

# RECEIPT

DATE 7/7/25No. 741879RECEIVED FROM C. Abbazio Contractors\$ 350.00Three hundred fifty and  $\frac{00}{100}$  DOLLARS☐ FOR RENT☐ FOR DE-SW-1528

|          |  |
|----------|--|
| ACCOUNT  |  |
| PAYMENT  |  |
| BAL. DUE |  |

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARDFROM 83581 TO \_\_\_\_\_BY AG



RECEIVED

JUL 07 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- 1528 Expiration Date 9/30/2025

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 C Abbonizio Contractors

| Location Address:  | Mailing Address: |
|--------------------|------------------|
| 1850 Hurffville Rd | PO Box 315       |
| Sewell, NJ 08080   | Sewell, NJ 08080 |
|                    |                  |

Contact: Ed Wolf Title: Shop Manager

Business Phone: 609-820-6496 Fax: 856-228-7490

E-mail: ewolf@cabbonizio.com

24 hr Emergency Contact Phone: 609-820-6496

## 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: Woodbury State: NJ Date: 04/11/1973  
☐ 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 \_\_\_\_\_

(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# 520333 MC# N/A

- ☐ 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.

C Abbonizio does not operate as a for-hire carrier

## 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<br>INTERSTATE   | ALL OTHERS                                     |
|---|--|--|
| Residential Waste                             | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Commercial Waste                              | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Industrial Waste                              | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Dry Waste                                     | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Ash   | \$750,000.00 + MCS-90 <input type="checkbox"/>                           | \$350,000.00 <input type="checkbox"/>          |
| Infectious Waste                              | \$1,000,000.00 + MCS-90 <input type="checkbox"/>                         | \$750,000.00 + MCS-90 <input type="checkbox"/> |
| Non-Hazardous Petroleum<br>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"/><br>(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 \_\_\_\_\_



### 13. Vehicle Identification

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

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

☒ Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

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

- ☒ Form W-2  
☐ Form 1099-Misc  
☐ Other

### 15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- ☐ Attachment \_\_\_\_\_  
☒ No violations within the specified time period

### 16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

\*\*Signature  Date 7/1/25  
Print Name Peter Abbonizio Title President

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

C. Abbonizio Contractors Inc.

OWNERSHIP

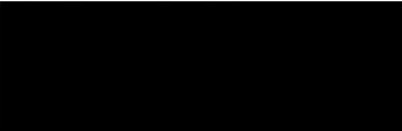
Peter Abbonizio – 47.96%  
President



Anthony Abbonizio – 29.59%  
Senior Vice President



James Abbonizio – 22.45%  
Treasurer







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/30/2025

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><br>Patriot Growth Insurance Services, LLC<br>The Safegard Group<br>100 Granite Drive, Suite 205<br>Media PA 19063 |  | <b>CONTACT NAME:</b> Apurva Upadhyay<br><b>PHONE (A/C, No, Ext):</b> (610) 892-7688<br><b>FAX (A/C, No):</b> (610) 892-7695<br><b>E-MAIL ADDRESS:</b> aupadhyay@safegardgroup.com  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
|---|--|--|--|-------------------------------|--|--------|------------|-------------------------------|-------|------------|----------------------------|-------|------------|--|-------|------------|-------------------------------------|-------|------------|--|--|------------|--|--|
| <b>INSURED</b><br>C. Abbonizio Contractors, Inc.<br>P.O. Box 315<br>Sewell NJ 08080   |  | <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>Zurich American Insurance Co.</td><td>16535</td></tr><tr><td>INSURER B:</td><td>XL Insurance America, Inc.</td><td>24554</td></tr><tr><td>INSURER C:</td><td>Travelers Property Casualty Co. of America</td><td>25674</td></tr><tr><td>INSURER D:</td><td>Allied World National Insurance Co.</td><td>19489</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: | Zurich American Insurance Co. | 16535 | INSURER B: | XL Insurance America, Inc. | 24554 | INSURER C: | Travelers Property Casualty Co. of America | 25674 | INSURER D: | Allied World National Insurance Co. | 19489 | INSURER E: |  |  | INSURER F: |  |  |
| INSURER(S) AFFORDING COVERAGE   |  | NAIC #   |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER A:  | Zurich American Insurance Co.              | 16535  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER B:  | XL Insurance America, Inc.                 | 24554  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER C:  | Travelers Property Casualty Co. of America | 25674  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER D:  | Allied World National Insurance Co.        | 19489  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER E:  |  |  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |
| INSURER F:  |  |  |  |                               |  |        |            |                               |       |            |                            |       |            |  |       |            |                                     |       |            |  |  |            |  |  |

