

RECEIPT

DATE

9/8/25

No.

743624

RECEIVED FROM

Jack Robinson Waste Disposal Svc

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1377

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

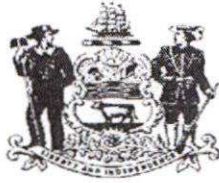
FROM

1247

TO

BY

AG



RECEIVED

SEP 08 2025

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

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

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

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

1. Type of Permit

☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.

☒ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.

☐ Renewal: Permit # DE-SW- 1377 Expiration Date _____

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 ROBINSON WASTE DISPOSAL SERVICE, INC.

Location Address:	Mailing Address:
310 AMERICAN WAY	310 AMERICAN WAY
VOORHEES, NJ 08043	VOORHEES, N.J. 08043

Contact: JASON RUMSEY Title: G.M.

Business Phone: (856) 931-3133 Fax: (856) 429-7930

E-mail: ap@robinsonwaste.com

24 hr Emergency Contact Phone: (856) 931-3133

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: BELMAWR State: NJ Date: 7/1/99

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: _____

☐ Other: (must specify) _____

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

☒ Attachment 1

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

☐ Attachment _____

☒ No parent company

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) USDA
☐ 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) REWORLD

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 NEW JERSEY
- ☐ 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 PENNSYLVANIA

☐ No transporter permits in other states

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

DOT# 148050 MC# 829497

- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

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

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 X

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

9/4/25

Print Name

JASON D. TRUMSEY

Title

GM / VP

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



Large Enough to Service. Small Enough to Care.

Robinson Waste Disposal Service, Inc.

This letter is to certify that:

Michael Robinson, President



100% Owner

ROBINSON WASTE DISPOSAL SERVICE / Jack Robinson Waste Disposal Service, Inc.
310 AMERICAN WAY VOORHEES, NJ 08043
P:(856) 931-3133 F:(856) 429-7930 E: sales@robinsonwaste.com
www.robinsonwaste.com



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	JACK ROBINSON WASTE DISPOSAL SERVICE, INC.
Trade Name:	AMERICAN WASTE REMOVAL
Address:	310 AMERICAN WAY VOORHEES, NJ 08043-1117
Certificate Number:	0738455
Effective Date:	November 18, 1999
Date of Issuance:	September 06, 2019

For Office Use Only:
20190906105503782

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
AUTHORIZATION APPLICATION**

Page 1

PART A - GENERAL APPLICATION INFORMATION
APPLICATION TYPE: Renewal

APPLICANT INFORMATION

WH Number:	WH0250	Employer ID#:	22-3662518	US DOT #:	418850
Applicant Name:	JACK ROBINSON WASTE DSPL SVC INC				
Legal Name:	JACK ROBINSON WASTE DISPOSAL SERVICE, INC.				
Business Street Address:	310 AMERICAN WAY				
	VOORHEES, NJ 08043-1117				
	US				
Highest Ranking Corporate Official:	MICHAEL F. ROBINSON				
Title:	OWNER				
Telephone:	856-931-3133				
Extension:					
Fax:	856-429-7930				
Cell Phone:					
Primary Email Address:	JRUMSEY@ROBINSONWASTE.COM				
Additional Email:	JRUMSEY@ROBINSONWASTE.COM				
Applicant Type Code:	Non-Pennsylvania Corporation				

