

RECEIPT

DATE 05/12/2025

No.

741827

RECEIVED FROM

Cabrera Transport LLC

\$

350.00

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

DOLLARS

☐ FOR RENT

☒ FOR

DE-SW-1890

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH

☒ CHECK

☐ MONEY
ORDER

☐ CREDIT
CARD

FROM

3512

TO

BY

AG



RECEIVED

MAY 12 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- 1890 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 CABRERA TRANSPORT LLC

Location Address:	Mailing Address:
541 Malcom Rd. Union, NJ 07083	541 Malcom Rd. Union, NJ 07083

Contact: GALO CABRERA Title: MANAGING MEMBER

Business Phone: 973-444-9152 Fax: _____

E-mail: cabreratransport1@gmail.com

24 hr Emergency Contact Phone: 973-444-9152

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: _____ State: _____ Date: _____
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: NJ
☐ Other: (must specify) _____

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

☒ Attachment A

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

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
 - ☒ Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- ☐ Attachment _____
 - ☒ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 3089764 MC# 71304
- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

The transporter must submit proof of financial responsibility as established in section 7.2.4 of Delaware's *Regulations Governing Solid Waste*. This proof may be established by a Certificate of Insurance, with MCS-90 endorsement where applicable, or by other means approved by the Department. (The Certificate of Insurance must identify the **Department of Natural Resources and Environmental Control, Compliance and Permitting Section** as the certificate holder.)

- (a). Are you for-hire in interstate commerce? ☒ Yes ☐ No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)
- (b). Do you transport in the State of Delaware Only (Intrastate)? ☐ Yes ☒ No
- (c). Do you transport Interstate? ☒ Yes ☐ No

- (d). Certificate of Insurance must be attached and include minimum automobile liability coverage as follows:

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input checked="" 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 spill

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- Describe how drivers are instructed in the following:
 - Knowledge of proper handling procedures for the type of solid waste being transported.
 - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
 - Familiarity with the conditions of the solid waste transporter's permit.

- ✓ Driver Training, attachment plan

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2
☐ Form 1099-Misc
☐ Other

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 Galo Cabrera Date 5/1/2025
Print Name GALO CABRERA Title MANAGING MEMBER

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

DELAWARE SOLID WASTE TRANSPORTER – Additional ATTACHMENTS

A. Galo Cabrera, 100% owner

b. Mailing Address: 541 Malcolm Rd. Union, NJ 07083

B. PA DEP permit number WH19148

a. NYC BIC – 497343

b. NYS 364 - 1116

C. Operator List – number 14

a. Galo Cabrera – Driver

b. Rafael Dilone – Driver

c. Omar Lopez – Driver

d. Samuel Marquez – Driver

e. Walter Torres – Driver

f. Daniel Narvaez – Driver

g. Edwin Rodas – Driver

h. Roberto Velez – Driver

i. Fredy Urgilez – Driver

j. Mario Vasquez - Driver

VEHICLE INFORMATION - See Item 13 of the application.

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

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfg'r's GVWR	OWNERSHIP
2019 KEN	TK	1NKDX4TX6KJ244342	AU514L -NJ	80000	CABRERA TRANSPORT LLC
2019 KEN	TK	3BKDX4TX3KF286787	AY772L NJ	80000	CABRERA TRANSPORT LLC
2020 KEN	TK	1NKDX4TX5LJ369236	AY856K NJ	80000	CABRERA TRANSPORT LLC
2020 KEN	TK	1NKDX4TX3LJ369235	AY869L NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TX1SJ132148	AZ111L NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TX0SJ132142	AZ112L NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TX4SJ132144	AZ946K NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TXXSJ132147	AZ947K NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	3BKZX4TX7SF132122	AZ948K NJ	80000	CABRERA TRANSPORT LLC
2020 KEN	TK	3BKDX4TX5LF418028	AU692P NJ	80000	CABRERA TRANSPORT LLC
2020 KEN	TK	1NKZX4TX5LJ348652	AY495T NJ	80000	CABRERA TRANSPORT LLC
2025 PET	TK	1NPCX4EXXSD764688	AZ691M NJ	80000	CABRERA TRANSPORT LLC
2016 KEN	TK	1NKZX4TX8GJ123938	AY183C NJ	80000	CABRERA TRANSPORT LLC
2021 KEN	TK	1NKZX4TX2MJ437158	AY792A NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TX6SJ169177	AZ385P NJ	80000	CABRERA TRANSPORT LLC
2025 KEN	TK	1NKZX4TX9SJ184210	AZ386P NJ	80000	CABRERA TRANSPORT LLC