**COVERAGES**      **CERTIFICATE NUMBER:** 25-26 Master      **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  |
|----------|---|-----------|----------|----------------------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC<br>OTHER: |           |          | GLO 0380868 10             | 07/01/2025              | 07/01/2026              | EACH OCCURRENCE \$ 2,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 2,000,000<br>GENERAL AGGREGATE \$ 4,000,000<br>PRODUCTS - COMP/OP AGG \$ 4,000,000 |
|          | <input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                |           |          | BAP 0380869 10             | 07/01/2025              | 07/01/2026              | COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0   |           |          | US00130286L25A / 0314-7567 | 07/01/2025              | 07/01/2026              | EACH OCCURRENCE \$ 10,000,000<br>AGGREGATE \$ 10,000,000  |
|          | <input checked="" type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | Y/N<br>N  | N/A      | WC 0380867 10              | 07/01/2025              | 07/01/2026              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                   |
| C        | Contractor's Equipment<br>Installation Floater (\$5,000 deductible)   |           |          | QT-630-9T98551A-TIL-25     | 07/01/2025              | 07/01/2026              | Scheduled Equipment \$14,645,475<br>Leased/Rented Equip. \$500,000<br>Installation Floater \$5,000,000  |


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

Department of Natural Resources and Environmental Control, Solid & Hazardous Waste Management Branch and the State of Delaware are included as Additional Insured with regard to Commercial Automobile Liability as it pertains to their interest in the named insured's operations where required by contract.

## CERTIFICATE HOLDER

|   |
|---|
| Department of Natural Resources and Environmental Control<br>89 Kings Highway<br><br>Dover DE 19901 |
|---|

## CANCELLATION

|  |
|--|
| SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| AUTHORIZED REPRESENTATIVE<br>   |

© 1988-2015 ACORD CORPORATION. All rights reserved.

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]

Vehicle Operators:



## **SPILL CONTROL PLAN FOR 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, safety vest, safety glasses
  - 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:
  - 1). Shall complete the drivers vehicle inspection report at the beginning of each shift (see attached report)
- (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: Ed Wolf                      Phone: 609-820-6496
- (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**
- (6) This plan will be carried in all vehicles, along with the permit.

C. Abbonizio Contractors Inc.

## Auto/Fleet Safety Program

Revised 8/1/2016

## Preface

### **FLEET LOSS CONTROL PROGRAM**

#### **Safety Policy:**

C Abbonizio Contractors Inc. believes the Safety of the employee, the public, and the operation is paramount and every attempt must be made to reduce the possibility of accidents. Fleet Safety shall take precedence over expediency or short cuts at all times. Our company will comply with all applicable safety laws and regulations.

#### **Responsibility:**

C. Abbonizio recognizes it is the responsibility of every employee to maintain the safest conditions and equipment at all times. It is mandatory each employee demonstrate an attitude which reflects this policy and promotes safe work habits.

#### **Objective:**

The efficiency of any operation can be measured directly by its ability to control losses. Accidents resulting in personal injury and damage to property and equipment represent needless suffering and waste. C. Abbonizio intends to reduce and eliminate Personal injury, damage to property and equipment caused by the operation of all our motor vehicles.



## **Driver Qualification Overview:**

**Hiring Criteria** – C. Abbonizio has a written plan providing hiring criteria. It addresses acceptable driving experience, motor vehicle records, and a physical condition of the respective driver as well as passing a DOT Exam. The following are general criteria that must be met to be considered for a driving position within fleet operations:

- B. **Employment Application** - All CDL drivers (**Teamsters, Laborers and Operating Engineers covered by a collective bargaining agreement do not have to complete an Employment Application**) will be required to complete an application that provides employment history, driving experience, necessary personal information, and medical history.

**Reference Checks** - Documented reference checks must be made with previous employers to verify past driving experience.

- D. **Motor Vehicle Records** - Motor vehicle records shall be ordered on all prospective employees who will be driving company vehicles prior to their hiring. MVR's shall be followed up on at least an annual basis. Uniform criteria shall be established to determine acceptability of driving records. **FEDERAL MOTOR CARRIER REGULATIONS WILL APPLY TO DRIVERS WHEN APPLICABLE.**

- E. **Road Tests** –Drivers of motor vehicles requiring a CDL license shall be tested in a vehicle of the type they'll be required to operate in order to determine familiarity with equipment, ability to operate it under the various conditions that will be encountered, driving attitude, and awareness of motor laws.

- F. **Indoctrination Period** - Drivers shall be advised that they are on a probationary status (90) days until motor vehicle records and reference checks are determined acceptable, and until their driving abilities and **attitudes** are considered adequate.

**I. Driver Qualification for Motor Vehicles Requiring CDL License:**

**A. Hiring Criteria:**

**Hiring Criteria** — C. Abbonizio has a written plan providing hiring criteria. It addresses acceptable driving experience, motor vehicle records, and the physical condition of the respective driver. The following are general criteria that shall be met for a driving position within fleet operations.

