

RECEIPT

DATE

04/28/25

No.

741814

RECEIVED FROM

JDR Transport, Inc.

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1999

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1875

TO

BY

M.M.



RECEIVED

APR 28 2025

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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

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

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

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1999 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 JDR Transport Inc

Location Address:	Mailing Address:
1253 Neshaminy Valley Dr	Same
Bensalem, PA 19020	

Contact: Darwin OMAR Ruano Title: Owner

Business Phone: (609) 349-0841 Fax: _____

E-mail [REDACTED]

24 hr Emergency Contact Phone: (609) 349-0841

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: Bensalem State: PA Date: 04/18/2022
☐ 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 List ownership changed - support docs

(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

[illegible][illegible]



0013759875

B0662-9698 03/04/2024 3:17 PM Received by Pennsylvania Department of State



COMMONWEALTH OF PENNSYLVANIA
Department of State
Bureau of Corporations and Charitable Organizations
PO Box 8722
Harrisburg, Pennsylvania 17105-8722
ARTICLES OF AMENDMENT - DOMESTIC CORPORATION
Fee: \$70

Pennsylvania Department of State

-FILED-

Amendment #: 0013759875
Date Filed: 3/4/2024

DSCB:15-1915/2104/2305/2704/2904/3304/5915/7104/7105/7106/7107 (rev. 7/2015)

In compliance with the requirements of 15 Pa.C.S. § 1915 / § 2104 / § 2305 / § 2704 / § 2904 / § 3304 / § 5915 / § 7104 / § 7105 / § 7106 / § 7107 (relating to articles of amendment/election/termination), the undersigned, desiring to amend its articles, hereby states that:

Record Information

File number	0007506618
Current name	JDR Transport Inc
Date of incorporation	04/18/2022
Filing type	Domestic Business Corporation
For profit filing subtype	Business

Business Subtype Change

Change business filing subtype?	I do not want to change the filing subtype of the corporation
---------------------------------	---

Current Registered Office or Commercial Registered Office Provider

Address	1253 Neshaminy Valley Dr Bensalem, PA 19020 Bucks
---------	---

New Registered Office

I do not want to change the registered office

Stock

The corporation is organized on a stock share basis and the aggregate number of shares authorized is:

Number of shares of stock authorized	10
--------------------------------------	----

Formation Statute

Profit corporation - select one	Business Corporation Law of 1988
---------------------------------	----------------------------------

Effective Date

The filing shall be effective when filed with the Department of State

Amendment adoption statement

Select one of the following	The amendment was adopted by the shareholders or members pursuant to 15 Pa.C.S. § 1914(a) and (b) or § 5914(a).
-----------------------------	---

Additional changes to the articles, if any

Additional changes	The amendment adopted by the corporation includes these additional changes (1000 characters or less)
Additional changes	Ownership Transfer: From incorporator VERONICA I RUANO to new owner DARWIN OMAR RUANO

Restated Articles

☐ The restated Articles of Incorporation supersede the original articles and all amendments thereto.

Electronic Signature

IN TESTIMONY WHEREOF, the undersigned Corporation has caused these Articles of Amendment to be signed by a duly authorized officer.

Owner

Veronica I Ruano

03/04/2024

Signer's Capacity

Sign Here

Date

Pennsylvania
VISITPA.COM USA

COMMERCIAL
DRIVER'S LICENSE
NOT FOR REAL ID PURPOSES

DUPS: 01

07/9



4 DLN [REDACTED]
3 DOB [REDACTED]
1 RUANO
2 DARWIN OMAR
3 1253 NESHAMINY VALLEY
DR
BENSALEM, PA 19020
4 EXP: 04/01/2027
4 ISS: 12/19/2023
15 SEX: M 18 EYES: BRO
16 HGT: 5'-06"
9 CLASS: A
8 END: NONE
12 RESTR: NONE



DD-2335301405805
600000014753

[Signature]

5. Company locations in Delaware

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

- ☒ Attachment Facilities
☐ 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

WASTE AND FACILITIES

WM – DRPI Landfill

198 Marsh Ln, New castle, DE 19720

- Residual Dry Waste from construction and demolition debris.

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 PA DEP
- ☐ 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# 4030621 MC# 1522703

- ☐ 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

DEP PA – Permit

JDR Transport Inc

ADDITIONAL INFORMATION: This permit is valid only for the vehicle(s) listed on the permit. It is the responsibility of the permit holder to ensure that the vehicle(s) are properly equipped and maintained. Any violations may result in the suspension or revocation of the permit.

Trailer Trucks

Trucks and Truck Tractors

Each vehicle must be equipped with a placard. Place the placard on the vehicle as shown in the diagram.