PART B - FLEET INFORMATION

MIKE ROBINSON, 310 AMERICAN WAY, VOORHEES, NJ 08043-1117

Vehicle Identification Number (VIN)	Gross Vehicle Weight	Vehicle Type	Amount
1E1U2Y288KR067153	80000	WT	50
1FDFF6KT1NDA12303	25000	TK	100
1FDWE3FP3ADA14496	19500	TK	100
1FVACWCS76HX19983	33000	TK	100
1FVACXCS26HV71361	33000	TK	100
1FVACXCS47HY70951	33000	TK	100
1FVHC5DV0CDBD2270	72000	TK	100
1HTMMMML1GH428062	33000	TK	100
1HTMMMML3FH563493	26000	TK	100
1M1AN4GY3LM011984	80000	TT	50
1M2AX04C6DM017254	72000	TK	100
1M2AX04C9DM015174	54000	TK	100
1NPSXPEX4HD450718	80000	TK	100
2NKHMM6X39M245669	33000	TK	100
2NKHNN7X6CM303267	33000	TK	100
2NP2HM7X0JM492778	33000	TK	100
2NP2HM7X2JM492779	33000	TK	100
2NP2HM7XXKM631865	54000	TK	100
2NP3LJ0X7HM440649	66000	TK	100
2NP3LJ0X8FM304933	54000	TK	100
2NP3LJ0XXMM715800	54000	TK	100
2NP3XJEX0KM610368	72000	TK	100
2NP8LJ0X5SM729879	80000	TK	100
2NP8LJ0X8RM665735	66000	TK	100
2NP8LJ0XXRM665736	66000	TK	100

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WASTE MANAGEMENT
**MUNICIPAL & RESIDUAL WASTE TRANSPORTER
AUTHORIZATION APPLICATION**

Page 2

2NPLLD9X67M688149	54000	TK	100
2NPLLZ0X67M696181	54000	TK	100
2NPNHZ7X85M841136	33000	TK	100

PART C - INSURANCE INFORMATION

Insurance Company Name	Self Insured	Policy No.	Effective Date	Expire Date
NATIONAL UNION FIRE OF PITTSBU	N	6586190	03/01/2024	03/01/2025

PART E1 - COMPLIANCE HISTORY - PERMITS & LICENSE ACTIONS

JACK ROBINSON WASTE DSPL SVC INC, VOORHEES, NJ

I have NOT had permits or licenses for environmental activities that have been Denied, Suspended or Revoked by any state or federal agency in the past five (5) years.

PART E2 - COMPLIANCE HISTORY - ENFORCEMENT ACTIONS

JACK ROBINSON WASTE DSPL SVC INC, VOORHEES, NJ

I have NOT had any environmental enforcement actions against me in the past five (5) years.

PART E3 - COMPLIANCE HISTORY - ENVIRONMENTAL CRIMES

JACK ROBINSON WASTE DSPL SVC INC, VOORHEES, NJ

I HAVE NOT BEEN CONVICTED of any environmental crimes in the past five (5) years.

PART F - CERTIFICATION

I consent to the Department's use of the mailing address provided herein, for service by first class mail of all requests and actions taken by the Department of Environmental Protection. I consent that mail service satisfies all requirements for service unless and until I notify the Department by certified mail of any change of mailing address.

I certify that the applicant is either the owner of these vehicles or currently has a valid contract with the owner of these vehicles to exclusively use the vehicles to transport municipal or residual waste.

I certify that these vehicles have current safety inspections with a certificate of inspection valid for the base registration state and/or federal requirements for interstate commerce.

I certify that these vehicles have insurance that meets the minimum state and/or federal requirements for financial responsibility for intrastate or interstate operation.

I certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 PA. C.S. Section 4904[b]).

SUBMISSION INFORMATION

Submitted By User Name:	RUMSEYJ (Jason Rumsey)
Submitted By Email:	jrumsey@robinsonwaste.com
Submitted Date:	02/06/2025

Federal Motor Carrier Safety Administration Biennial Update

Code of Federal Regulations Title 49 Section 390.201

THIS CERTIFICATE CONFIRMS THAT THE HEREIN NAMED MOTOR CARRIER HAS FILED THE U.S. DOT BIENNIAL UPDATE PER TITLE 49 OF THE CODE OF FEDERAL REGULATIONS SECTION 390.201.

Compliance of the herein named motor carrier with the U.S. DOT Biennial Update has been verified by Hoffenmer Inc, a processor of federal filings and applications.
The herein named motor carrier is compliant with Title 49 Section 390.201 and 390.19 of the CFR.
Direct inquiries to Hoffenmer, Northwest Processing Center (202) 851-5700 M-F, 9am-5pm CT.