- 1) Drivers duties and responsibilities must be confirmed for drivers 25 years or younger with less than 3 years driving experience and drivers 70 years of age or older.
- 2) Be able to read and speak the English language sufficiently to converse with our clients and the general public, to understand highway traffic signs and signals, to respond to official inquiries, and make entries on reports and records.
- 3) Have experience and/or training sufficient to operate the vehicle safely.
- 4) Be able to determine that the equipment/cargo has been properly loaded, and secured in the vehicle.
- 5) Be physically qualified to operate the vehicle (according to FMCSR).
- 6) Have a single valid operator's license with CDL endorsements.
- 7) Have successfully completed a road test and has a certificate of completion.
- 8) Driver is not disqualified under the rules in Part 391.15 of FMCSR, including revoked, suspended, withdrawn or denied operator's license; convicted for operating under the influence of alcohol or illegal drugs while on duty; leaves the scene of an accident while operating a commercial motor vehicle. commits a felony involving the use of a motor vehicle.

## **B. Hiring Decision**

The following are specific criteria that must be met to be considered for a driving Position within our fleet operations:

### **1. Terminations or No Hire:**

- A. One (1) Capital violation such as homicide, assault with a motor vehicle, careless driving, driving while intoxicated (DWI), driving under the influence (DUI), theft of a motor vehicle, use to commit a felony etc..
- B. One (1) incident of driving while intoxicated, reckless driving, hit and run, illegal drug use, or neglectful homicide within a three-year period.
- C. Two (2) or more at fault accidents occurring within a three-year period or a combination of more than 2 minor violations and 1 accident.
- D. Driver's license expired, suspended, or revoked.
- E. History of moving violations or accidents not disclosed on the "Driver Application Form."
- F. 7 or more "points" as, described in the Driver Evaluation Worksheet.

### **Introductory period 90 Days:**

- A. One incident of reckless driving, driving while intoxicated, illegal drug use, hit and run or negligent homicide within a three-year period,
- B. Any accident and/or two moving violations during introductory period.
- C. Two "Out of Service" violations in a one year period.

## **C. Employment Application and Documentation:**

### **1. Drivers Written Employment Application:**

C. Abbonizio requires prospective drivers to complete an application form containing the following information at a minimum upon initial presentation of interest in employment.

- a. Applicant's name, address, date of birth and social security number.
- b. Applicant's address(es) for previous 3 years.
- c. Date application was submitted.
- d. Issuing State, number and expiration date of each non-expired operator's license or permit.
- e. Applicant's experience operating specific types of motor vehicles.
- f. A detailed list of all vehicle accident for the previous 3 years.  
A list of all motor vehicle violation convictions and bond forfeits (except for parking) during the previous 3 years.
- h. Details of any license denial, revocation, or suspension.
- i. A list of names and addresses of all employers during the previous 5 years and the reason for leaving each employer (exception for 10,001 pound to 26,000 pound GVWR that does not meet other criteria for commercial motor vehicle) for the last 3 years.
- j. The application form must be completed and signed by the applicant.
- k. If hired, the application must be kept within the driver's qualification file.

### **2. Physical Qualifications for Drivers:**

A person cannot drive a motor vehicle unless that person is physically qualified. The specific media criteria required are those listed in the FMCSR regulations, including the instructions for the physician on performing and recording the examination. Drivers are required to carry an original or photographic copy of a medical examiners certificate at all times and shall be given a copy to be retained within the driver's qualification file.

A driver must be reexamined and certified once every 24 months or if the ability to perform normal duties has been impaired by a physical or mental injury or disease.

### **Controlled Substance Testing:**

C. Abbonizio as well as the Federal Government requires all drivers of commercial vehicles be enrolled in our Drug and Alcohol Program. The controlled substance testing is to be performed by having a urine sample analyzed for indication of marijuana, cocaine, opiates, amphetamines, and/or phencyclidine use. Please refer to the company Drug and Alcohol testing policy.

### **D. Reference Checks:**

1. Investigation & Inquiries will be performed within 30 days of Employment start.
  - a. C. Abbonizio will obtain a Motor Vehicle Driving Record Report, from every state in which the driver has held a license, for the previous three years.
  - b. C. Abbonizio will make a personal visit, telephone call, or send a letter to verify the driver's employment record for the preceding three years.

### **E. Motor Vehicle Records:**

Every 12 months a driver must prepare and submit to C. Abbonizio a list of all violations of motor vehicle traffic laws and ordinances which the driver was convicted of or forfeited bond for during the previous months.

Drivers with commercial license are required to provide information to C. Abbonizio in writing, within 30 days of a conviction.

All Motor Vehicle Records will be reviewed by management and evaluated against the set criteria listed in the Driver Evaluation System.

## **F. Road Test:**

A potential driver must successfully complete a road test and a certificate of completion issued or the driver cannot be hired. The Fleet Safety Manager will observe the following and issue a certificate.

Pre-trip inspection performance.