COMMONWEALTH OF PENNSYLVANIA
Waste Transportation Safety Program
Written Authorization

2844252583

Phone No. (609) 414-8042

VIN# 1S94A48266M006258
WH22844
Expires Dec 2025

JDR TRANSPORT, INC.
VERONICA RUANO
1253 NESHAMINY VALLEY DR
BENSALEM, PA 19020-1221

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged, contact DEP immediately at 717-837-0253. A replacement fee is required. Expired or Photocopies of this signed authorization are not valid.

3. Position Sticker, Then Press Firmly Until Tightly Affixed to Surface.

2844252583

WH22844

EXP DEC 2025

VIN 1S94A48266M006258

PA WTSP

TRAILER

READ INSTRUCTIONS CAREFULLY.

DEP-S258

DEP-C002-1/17

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

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

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

OMB No: 2126-0008
Expiration: 05/31/2024
Form MCS-90 Revised 06/03/2021

USDOT Number: 4030621 Date Received: _____

**FORM MCS-90
ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER ACT OF 1980**

Issued to JDR TRANSPORT INC

(Motor Carrier name)


of 1253 NESHAMINY VALLEY DR SAME BENSALEM, PA 19020

(Motor Carrier state or province)

Dated at 06:39 AM on this 2nd day of April, 2025

Amending Policy Number: CA 968178696 Effective Date: 04/01/2025

Name of Insurance Company: United Financial Cas Co

Countersigned by: 

Authorized company representative

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

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

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 1-800-444-4487.

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, D.C.).

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

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2025

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must 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 MDS Services LLC PO BOX 56 FORT LEE NJ 07024		CONTACT NAME: PHONE (A/C, No, Ext): 201-981-7535 FAX (A/C, No): 201-661-2895 E-MAIL ADDRESS: jenny.cayo@outlook.com																						
INSURED JDR TRANSPORT INC 1253 Neshaminy Valley Dr SAME Bensalem PA 19020		<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Progressive Casualty Insurance Co.</td><td>24260</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Progressive Casualty Insurance Co.	24260	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER C:																								
INSURER D:																								
INSURER E:																								
INSURER F:																								

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				4/1/2024	4/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo				4/1/2024	4/1/2025	100000 DED:\$2500

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

VIN: 1FUJGLCK78LZ66007. 2008 Freight Stated Value:\$20000 DED:\$2500

CERTIFICATE HOLDER**CANCELLATION**

DELAWARE DEPARTMENT OF NATURAL RESOURCES 89 KINGS HIGHWAY DOVER 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 <i>Jenny Cayo</i>
---	--

© 1988-2014 ACORD CORPORATION. All rights reserved.

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

✓ Spill Control Plan: Attachment _____

12. Driver Training

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

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

✓ Driver Training, attachment Driver Trai

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - Driver Pre-Trip/ Inspection Checklist (Driver will check vehicle and fill out the driver Pre-Trip/Post-Trip Inspection Checklist, as required by the D.O.T. Federal Motor Carrier Safety Regulations)
- (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: Darwin OMAR Ruano	Phone: (609) 349-0841
Legal Trucking	(215) 745-5232
- (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.

DRIVER TRAINING

JDR Transport Inc

The drivers are required to comply with FMCSA Driver Qualification File requirements for Commercial Driver's License.

BEFORE OPERATING THE VEHICLE

New employee orientation (NEO) training:

- Company driver safety policy.
- Insurance requirements.
- Sample cell phone/texting policy
- SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

Motor vehicle records review:

- Employee motor vehicle records report (MVR)
- Consequences of moving violations or accidents

Basic driver safety training:

- Pre-trip inspection log
- Emergency equipment kit
- Local driving environment and inclement weather conditions
- Driver fitness to drive (alert, sober, focused, distraction free)
- Driving behavior expectations
- Incident reporting procedures
- Basic defensive driving techniques
- Standard vehicle safety features (seatbelts, brakes, anti-lock brakes, e-brake, airbags, stability control)
- Reporting vehicle maintenance issues

Specific vehicle safety systems – Transport Solid Waste

- Drivers are instructed to follow disposal facilities rules and instructions.
- Drivers are instructed of proper handling procedures for accidental discharge.
- Drivers are instructed to ensure safe operation of the vehicle during transportation of the solid Waste.