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

Primary Coordinator:

Phone Number:

Galo Cabrera

973-444-9152 (cell)

541 Malcom Rd. Union, NJ 07083

Galo Cabrera, Transportation Manager

Spill Reporting Phone Numbers:

Phone Number:

USDOT National Response Center

201-874-1175

Center for Disease Control

404-633-5313

USCG National Response Center

202-426-2675

800-424-8802

Delaware DNREC 24-hour Hotline

302-739-9401

(in state only)

800-662-8802

New Jersey DEP 24-hour Hotline

609-292 -7172

New York State DEC 24-hour Hotline

518-457-7362

800-457-7362

Pennsylvania DEP 24-hour Answering Service

717-787-4343

PS Emergency Management Agency

717-783-8150(24-hr)

Region 1 (Norristown)

215-270-1900

Region 2 (Wilkes-Barre)

717-826-2511

Region 3 (Harrisburg)

717-657-4585

Region 4 (Williamsport) (9am-5pm)

717-327-3646

(24-hour)

717-327-3696

Region 5 (Pittsburgh)

412-645-7100

Region 6 (Meadville)

814-724-8557

PA local Police and Fire Departments

911or (0) Operator

Maryland DEP 24-hour Answering Service

866-633-4686

EMERGENCY RESPONSE EQUIPMENT

The following emergency response equipment is to be maintained on each Cabrera Transport LLC vehicle while hauling contaminated waste or contaminated material.

1. Emergency Eyewash Kit
2. First Aid Kit
3. Portable ABC Dry Chemical Fire Extinguisher
4. Equipment and Protective Clothing, as follows:
 - Safety Goggles and/or Shield
 - PVC Boots
 - PVC Gloves
 - Rain Gear
 - Disposable Coveralls (e.g. Tyvek)
 - Triangle Reflectors
 - Hard Hat
 - Duct Tape (at least one roll)
 - Tool Kit
 - Flash Light
 - Sorbent Pads, OH-Dri
 - 85 Gallon Overpack Drum (for drum shipments)
 - Bung Wrench (Non-Sparking, for drum shipments)
 - Shovel
 - Spill Kit

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

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

SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

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

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

1. In the event of a spill/discharge or other emergency during delivery, transportation or pickup, the Driver will use his/her common sense to IMMEDIATELY and safely take appropriate action to protect human health and the environment including:
 - a. Secure the area to unauthorized access by people or other vehicles
 - b. Keep all sources of ignition (eg. pipes, cigarettes, flares, etc.) away from the scene
 - c. Set up warning signals around the scene to prevent further accidents. Flame producing signals such as flares should not be used during incidents involving combustible or flammable materials.
 - d. Attempt to contain the spill and stop or reduce the flow of the leak
 - e. Obtain help in the immediate area to assist in securing the site
2. The DRIVER will contact (or have a responsible person in the area call) the Cerberus Transport LLC Emergency Coordinator(s) via the phone numbers listed previously. The DRIVER or alternate caller will provide the Emergency Coordinator with the information requested in the following section.
3. The DRIVER is then to continue to monitor the scene and remain in contact with the Emergency Coordinator while an appropriate course of action is determined.
4. The Emergency Coordinator, DRIVER, or other authorized individual shall be responsible for contacting the appropriate authorities as well as the necessary contractors.

PRELIMINARY SPILL INFORMATION

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

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

C. Where is the spill? —

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

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

WASTE

AMOUNT

F. What is being done to stop, slow or clean up the spill/discharge? —

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

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

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

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

IMMEDIATE CONTAMINATED MATERIALS INCIDENT NOTIFICATION

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

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

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

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

DETAILED CONTAMINATED MATERIALS INCIDENT REPORT

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

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

CONTAMINATED SUBSTANCE DISCHARGE NOTIFICATION

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

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

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

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

DRIVER TRAINING

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

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

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

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

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

Future Appointments for**Diana C. Narvaez (CASH)****Appointments from 05/08/2025 to 06/13/2025****Colonia Spine & Wellness Center PA****15 Prospect Lane Suite 1D****Colonia, NJ 07067-3036****Phone: 732-827-0028****Fax: 732-827-0018**