A driver must complete a pre-trip inspection report that covers at a minimum the following parts and accessories, and should be logged in the vehicle:

- a. Service brakes, including trailer brake connections.
  - b. Parking (hand) brake.
  - c. Steering mechanism.
  - d. Lighting devices and reflectors
  - e. Tires.
  - f. Horn.
  - g. Windshield wipers.
  - h. Rear vision mirrors.
  - i. Coupling devices.
  - j. Wheels and rims.
  - k. Emergency equipment.
- 
2. Placing the vehicle in operation
  3. Use of vehicle controls and emergency equipment.
  4. Operating vehicle in traffic and while passing other vehicles.
  5. Turning the vehicle.
  6. Braking and slowing the vehicle by means other than braking.
  7. Braking and parking the vehicle.



### **Driver Qualification File:**

C. Abbonizio will maintain files on employees hired to operate fleet vehicles. These files will include the following:

1. A completed driver's application form.
2. A copy of the driver's license.
3. The responses of State agencies and past employers concerning the driver's driving and employment record.
4. A copy of the certificate of road test, or waiver.
5. A copy of the written examination completed certificate and the examination questions and applicant's answers.
6. A copy of the medical examiners certificate and waiver letter if applicable.
7. The annual review of the driver's Motor Vehicle Record by Management.
8. Annual Certification of Violations submitted by the employee.

*Note:* The copy of medical examiner's certificate and waive letter if applicable and the annual review of the driver's violation record may be purged from the driver's qualification file after 3 years from the date of hire.

### **Driver Supervision:**

C. Abbonizio has established criteria to minimize the "at-risk" behavior, which causes accidents, injuries and property damage. Each current and prospective driver must meet these standards to qualify for and maintain his/her Company vehicle driving privileges.

Driving behavior is evaluated on a "points system," in which violations are assigned higher points according to their increasing likelihood in predicting crashes.

Each driver will be evaluated using the form shown in Table One. Evaluations will occur prior to granting driving privileges and at least once every year thereafter, depending on previous driving records. Violations from the prior 60 months will be included in each evaluation.

**A. Disciplinary Action Program** - A program has been established providing criteria for unacceptable driving activity and appropriate disciplinary action. The program shall include but not limited to

1. If a driver receives a total of seven or more points within a three-year period, they will be terminated.
2. Any driver who receives a point or points for a moving violation will be issued a

verbal warning. In addition, the driver will receive the appropriate retraining in accordance with the offense and with each offense thereafter. If the driver received any additional points within the next three months, they will receive a written notice. Once the employee returns to work should they receive one or more point during the next six months, the driver will be suspended or terminated. Should the driver receive any additional points within the next twelve months, they will be terminated.

3. Driver Point System: Only category of points will be assigned for each occurrence.
- B. Accident Review** - All accidents and incidents will be immediately reported to the company and will be reviewed by management.
1. Reporting – An accident report form must be completed by the driver immediately after an accident.
  2. Investigation – All accident investigations will be investigated by the Fleet Safety Manager and by the Health & Safety Officer when needed to help determine the cause of the accident to:
    - a. Instruct and Counsel the driver to prevent recurrence.
    - b. Identify poor maintenance procedure or vehicle condition.
    - c. Identify extra-hazardous routes and consider alternatives.
    - d. Identify accident trends.
    - e. Serve as a basis for a driver disciplinary action program.
- C. Incentive Program** - Recognition for driving safely shall be an integral part of our loss control effort. This can range from personal recognition within the organization, to special privileges, to merchandise or cash awards. Further information will be made available as this program is developed.

**D. Promotion Program** - This is to be determined by the Fleet Manager who will be administering the program. This program shall be carried out to stress the importance of driving safety through:

1. Safety Meetings
2. Supervisory contacts
3. Posters
4. Driver handout materials
5. A checks and balances audit by the Fleet Safety Manager to ensure compliance with complete program implementation by all levels of employees.

**E. Monitoring Driving Activities** - A method to adequately monitor the driving activities of the operation has been developed. Based upon the operation, one or more of the following but not limited to.

1. Check-in / check-out
2. Call in procedures
3. Checkpoints
4. Vehicle operation recording devices
5. Road Observations

**F. Road Observations:**

Supervision of operations through the use of a road observation system allows for the direct observation of the actions of drivers, as well as general observation of the condition of vehicles and, when performed by the Fleet Manager, HSO, supervisor, or management, helps to identify road conditions likely to affect operations or cause undue hazards. Road observations will be performed through periodic check rides with the driver or through the use of a road patrol system.

In fairness to all parties involved, vehicle identification, location, time, road conditions, condition of unit, operation of the unit and any information pertinent to a fair evaluation should be recorded, and the observation should be of sufficient duration to provide an accurate analysis (generally 3-5 miles in rural areas and less in urban areas).

Report forms shall be prepared and submitted within 24 hours of the observation to aid identification of the driver. The results shall be communicated to the driver irrespective of whether they were good or bad. In the event of a serious violation, a meeting with the driver will be held as soon as possible to make the driver aware of the problem and to provide instruction and counseling.

