior specific to the violation. The driver will then need to complete the assigned training. Attached are the minimum driver eligibility guidelines that are followed at the time of hire to evaluate any and all violations. Points are assigned to specific violations and determines if the driver is eligible for hire based on total points. These guidelines are also used at the annual MVR review to determine if the driver remains eligible for continued employment with Mr. Bult's Inc. I attached our work guidelines as well. Page 4 addresses moving violations.
  - Describe how drivers are instructed on the conditions of the Delaware solid waste transporter permit.  
All drivers operating in Delaware receive training specific to the permit requirements, including acceptable waste types, spill response protocols, route restrictions, and proper manifesting.
- **Section 14-** Please provide a list of vehicle operators.
  - Attached
- **Section 16-** The owner's signature was missing a date. Please have the owner re-sign the application and ensure it has a date.
  - Revised app w date attached.

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

Thank you,





## DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

✓ 302-739-9403

✉ [WHSttransporters@delaware.gov](mailto:WHSttransporters@delaware.gov)

✓ 89 Kings Hwy SW, Dover, DE 19901

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





# Minimum Driver Eligibility Guidelines

## Driver Qualifications:

- Possess a valid Class A Commercial Driver's license issued in compliance with the applicable state and federal regulations
- Verifiable Class A Commercial Driving Experience In the past 5 years
- Interstate—21 Years old

## Motor Vehicle Records (MVRs)

The applicant's MVR will be obtained on Commercial Drivers that have the appropriate experience. If the MVR, PSP, or any other valid source of Information regarding the subject driver indicates that the subject driver has been convicted of violations within the previous **3 years**, the following points will be assessed for each violation:

1 Point Violations	2 Point Violations
<ul style="list-style-type: none"> <li>• Improper Stop on Highway</li> <li>• Lane Violations</li> <li>• Speeding of 1-10 mph over the speed limit</li> <li>• Unsafe operation of a Motor Vehicle</li> <li>• Inability to Control Vehicle</li> <li>• Seatbelt violation of Any kind</li> <li>• Illegal Backing</li> <li>• Improper Backing</li> </ul>	<ul style="list-style-type: none"> <li>• Preventable Accident (<i>If cited for a violation same day as accident, count accident only</i>)</li> <li>• Speeding of 11 to 14 mph over the speed limit</li> <li>• Following too Close Violation</li> <li>• One-Way street</li> <li>• Traffic Control Devices (Stop light, Stop sign etc.)</li> <li>• Improper U-Turn</li> <li>• Improper Right/Left Turns</li> <li>• Moving against traffic</li> <li>• Improper Pass</li> <li>• Driving on wrong side of road</li> <li>• Inattentive driving</li> <li>• Failure to exercise due care</li> <li>• Careless Driving</li> <li>• Driving too fast for conditions</li> <li>• Speeding in a construction zone</li> </ul>
3 Point Violations	4 Point Violations
<ul style="list-style-type: none"> <li>• Speeding of 15 to 20 mph over the speed limit</li> <li>• Railroad crossing violation</li> <li>• Driving with a suspended or revoked license</li> <li>• Failed to Yield to Emergency Vehicle</li> <li>• Failure to Yield</li> <li>• Using a hand- held telephone while driving</li> </ul>	<ul style="list-style-type: none"> <li>• Speeding of 21+ mph over the speed limit</li> <li>• Illegally passing stopped school bus</li> </ul>

## *Point Accumulation for above violations*

<i>Experience</i>	1 Year + Tractor Trailer Experience
<i>Qualified</i>	0-5 points
<i>Disqualified</i>	6 > points

Mr. Bults Inc. 2627 E 139<sup>th</sup> Street, Burnham, IL 60633

Rvsd. 4/29/2024



# Minimum Driver Eligibility Guidelines

## Automatic Disqualification:

- Clearinghouse states the below:
  - Driver Prohibited
  - Driver Not prohibited with return to duty and/or Follow up testing plan incomplete

## Serious Violations Resulting In 5 Years Disqualification: (Individualized assessment)

- Jackknife
- Rollover

## Serious Violations Resulting in 7 Year Disqualification:

- Open Container of Alcohol in CMV
- Illegal Transport of Drug/Alcohol in CMV
- Possession of Drug/Alcohol in CMV
- DUI/DWI
- Failure to Report an Accident
- False Report to Authorities
- Fraudulent use of driver's license
- Felony with a vehicle
- Hit and Run
- Leaving the scene of an accident
- Homicide involving a vehicle
- Manslaughter involving a vehicle
- Speeding in a school zone
- Participating in Racing
- Reckless Driving
- Using a Vehicle to elude a police officer
- Driving the wrong way on the highway

*Any violations or convictions that are not listed in these guidelines must be reviewed by corporate safety before the driver can be qualified. Each applicant receives an Individual assessment of their application and associated documentation in determining their qualifications. These are guidelines used to assist in this Individual assessment and may not include all the factors utilized in the qualification determination. If in the event a driver is over minimum qualification training will be assigned and upon completion a determination will be made to move forward.*

## MR. BULT'S INC.

### GENERAL COMPANY WORK GUIDELINES

*Mr. Bult's, Inc. ("MBI") wants to hire, train, and retain the most professional team of drivers in the country. Our Company was built on and exists because of good common sense, good hard work, the safe operation of equipment, and respect for others. In an effort to continue that tradition, the Company offers a 401K plan and medical/dental insurance.*