Date	Time	Purpose	Provider
Tue, May 13 25	02:00 PM	New Patient	David Mikhail
Wed, May 14 25	10:00 AM	DRX	Cielo Mojica
Wed, May 14 25	10:30 AM	Physical Therapy	Cielo Mojica
Fri, May 16 25	10:00 AM	DRX	Cielo Mojica
Fri, May 16 25	10:30 AM	Physical Therapy	Cielo Mojica
Mon, May 19 25	10:00 AM	DRX	Cielo Mojica
Mon, May 19 25	10:30 AM	Physical Therapy	Cielo Mojica
Wed, May 21 25	10:00 AM	DRX	Cielo Mojica
Wed, May 21 25	10:30 AM	Physical Therapy	Cielo Mojica
Fri, May 23 25	10:00 AM	DRX	Cielo Mojica
Fri, May 23 25	10:30 AM	Physical Therapy	Cielo Mojica
Wed, May 28 25	10:00 AM	DRX	Cielo Mojica
Wed, May 28 25	10:30 AM	Physical Therapy	Cielo Mojica
Fri, May 30 25	10:00 AM	DRX	Cielo Mojica
Fri, May 30 25	10:30 AM	Physical Therapy	Cielo Mojica
Mon, Jun 02 25	10:00 AM	DRX	Cielo Mojica
Mon, Jun 02 25	10:30 AM	Physical Therapy	Cielo Mojica
Wed, Jun 04 25	10:00 AM	DRX	Cielo Mojica
Wed, Jun 04 25	10:30 AM	Physical Therapy	Cielo Mojica
Fri, Jun 06 25	10:00 AM	DRX	Cielo Mojica
Fri, Jun 06 25	10:30 AM	Physical Therapy	Cielo Mojica
Mon, Jun 09 25	10:00 AM	DRX	Cielo Mojica
Mon, Jun 09 25	10:30 AM	Physical Therapy	Cielo Mojica
Wed, Jun 11 25	10:00 AM	DRX	Cielo Mojica
Wed, Jun 11 25	10:30 AM	Physical Therapy	Cielo Mojica
Fri, Jun 13 25	10:00 AM	DRX	Cielo Mojica
Fri, Jun 13 25	10:30 AM	Physical Therapy	Cielo Mojica



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/08/2025

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

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

PRODUCER Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047	CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL: csr@velocityins.net ADDRESS: INSURER(S) AFFORDING COVERAGE INSURER A: American Millennium Insurance Company INSURER B: United States Liability Insurance INSURER C: Lloyds of London INSURER D: Travelers INSURER E: INSURER F:	FAX (A/C, No): 201-617-1714 NAIC # 26140 25895 15792 19046
INSURED CABRERA TRANSPORT LLC. 541 Malcom Rd Union NJ 07083		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CL1904836F	11/21/2024	11/21/2025	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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAL14345	01/26/2025	01/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$		XL1591791F	11/21/2024	11/21/2025	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	A387257-1-25	02/25/2025	02/25/2026	<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
C	PHYSICAL DAMAGE		PFA11891A23	08/05/2024	08/05/2025	DEDUCTIBLE: \$2,500

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

TRUCKING:
2020 KW VIN# 1NKZX4TX5LJ348652 2019 KW VIN# 3BKDX4TX3KF286787 2020 KW VIN# 1NKDX4TX3LJ369235 2019 KW VIN# 1NKDX4TX6KJ244342
2021 KW VIN# 1NKZX4TX2MJ437158 2016 KW VIN# 1NKZX4TX8GJ123938 2020 KW VIN# 1NKDX4TX5LJ369236 2025 KW VIN# 1NKZX4TX1SJ132148
2025 KW VIN# 1NKZX4TX0SJ132142 2025 KW VIN# 3BKZX4TX7SF132122 2025 KW VIN# 1NKZX4TX4SJ132144 2025 KW VIN# 1NKZX4TXXSJ132147
DRIVERS(S): GALO CABRERA, EDWIN RODAS, SAMUEL MARQUEZ, RAFAEL DILONE, JOSE GARCIA, DURRELL OLDS, Roberto Sanabria, OMAR LOPEZ, ENYULIS A ABREU, Carlos M Restrepo-Montoya, JOSE E CASTRO-TOGRA, RAFAEL BARCOS NUNEZ, Juliana N De Sales, EDISON OMAR PADILLA, JEFF ROMAN RODRIGUEZ, ADRIAN EDGAR PENAFIEL
PENAFIEL, ANTONIO C DEOLIVEIRA

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources & Environmental Control,
Compliance and 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.