### **III. Fleet Operating Safety Policies**

#### **Vehicle Operational Standards**

1. All federal, state, county, and local laws, ordinances, and regulations must be followed.
2. No ill or fatigued drivers will be permitted to operate fleet vehicles.
3. Driving while impaired: The driver must not operate a vehicle at any time when his/her ability to do so is impaired, affected, influenced by alcohol, illegal drugs, prescribed or over-the-counter medication, illness, fatigue or injury.
4. Speeding is absolutely forbidden; trips are scheduled so that the driver is not required to exceed any speed limit on the route to be traveled.
5. Vehicle pre-trip inspections will be performed and handed into the dispatcher/manager prior to departure from the physical facility.
6. Safe loading procedures must be followed.
7. Drivers required to wear corrective lenses or hearing aids to meet the minimum physical requirements must have them on while driving and have a spare power source for use in the hearing aid.
8. Railroad crossings require a mandatory stop not closer than 15 feet nor further than 30 feet to the tracks. Drivers are required to listen and look in each direction along the tracks in a gear that permit the vehicle to complete the crossing without a change of gears while crossing the tracks.
9. Drivers must exercise extreme caution when hazardous conditions, such as those caused by snow, ice, and sleet. Fog, mist, rain, dust, or smoke, affect visibility or traction and stop the vehicle if conditions become too hazardous.
10. Turn signals must be on for at least 100 feet in advance of a turn or lane change and while actually making such movements.
11. Turn signals must be used to indicate the direction of travel while leaving parking position and while entering a stream of traffic.
12. Wearing of seat belts is mandatory.

13. While on a steep incline or similar situation where driving a slow moving vehicle you may turn on your vehicle hazard warning signal flashers to warn other drivers of the presence of a potential traffic hazard.
14. No vehicle may be left unattended until the parking brake has been securely set and wheels chocked.
15. No vehicle is to be left standing or parked on the traveled portion of a highway, if it can be avoided. In either case the ignition must be turned off with and the key removed from the ignition.
16. If a vehicle must be stopped on the highway or shoulder for an emergency, the driver must immediately activate the hazard warning flashers and properly place the hazard warning devices within ten minutes of stopping.
17. Towing: Unless authorized, drivers of C. Abbonizio vehicle must not tow, push or pull another vehicle or trailer.
18. Where lighting conditions are insufficient to make a vehicle visible from 500 feet away three emergency warning devices must be placed to warn other vehicles. One must be placed at the traffic side within ten (10) feet of the stopped vehicle, one placed at a distance of 100 feet from the stopped vehicle in the lane occupied by the vehicle and in the direction toward traffic approaching in that lane, and one placed 100 feet from the stopped vehicle in the opposite direction of those above for a two-way road. If a one-way road or a divided highway the third warning device would be placed 200 feet from the stopped vehicle in a direction toward approaching traffic.
19. Head lamps are to be used at the beginning of sunset.
20. The upper headlamps must be used when there is no on-coming vehicle within 500 feet.
21. Driver must notify the Company if there is a license suspension or revocation of driving privileges. The suspension or revocation must be reported the next business day.

Moving violations must be reported within three business days of conviction.

Serious moving violations must be reported within one day of citation issuance. Serious moving violations include, driving while impaired/intoxicated, reckless driving, leaving the scene of an accident, or speeding that is equal to or greater than 15 mph over the posted speed limit.

- 22. No fueling of vehicles with engine operating.
- 23. No smoking or open flame in the vicinity of a vehicle being fueled.
- 24. No unauthorized riders allowed. Unauthorized passengers include those individuals who are not company employees, not affiliated with the company or not contracted to conduct specific company business.
- 25. Payment for carry passengers or materials: Drivers of Company vehicles must not request or accept payment for carrying passengers or materials.
- 26. Required placards shall always be in place.



#### **IV. Preventive Maintenance:**

**A. Assigned Vehicles** – Drivers shall be assigned to specific vehicles in order to establish accountability for all losses and to install a sense of pride and care for the assigned vehicle.

##### **1. Driver Responsibility**

- a. Drivers shall be assigned to specific vehicles in order to establish accountability for all losses and to instill a sense of pride and care for the assigned vehicle.
- b. All employees will be charged for damage to the vehicle if the accident is deemed chargeable.
- c. Charges for damage will be deemed chargeable if the driver has not done everything, reasonable to avoid the collision.
- d. Charges will be determined by either the applicable insurance deductible dollar value as established by the declarations page of the insurance policy or the actual dollar value to place the insured property in a position equal to that prior to the occurrence of the accident.
- e. Maintaining the appearance inside and out of all company vehicles is the **Driver's Responsibility**.

**B. Permitted Users** – Company vehicles may only be driven by authorized Company employees who meet the ***Minimum Driver Eligibility Criteria*** contained in this document. No unauthorized passengers are permitted at any time.

**Permitted Use** – Company vehicles are provided as a benefit to our employees. Provided all applicable laws are followed, employees are permitted to drive vehicles for personal use as well as company business. Vehicles may not be modified to tow trailers or taken off normal road surfaces. Employees must obtain approval before using the Company vehicle to make any person trip. Child car seats may not be installed in the front seat of Company owned vehicle.