F126E47418T1

CERTIFICATE NUMBER

JACK ROBINSON WASTE DISPOSAL SERVICE INC

MOTOR CARRIER

02/07/2025

FILING DATE

10/31/2027

VALID THROUGH

418850

U.S. DOT NUMBER



To refile the Biennial Update in two years or to file an MCS150 update (required within 30 days of changes in your company) please visit www.dot101.us

SERVICED BY HOFFENMER PROCESSING: Eastern Processing Center: 646-921-0200 Western Processing Center: 415-373-4200 Northwest Processing Center: 215-618-8600

National Support Line: (202) 851-5700



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
02/28/2025

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

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

PRODUCER Patriot Growth Insurance Services, LLC The Safegard Group 100 Granite Drive, Suite 205 Media PA 19063		CONTACT NAME: Brenda Cibroski PHONE (A/C, No, Ext): (610) 892-7688 FAX (A/C, No): (610) 892-7695 E-MAIL ADDRESS: bcibroski@safegardgroup.com	
INSURED Jack Robinson Waste Disposal Service Inc. DBA: Robinson Waste Disposal Services 310 American Way Voorhees NJ 08043		INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins. Co. of Pgh. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 19445	

COVERAGES

CERTIFICATE NUMBER: 2025 RWD

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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			6952513	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY			6586190	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	11967525	03/01/2025	03/01/2026	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Certificate issued as Evidence of Insurance.

CERTIFICATE HOLDER

CANCELLATION

Evidence of Insurance	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

© 1988-2015 ACORD CORPORATION. All rights reserved.



Large Enough to Service. Small Enough to Care.

SPILL CONTROL PLAN

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 and hard hat
5. Flashlight
6. Spill Kit
7. Reflective vest

All loads will be enclosed, covered or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

The driver will perform the following pre-trip inspections:

1. Standard DOT pre-trip inspection before the start of work.
2. 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: Mike Robinson

Phone: [REDACTED]

3. 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 or (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.

New Jersey: HMHTTC 1 (800) 927-0303

4. The transporter will perform clean-up services.
5. This plan will be carried in all vehicles, along with permit.

ROBINSON WASTE DISPOSAL SERVICE / Jack Robinson Waste Disposal Service, Inc.
310 AMERICAN WAY VOORHEES, NJ 08043
P:(856) 931-3133 F:(856) 429-7930 E: sales@robinsonwaste.com
www.robinsonwaste.com



Large Enough to Service. Small Enough to Care.

Driver Training

1. Truck – beginning of day; Pre-Trip Inspection - FMCSA
 - a. Check Tarps, Straps, Spill Kit and Accident Kit
 - b. Check Paper Supply, Waste origin slips, etc
2. No Cell Phone/Distracted driving allowed
 - a. Use company supplied phone mount
 - b. Hands free
3. PPE
 - a. Company supplied Uniform
 - b. Hi-Vis vests, Gloves, eye wear, etc.
4. Defensive Driving
 - a. Remember Smith System, Defensive Driving training
 - b. Be alert
 - c. Look for overhead hazards, pedestrian traffic, low wires, branches, etc.
5. Keep Cab Clean
 - a. Mirrors
 - b. Windshield, etc.
6. Backing procedures
 - a. Back only when necessary
 - b. Use mirrors, cameras and when in doubt, G.O.A.L. (get out and look)
7. Always check before placing container
8. All loads must be tarped
 - a. Use auto tarper
 - b. Bungees provided
9. If you are involved in an accident
 - a. Secure the scene, call for emergency service if needed/able
 - b. Contact the office immediately after
 - c. Cooperate with authorities

ROBINSON WASTE DISPOSAL SERVICE / Jack Robinson Waste Disposal Service, Inc.
310 AMERICAN WAY VOORHEES, NJ 08043
P:(856) 931-3133 F:(856) 429-7930 E: sales@robinsonwaste.com
www.robinsonwaste.com