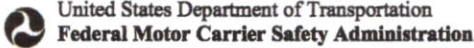
AUTHORIZED REPRESENTATIVE

Aileen Ogaldez

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USDOT Number: 3089764Date Received: 01/18/2024

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.



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 CABRERA TRANSPORT LLC of NJ
 (Motor Carrier name) (Motor Carrier state or province)

Dated at 01/26/2025 on this _____ day of _____,

Amending Policy Number: CAL14345-02 Effective Date: 01/26/2025

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: 
 (authorized company representative)

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

- [X] This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
 [] This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 973-628-6060.

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

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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,

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.

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

From: Galo Cabrera <cabreratransport1@gmail.com>
Sent: Wednesday, May 21, 2025 2:03 PM
To: WHStranporters
Subject: Re: DNREC Notice- Incomplete Delaware Solid Waste Transporter Permit Application
Attachments: MCS150 5.21.25.pdf

Good Afternoon DaQuan

Please see attached updated MSC-150

Regards,

Diana Narvaez

On Tue, May 13, 2025 at 11:23 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello Mr. Cabrera,

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 9(c)-** Your carrier vehicle miles traveled are out of date. Please update your MCS-150 Mileage (Year) with FMCSA.

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

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





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

MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING

(Check Only One)

☐ NEW APPLICATION ☒ BIENNIAL UPDATE OR CHANGES ☐ OUT OF BUSINESS NOTIFICATION ☐ REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER CABRERA TRANSPORT LLC			2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME		
3. PRINCIPAL ADDRESS 541 MALCOLM RD		4. CITY UNION	5. STATE/PROVINCE NEW JERSEY	6. ZIP CODE + 4 07083	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 541 MALCOLM RD		9. CITY UNION	10. STATE/PROVINCE NEW JERSEY	11. ZIP CODE+4 07083	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER (973) 444-9152		14. PRINCIPAL CONTACT CELL PHONE NUMBER (973) 444-9152		15. PRINCIPAL BUSINESS FAX NUMBER	
16. USDOT NO. 3089764	17. MC OR MX NO. MC71304	18. DUN & BRADSTREET NO. [REDACTED]		SSN#	
20. INTERNET E-MAIL ADDRESS CABRERATRANSPORT1@GMAIL.COM			21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR 360000 2024		

22. COMPANY OPERATION (Mark all that apply)
☒ Interstate Carrier ☐ Intrastate Hazmat Carrier ☐ Intrastate Non-Hazmat Carrier ☐ Interstate Hazmat Shipper ☐ Intrastate Hazmat Shipper ☐ Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)
☒ Authorized For-Hire ☐ Private Passengers (Business) ☐ U. S. Mail ☐ Local Government
☐ Exempt For-Hire ☐ Private Passengers (Non-Business) ☐ Federal Government ☐ Indian Tribe
☐ Private Property ☐ Migrant ☐ State Government ☐ Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	<input checked="" type="checkbox"/> CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
C. METAL: SHEETS, COILS, ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	<input checked="" type="checkbox"/> OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	DIRT, SOIL, STONE, SAND
E. DRIVE AWAY/TOWAWAY		N. OIL FIELD EQUIPMENT	T. U.S. MAIL	Z. UTILITY	
		O. LIVESTOCK	U. CHEMICALS	AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCQ	B NB
C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 8	B NB
C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 8A	B NB
C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 8B	B NB
C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB
C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB
C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB
C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB
C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB
			C S OO. ORM	B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus		Van		Limousine	
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15
OWNED	15													
TERM LEASED														
TRIP LEASED														

27. DRIVER INFORMATION

	INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	15	0	15	15
Beyond 100-Mile Radius	0	0		

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes ☐ No ☒ X
 If Yes, enter your U.S. DOT Number: _____

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. **GALO CABRERA, MANAGING MEMBER** (Please print Name)

2. _____ (Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

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

Signature **GALO CABRERA** Date **05/21/2025**

COMPANY OFFICIAL (Please print) _____ Title _____