**C. Driver Inspection and Vehicle Inspection Report** - Drivers employed by C. Abbonizio are required to complete a pre-trip inspection report prior to departing from yard. If defects or deficiencies are found, they are to be reported and corrective action is to be performed before vehicle is put into service. If the vehicle has no defects or deficiencies, the signed report will be delivered to fleet manager/dispatcher prior to departure; a pre-trip inspection is required from all drivers assigned a fleet vehicle. A

legible copy of the last vehicle report must be carried on the power unit. Drivers are expected to report any defect or deficiency discovered during routine operations, which would affect safe operation or result in mechanical breakdown of the vehicle.

Note: A Drivers Inspection Report is to be performed at the end of each days use if the vehicle is operated by multiple drivers and is not permanently assigned, the Drivers Inspection Report shall be filled out at the end of each day's work by the last driver. Drivers are expected to report any vehicle defects or deficiencies noted during his daily routine: this will be achieved by using the vehicle inspection form. Prior to a vehicle leaving the yard, the driver is to ensure that it is in safe operating condition. Any deficiencies found should be reported to the maintenance department for correction before the vehicle leaves the yard. Upon returning to the yard, the mechanic shall sign-off, indicating any changes in the condition of the vehicle.

**D. Vehicle Replacement** – Criteria has been established and will be strictly followed for replacement of vehicle due to mileage, maintenance cost, age and other valid criteria.

**E. Scheduled Maintenance** – The following the Fleet Manager Responsibility – All fleet vehicles must be systematically inspected to verify that all parts and accessories necessary for safe and proper operation are satisfactory. Each fleet vehicle will have an inspection, and repair maintenance file, which identifies the vehicle by Make, Model, Vin, and Registration number. The nature and due date of various inspection and maintenance operations to be performed. A record of inspection, repairs/maintenance indicating their date and nature as well as a lubricant record. A record must be maintained within the file for one year after it was generated, six months from the date of departure for vehicles leaving the fleet.

## V. Accident Review:

### A. Reporting

#### 1. Driver Responsibility

C. Abbonizio realizes that at the time of an accident, the driver may be under extreme stress, thus the procedures to follow must be clear and concise, and thoroughly understood. To help facilitate the information gathering, a "Driver's Accident Report Kit" containing instructions and forms for use in the event of an accident shall be carried in the vehicle at all times. After protecting the accident scene and, if driver chooses, performing good Samaritan acts assisting anyone who was injured, the first step in accident reporting is to collect all pertinent information at the scene in a preliminary accident report. After collecting this primary information the driver shall contact management. **"At no time shall the driver admit fault"**

#### 2. Management's Responsibility:

Management receiving a call to report an accident shall use the accident information telephone checklist for recording the accident data. This data will aid in collecting facts to determine if they must immediately dispatch someone to the accident scene. If there are fatalities, multiple serious injuries, extensive property damage, or environmental concerns, it is normally considered desirable to immediately send someone to the accident scene to initiate an investigation. If our driver is injured or killed, an immediate dispatch of a company representative is Mandatory. **An immediate Drug and Alcohol test must be conducted for all accidents involving towing, vehicle disablement, death or injury of any kind.**

B. The following sections provide accident scene and accident review procedures and include classification of accident types.

Employees will take the following actions when there are injuries to persons and/or damage to other vehicle or property.

*Don't let it get worse*

- Protect the scene of the accident.
- Stop immediately and determine the damage.
- Avoid obstructing traffic or creating a greater hazard.
- Place emergency reflectors, flares, lanterns or flags.

### *Aid the injured*

Check on the other party to determine if they need medical attention.

### *Notify the Company and police*

- Contact the police and emergency services.
- Contact your Company representative.

### *Collect information*

- If possible, exchange insurance and other information from the other party involved, but don't talk about what happened.
- Get witness information.
- Take scene photographs if it is safe to do so.

### *Make no statements*

- Do not make any statements (other than to police, Company officials, and Company insurance representatives), admit fault or sign anything.
- You need to check on the other people, but do not talk about what you think happened until the police or Company officials arrive on-scene.
- If a witness talks to you, that is fine, but do not volunteer information to them about the facts of the accident.

**Important driver's note:** Accident reporting kits are contained in the glove box or console of each Company vehicle. The kit should contain a brochure describing your accident scene responsibilities, a disposable camera, a pen or pencil and an accident report form.

All accidents will be reviewed by the driver's immediate supervisor and one individual from the Safety/Risk Management Departments. The review will be based on the driver and police reports and available witness accounts.

## **C. Post-Accident**

### **1. Accident Records**

A formal accident investigation form shall be completed and sent to the insurance company as soon as practical, as well as any state or Federal government reports, which may be required. The permanent file shall contain all pertinent information concerning the accident, including: the preliminary accident report from the driver, copies of the accident reports submitted to various agencies, and accident investigation data, policy records, witness reports and any other information which might be useful in evaluating the accident.