UNIT #:	YEAR	MAKE	MODEL	NJ TAG#:	New DEP#	DEP #:	WH0250:	VIN#	STATE	GVW	OWNED/LEASED
2	2006	Freightliner	RO	AJ296P	SWL-27-015594	SWL-25-019582	250263611	1FVACXCS26HV71361	NJ	33,000	OWNED
3	2008	Peterbuilt	RO	AN427R	SWL-27-015606	SWL-25-019602	250268971	2NPLHN7X78M747897	NJ	53,000	OWNED
4	2005	Freightliner	RO	AE201H	SWL-27-015594	SWL-25-019584		1FVACXCS85HU79556	NJ	33,000	OWNED
10	2022	Ford	RO	XMDJ57	SWL-27-015623	SWL-25-022355	250263031	1FDFF6KT1NDA12303	NJ	25,000	OWNED
14	2013	Mack	RO	AR374E	SWL-27-015601	SWL-25-019588	250262541	1M2AX04C6DM017254	NJ	72,000	OWNED
15	2005	Peterbuilt	RO	AH136X	SWL-27-015597	SWL-25-019606	250261361	2NPNH27X85M841136	NJ	33,000	OWNED
17	2007	Freightliner	RO	AH190J	SWL-27-015596	SWL-25-019583	250269511	1FVACXCS47H70951	NJ	33,000	OWNED
19	2018	Peterbuilt	RO	AU258F	SWL-27-015604	SWL-25-019598	250267791	2NP2HM7X2JM492779	NJ	33,000	OWNED
20	2004	Volvo	RO	AJ295P	SWL-27-015599	SWL-25-019608		4V5KC9GG44N367502	NJ	72,000	OWNED
21	2012	Freightliner	RO	AU451J	SWL-27-015603	SWL-25-019585	250262701	1FVHCSDV0CDBD2270	NJ	72,000	OWNED
22	2006	Volvo	RO	AL366H	SWL-27-015598	SWL-25-019607		4V5KC9GG06N412132	NJ	72,000	OWNED
23	2015	Peterbuilt	RO	AS809S	SWL-27-015605	SWL-25-019599	250269331	2NP3LJ0X8FM304933	NJ	54,000	OWNED
24	2006	Peterbuilt	RO	AM744Y	SWL-27-015607	SWL-25-019603	250269591	2NPLHZ2X46M891959	NJ	33,000	OWNED
25	2007	Peterbuilt	RO	AP537N	SWL-27-015614	SWL-25-019605	250261811	2NP3LJ0X67M696181	NJ	54,000	OWNED
27	2018	Peterbuilt	RO	AU450J	SWL-27-015602	SWL-25-019597	250267781	2NP2HM7X0JM492778	NJ	33,000	OWNED
28	2017	Peterbuilt	RO	AT525U	SWL-27-015608	SWL-25-019593	250267181	1NPSXPEX4ND450718	NJ	80,000	OWNED
29	2007	Peterbuilt	RO	AU618H	SWL-27-015600	SWL-25-019604	250261491	2NP3LJ0X67M688149	NJ	54,000	OWNED
30	2012	Kenworth	RO	AU980S	SWL-27-015610	SWL-25-019595	250262761	2NKHNN7X6CM303267	NJ	33,000	OWNED
31	2019	Peterbuilt	RO	AX846F	SWL-27-015613	SWL-25-019601	250263681	2NP3XJEX0KM610368	NJ	72,000	OWNED
33	2013	Mack	RO	AU983S	SWL-27-015609	SWL-25-019589	250261741	1M2ZX04C9DM015174	NJ	54,000	OWNED
34	2007	Mack	RO	AU984S	SWL-27-105595	SWL-25-019587		1M2AG11C77M056272	NJ	72,000	OWNED
37	2021	Peterbuilt	RO	AU982S	SWL-27-015611	SWL-25-019600	250268001	2NP3LJ0XXMM715800	NJ	54,000	OWNED
40	2017	Peterbuilt	RO	AY886W	SWL-27-015624	SWL-25-022356	250266491	2NP3LJ0X7HM440649	NJ	80,000	OWNED
41	2024	Peterbuilt	RO	AZ414C	SWL-27-015616	SWL-25-024796	250267361	2NP8LJ0XXRM665736	NJ	66,000	OWNED
42	2024	Peterbuilt	RO	AZ415C	SWL-27-015617	SWL-25-024797	250267351	2NP8LJ0X8RM665735	NJ	66,000	OWNED
43	2019	Peterbuilt	RO				250268651	2NP2HM7XXKM631865	NJ	54,000	OWNED
45	2025	Peterbuilt	RO	AZ323F	SWL-27-015618	SWL-25-024795		2NP8LJ0X5SM729879	NJ	80,000	OWNED
46	2022	Peterbuilt	RO	AZ913S	SWL-27-015626		250266581	2NP3LJ0X7NM708658	NJ	80,000	OWNED
47	2021	Chevrolet	RO	XRKZ89	SWL-27-015627		250264811	1HTKJPVK8MH766481		25,000	OWNED