*The following are guidelines that we feel are essential to the successful operation of our Company. We ask that you read them carefully, ask any questions you may have to insure you understand them, and then to follow them in your day-to-day employment.*

*Should you break a rule, our discipline policy is straightforward. We recognize that mistakes can happen, and we may give an employee an opportunity to correct problems that arise. For this purpose, we maintain a progressive discipline policy that uses a system of warning notices for infractions of a less serious nature. You need to recognize that certain infractions are so serious that they are not subject to that policy and are grounds for instant dismissal.*

*We believe that if you understand what we expect, you are more likely to succeed in obtaining a long-term employment opportunity, good pay, and good benefits. While this statement should not be considered an employment contract, we can assure you that your efforts in attaining our standards will go a long way in making this your home for years to come.*

*Because circumstances change, we do reserve the right to amend these work rules. When we do so, we will make every attempt to notify you of the changes. When you see the need for a change in one of our rules, you should communicate that directly to your supervisor, our Safety Manager, our General Manager or myself, Jim Bult.*

*Welcome to our Company!*

**\*\*\*Please read through these rules, then sign, date and return the last page to your supervisor.\*\*\***



## **CODE OF CONDUCT**

The following conduct *is not* acceptable and may lead to immediate dismissal:

1. Possession or storing of weapons of any kind such as firearms or explosives on the property of the Company or customer.
2. Theft or attempted theft of the property of the Company, an employee, or customer.
3. Dishonesty or falsification of any Company record or document. No employee shall defraud the Company or make false or malicious statements that may reflect negatively on the company, an employee or customer.
4. The use of threatening or abusive language, fighting, assaulting, harassment, discourteous, indecent, or immoral conduct directed towards any employee, customer, or member of the public.
5. Insubordination, refusal, or failure to follow Company procedures or perform an assignment given by your supervisor or a Company official, including work assignment outside your normal duties.
6. Leaving work prior to completion of your work assignment without the permission of your supervisor or a Company official.
7. Failure to comply with MBI's Absenteeism and Tardiness policy (see Schedule A).
8. Failure to immediately report all personal injuries, motor vehicle accidents or other accidents to your supervisor or a Company official, including damage to the property of the Company, an employee, customer, or a member of the public, regardless of who is responsible for the damage.
9. Failure to observe traffic laws or to report traffic violations involving Company vehicles.
10. Being involved in an accident that is determined to be chargeable under MBI's Collision Policy (see Schedule B).
11. Misuse, abuse, damaging, or tampering with the property of the Company, an employee, or customer.
12. Using Company property without proper authorization, including permitting unauthorized personnel to operate or board a Company vehicle, or enter Company property. Failure to properly prepare any required report before leaving the Company or a customer's premises, including failure to obtain signatures as required.

13. Failure to comply with applicable Department of Transportation regulations including failure to maintain proper driving credentials, logs, pre-trip/post trip inspection of your vehicle.
14. Failure to comply with OSHA regulations MBI's P.P.E. Policy, Transfer floor Procedures and any safety rule or standard of the Company or a customer. (See Schedule C)
15. Operating Company equipment in a careless or unsafe manner.
16. Smoking in non-smoking areas.
17. Running out of fuel is not permitted. Whether your fuel gauge works or not, it is your responsibility to ensure that you have acceptable fuel to complete your run. Never leave the vehicle unattended when refueling, spilling fuel is considered a chargeable accident.
18. An employee who drives or operates a Company vehicle, including truck or heavy equipment shall:
  - a. Check tires and wheel security before leaving the transfer station and landfill, in addition to pre-trip and post-trip inspection.
  - b. Secure necessary equipment and supplies for proper job performance before leaving the Company or customer's facility.
  - c. Not tamper with tachometers, governors, pressure valves, or other items of equipment.
  - d. Keep the cab of the vehicle clean of all garbage (empty cans, cigarette ashes, bags, etc.) at all times regardless if it's your regular truck.
  - e. Not allow the vehicle to be pushed under any circumstances by any other vehicle or machine. Our vehicle should only be pulled from the tow hooks.
  - f. Secure and cover all loads properly before leaving the company or customer's facility.
  - g. Notify the dispatcher or Company official when leaving the vehicle for more than 30 minutes and before leaving the Company or customer's facility.
  - h. Use radios in compliance with federal regulations and be respectful of landfill channels.
  - i. Never use any radar detector or similar device in the vehicle.

- j. Shut off the vehicle whenever the driver/operator is out of the vehicle for more than 10 minutes.
- k. Always wear your seatbelt, a failure to use seat belt violation will be grounds for immediate termination of employment.

In Addition:

1. We expect our employees to receive no more than two moving violations in a two-year period. Upon receipt of the third, the driver is subject to dismissal.
2. Stopping or Parking on a roadway for personal reasons (coffee, food, newspaper, etc.) is unauthorized use of company equipment and should be avoided.
3. Three offenses for safety equipment violations within a one- year period are grounds for dismissal.

*Again, welcome to Mr. Bult's, Inc. We hope you enjoy it here.*



mpp_id	mpp_type1	mpp_lastfirst
038673	Company	Thomas,Gerald
038674	Company	Williams,Erwin
038685	Company	Bradshaw Jr.,Leroy
038743	Company	Diallo,Hady
KRJSHA	Owner Ope	KRJ HAULING LLC

### 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 Tony Schmidt Date 5/12/2025

Print Name Tony Schmidt Title President

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