An "Accident Register" will be created in a computer database, in order to chronologically record all accidents, to provide management with an overall summary. The accident register shall include at least the following information: Date of accident, name of driver, vehicle identification numbers, location of the accident, brief description of accident, numbers of fatalities, number of injuries, amount of property damage and specific amount and type of fuel spilled.

### **2. Accident Analysis**

Proper accident analysis involves gathering of facts, arranging them in usable form, and analyzing what transpired. A properly developed accident reporting and recording system will allow management to determine not only the "primary" causes of accidents but also "contributing" causes which might otherwise be overlooked.

## **Accident Classifications**

1. **Non-preventable accident:** Accidents that occurred despite the fact that the driver exercised every reasonable precaution to avoid the incident. Examples of non-preventable accidents include, but are not limited to:
  - Animal strikes
  - Struck while legally parked
  - Struck by other vehicle while stopped in traffic
2. **Preventable accident:** An accident, as ruled by the review committee, where the driver failed to exercise every reasonable precaution to avoid the incident.
3. **Major preventable accident:** A preventable accident (see above) arising from a lane change, rear end collision or intersection incident, which resulted in a fatality, injury requiring treatment away from the scene or disabling damage (tow away) to any vehicle(s).

The investigation must include areas such as:

1. Checking the driver's record for similar occurrences, length of service and indications of poor attitude or lack of skill.
2. Questioning whether a proper job of selecting was done, whether training was adequate, and if the driver was properly supervised.  
Determining if there were previous indications, which should have warned of an impending accident.
4. Evaluating if scheduling or routing could be improved.  
Ascertaining if there was any indication of improper maintenance procedures or if an equipment deficiency was involved.
6. Evaluating any conditions related to the vehicle's cargo



## EMPLOYEE ACKNOWLEDGEMENT FORM

The Auto/Fleet Safety Program and Procedures describes important information about C. Abbonizio Construction Inc its corporate entities and affiliates. I understand that I should consult my immediate supervisor, dispatcher or the Fleet Manager regarding any questions not answered in the Fleet Procedure Manual.

Furthermore, I acknowledge that this manual is not a contract of employment. I have received the Auto/Fleet Safety Program and Procedures Manual, and I understand that it is my responsibility to read and comply with the policies contained in this manual and any revisions made.

---

Employee's Signature

---

Date

---

Employee Name (Print)

---

Acknowledgement of Receipt of C. Abbonizio Auto/Fleet Safety Program and Procedures.

## Davis, DaQuan (DNREC)

---

**From:** Jessica Larch <JLarch@cabbonizio.com>  
**Sent:** Tuesday, July 8, 2025 3:19 PM  
**To:** Davis, DaQuan (DNREC)  
**Subject:** RE: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1528)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

Good afternoon,  
The mileage on the mcs150 is now updated.

### Jessica Larch

C. Abbonizio Contractors  
Phone: 856-228-2600 Ext 130  
Fax: 856-228-7490

---

**From:** Ed Wolf <ewolf@cabbonizio.com>  
**Sent:** Tuesday, July 8, 2025 2:39 PM  
**To:** Jessica Larch <JLarch@cabbonizio.com>  
**Subject:** FW: Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1528)

---

**From:** Davis, DaQuan (DNREC) <[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)> **On Behalf Of** WHStranporters  
**Sent:** Tuesday, July 8, 2025 2:19 PM  
**To:** Ed Wolf <[ewolf@cabbonizio.com](mailto:ewolf@cabbonizio.com)>  
**Subject:** Incomplete Delaware Solid Waste Transporter Permit Application (DE-SW-1528)

Hello Mr. Wolf,

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)**- After looking at your company snapshot, the DOT# is invalid because the Carrier VMT (Vehicle Miles Traveled) information is outdated. Please refer to the attached Safer Web document, and follow the instructions provided in the first attachment for updating.

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](mailto:WHStranporters@delaware.gov)
- 89 Kings Hwy SW, Dover, DE 19901
- [dnrec.delaware.gov](http://dnrec.delaware.gov)



☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value: 520333

Search

## Company Snapshot

C ABBONIZIO CONTRACTORS INC

USDOT Number: 520333

### ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

#### Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing & Insurance](#)

#### USDOT Status

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

#### Operating Authority Status

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.  
\*Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

#### Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

**Please note:** If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 07/08/2025.

| USDOT INFORMATION                                     |  |                                       |
|---|--|---------------------------------------|
| Entity Type:  | CARRIER  |                                       |
| USDOT Status:   | ACTIVE   | Out of Service Date: None             |
| USDOT Number:   | 520333   | State Carrier ID Number:              |
| MCS-150 Form Date:                                    | 07/08/2025   | MCS-150 Mileage (Year): 98,228 (2024) |
| OPERATING AUTHORITY INFORMATION                       |  |                                       |
| Operating Authority Status:                           | NOT AUTHORIZED   |                                       |
|   | *Please Note: NOT AUTHORIZED does not apply to Private or Intrastate operations. |                                       |
|   | For Licensing and Insurance details <a href="#">click here</a> .                 |                                       |
| MC/MX/FF Number(s):                                   |  |                                       |
| COMPANY INFORMATION                                   |  |                                       |
| Legal Name:   | C ABBONIZIO CONTRACTORS INC  |                                       |
| DBA Name:   |  |                                       |
| Physical Address:                                     | 1850 ROUTE 41<br>DEPTFORD, NJ 08096  |                                       |
| Phone:  | (856) 228-2600   |                                       |
| Mailing Address:                                      | P O BOX 315<br>SEWELL, NJ 08080  |                                       |
| DUNS Number:  | 13-828-074   |                                       |
| Power Units:  | 24   | Non-CMV Units: Drivers: 20            |
| Operation Classification:                             |  |                                       |
| Auth. For Hire  | Priv. Pass.(Non-business)  | State Gov't                           |
| Exempt For Hire                                       | Migrant  | Local Gov't                           |
| <input checked="" type="checkbox"/> Private(Property) | U.S. Mail  | Indian Nation                         |
| Priv. Pass. (Business)                                | Fed. Gov't   |                                       |
| Carrier Operation:                                    |  |                                       |
| <input checked="" type="checkbox"/> Interstate        | Intrastate Only (HM)   | Intrastate Only (Non-HM)              |
| Cargo Carried:  |  |                                       |
| General Freight                                       | <input checked="" type="checkbox"/> Liquids/Gases                                | Chemicals                             |
| Household Goods                                       | Intermodal Cont.   | Commodities Dry Bulk                  |

|                             |                    |                            |
|-----------------------------|--------------------|----------------------------|
| Metal: sheets, coils, rolls | Passengers         | Refrigerated Food          |
| Motor Vehicles              | Oilfield Equipment | Beverages                  |
| Drive/Tow away              | Livestock          | Paper Products             |
| Logs, Poles, Beams, Lumber  | Grain, Feed, Hay   | Utilities                  |
| x Building Materials        | Coal/Coke          | Agricultural/Farm Supplies |
| Mobile Homes                | Meat               | Construction               |
| x Machinery, Large Objects  | Garbage/Refuse     | Water Well                 |
| Fresh Produce               | US Mail            |                            |

## [ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

US Inspection results for 24 months prior to: 07/08/2025

Total Inspections: 11  
Total IEP Inspections: 0

**Note:** Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

| Inspections:                              |         |        |        |     |
|---|---------|--------|--------|-----|
| Inspection Type                           | Vehicle | Driver | Hazmat | IEP |
| Inspections                               | 7       | 11     | 3      | 0   |
| Out of Service                            | 2       | 0      | 0      | 0   |
| Out of Service %                          | 28.6%   | 0%     | 0%     | 0%  |
| Nat'l Average %<br>as of DATE 06/06/2025* | 22.26%  | 6.67%  | 4.44%  | N/A |

\*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

### Inspections

Number of roadside inspections conducted within the past two years. (Note: These inspections are distinct from the periodic inspections required under 49 CFR Part 396.17, and may not include inspection of all parts and accessories set forth in 49 CFR Part 396 Appendix A.)

The inspections listed on SAFER are conducted in accordance with the North American Standard Inspection Program which was created by the Commercial Vehicle Safety Alliance (CVSA) as the roadside inspection process for inspecting commercial motor vehicles and drivers throughout North America.

Inspections are listed as total, driver, vehicle, and Hazmat. Please see <https://www.fmcsa.dot.gov/safety/question-1-can-violation-free-cvsa-level-i-or-level-v-inspection-be-used-satisfy-periodic> for more details.

Crashes reported to FMCSA by states for 24 months prior to: 07/08/2025

**Note:** Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| Crashes: |       |        |     |       |
|----------|-------|--------|-----|-------|
| Type     | Fatal | Injury | Tow | Total |
| Crashes  | 0     | 0      | 0   | 0     |

## [ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian Inspection results for 24 months prior to: 07/08/2025

Total inspections: 0

**Note:** Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

| Inspections:     |         |        |
|------------------|---------|--------|
| Inspection Type  | Vehicle | Driver |
| Inspections      | 0       | 0      |
| Out of Service   | 0       | 0      |
| Out of Service % | 0%      | 0%     |

Crashes results for 24 months prior to: 07/08/2025



**Note:** Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

| Type    | Crashes: |        |     |       |
|---------|----------|--------|-----|-------|
|         | Fatal    | Injury | Tow | Total |
| Crashes | 0        | 0      | 0   | 0     |

**[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)**

*The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.*

Carrier Safety Rating:

The rating below is current as of: **07/08/2025**

**Review Information:**

|              |              |              |                   |
|--------------|--------------|--------------|-------------------|
| Rating Date: | 02/16/2007   | Review Date: | 02/12/2007        |
| Rating:      | Satisfactory | Type:        | Compliance Review |

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