FIRST TRIP

- Ride-along driving assessment and coaching
- When starting the job and as needed
- Use a ride-along risk assessment worksheet as a guide
- Demonstrate vehicle safety systems
- Coach to address risky behaviors

Within Six Months

- Comprehensive driver training
- Describe the three main categories of collisions:
 - Driver behavior
 - Environmental conditions (roadways, weather, other road users)
 - Vehicle conditions (brakes and tires)
- Include essential elements of defensive driver training
 - Focus on driver actions to spot hazards
 - Learn to anticipate dangerous situations
 - Combine classroom and computer learning with practical, behind-the-wheel training
- Tailor topics based on driver assessment and/or telematics report
- Describe the top five causes of crashes:
 - Speeding
 - Aggressive driving
 - Drugs and alcohol
 - Distractions
 - Bad weather
- Cover vehicle safety best practices guide
- Include journey management planning
- Demonstrate vehicle safety systems

Periodic

- Classroom review every two years
- Spill Control Plan for Solid Waste Haulers review
- Remedial training for high-risk drivers when
 - Vehicle monitoring systems show unsafe driving behaviors
 - Driver is involved in a collision
 - MVR shows a history of moving vehicle violations

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 Darwin Omar Ruano Date 04-23-2025

Print Name Darwin Omar Ruano Title Owner

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

CERTIFICATE *of* SIGNATURE

REF. NUMBER
NBHNI-MKPD9-6XWO9-VM3XV

DOCUMENT COMPLETED BY ALL PARTIES ON
23 APR 2025 15:11:43 UTC

SIGNER

DARWIN OMAR RUANO

SHARED VIA
LINK

TIMESTAMP

SENT
23 APR 2025 15:11:15 UTC
VIEWED
23 APR 2025 15:11:28 UTC
SIGNED
23 APR 2025 15:11:43 UTC

SIGNATURE

Darwin Omar Ruano

IP ADDRESS
108.52.14.253

LOCATION
BENSALEM, UNITED STATES



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]

Driver List

Name	Driver's License	State
- Darwin Omar Ruano	[REDACTED]	PA



Davis, DaQuan (DNREC)

From: Legal Trucking <FERNANDA@legaltrucking.com>
Sent: Monday, June 9, 2025 11:26 AM
To: Davis, DaQuan (DNREC)
Subject: Fw: Incomplete Delaware Solid Waste Transporter Permit Application (SW1999)
Attachments: Pag 3 updated.pdf; 4 COI Certificate[1].pdf

Hello DaQuan,

I was working on file of JDR Transport Inc - DE - SW - 1999 and mistakenly I responded your required correction to his own email.

Please let me know if you still can continue with his renewal application.

I apologize for this mistake and I will really appreciate any effort you can make to have this application done before his expiration date in Jun30th.

Thanks,
Virginia

From: Legal Trucking <FERNANDA@legaltrucking.com>
Sent: Wednesday, May 7, 2025 12:03 PM
To: Darwin Ruano <rivera8485@hotmail.com>
Subject: Re: Incomplete Delaware Solid Waste Transporter Permit Application (SW1999)

Hello DaQuan,

Attached is the page 3 - section 5 corrected to No Delaware locations option and an updated version of COI form. Please continue to process renew application for JDR Transport Inc - DE - SW - 1999.

Thanks,
Virginia Dock Pp. Legal Trucking

From: Darwin Ruano <rivera8485@hotmail.com>
Sent: Monday, May 5, 2025 11:07 AM
To: Legal Trucking <FERNANDA@legaltrucking.com>
Subject: Fw: Incomplete Delaware Solid Waste Transporter Permit Application (SW1999)

Get [Outlook for iOS](#)

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Sent: Monday, May 5, 2025 10:45 AM

To: rivera8485@hotmail.com <rivera8485@hotmail.com>

Subject: Incomplete Delaware Solid Waste Transporter Permit Application (SW1999)

Hello Mr. Rauno,

Thank you for submitting your application for your Delaware (hazardous/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 5-** Does JDR have any company locations in Delaware? .
- **Section 10-** The Certificate of Insurance you submitted was not up-to-date and expired (4/1/25). Please send an up-to-date Certificate of Insurance.

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
- 89 Kings Hwy SW, Dover, DE 19901
- dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/05/2025

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 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 MDS Services LLC PO BOX 56 FORT LEE NJ 07024		CONTACT NAME: PHONE (A/C, No, Ext): 201-981-7535 FAX (A/C, No): 201-661-2895 E-MAIL ADDRESS: jenny.cayo@outlook.com	
INSURED JDR TRANSPORT INC 1253 Neshaminy Valley Dr SAME Bensalem PA 19020		INSURER(S) AFFORDING COVERAGE INSURER A : Progressive Casualty Insurance Co. NAIC # 24260 INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :	

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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				04/01/2025	04/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N <input type="checkbox"/> N / A						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo				04/01/2025	04/01/2026	100000 DED:\$2500

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

VIN: 1FUJGLCK78LZ66007. 2008 Freight Stated Value:\$20000 DED:\$2500

CERTIFICATE HOLDER**CANCELLATION**

DELAWARE DEPARTMENT OF NATURAL RESOURCES 89 KINGS HIGHWAY DOVER 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 <i>Jenny Cayo</i>
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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