[illegible]

Davis, DaQuan (DNREC)

From: Jason Rumsey <jrumsey@robinsonwaste.com>
Sent: Tuesday, September 9, 2025 11:32 AM
To: WHStranporters
Subject: Re: Application for Jack Robinson Waste Disposal
Attachments: a_901_2024_update.pdf.pdf

From: "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Date: Tuesday, September 9, 2025 at 11:26 AM
To: Jason Rumsey <jrumsey@robinsonwaste.com>
Subject: RE: Application for Jack Robinson Waste Disposal

Good morning,

The only thing I require to deem this application complete is a copy of the A901 license.

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Jason Rumsey <jrumsey@robinsonwaste.com>
Sent: Tuesday, September 9, 2025 11:19 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Application for Jack Robinson Waste Disposal

Good morning,
Please see below and attached!
Let me know if you have any other questions:

Thank you very much, Jason

From: "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Date: Tuesday, September 9, 2025 at 9:39 AM
To: Jason Rumsey <jrumsey@robinsonwaste.com>
Subject: RE: Application for Jack Robinson Waste Disposal

Hello,

We have received 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(b)-** Do you have a New Jersey solid waste transporter permit (A-901 License)?

Yes, we do have a CPCN/A-901 license, # 17304 is our license number

- **Section 10-** Please provide an MCS-90 endorsement form for your automobile liability.

Please see attached

- **Section 10-** Submit an updated Certificate of Insurance, ensuring that the Department of Natural Resources and Environmental Control's address is included in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.

Please see attached

- **Section 12-** The driver training documentation is missing the following information:

Please see attached

(a) Details of any special licenses (e.g., CDL, including special endorsements), any special training received (including dates, such as asbestos training), and any ongoing company programs (e.g., weekly safety meetings or annual refresher courses);

(b) Your company's procedure for periodically checking drivers' records for moving violations, along with your policy on progressive counseling or discipline based on points;

(c) A description of how drivers are instructed regarding:

(iii) Their familiarity with the conditions of the solid waste transporter's permit.

- **Section 16-** Please have the owners sign and date the application.

Please see attached

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

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous
Substances

✓ 302-739-9403
✉ WHStranporters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901
🌐 dnrec.delaware.gov



From: Jason Rumsey <jrumsey@robinsonwaste.com>
Sent: Thursday, September 4, 2025 3:59 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Application for Jack Robinson Waste Disposal

From: "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>
Date: Thursday, September 4, 2025 at 3:39 PM
To: Jason Rumsey <jrumsey@robinsonwaste.com>
Subject: RE: Application for Jack Robinson Waste Disposal

Hello,

Upon further review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 9(b)-** Do you have a New Jersey solid waste transporter permit (A-901 License)?
We do, CPCN/A-901 #17304
- **Section 10-** Please provide an MCS-90 endorsement form for your automobile liability.

So we are self-insured, we need to have and MCS-90 endorsement form on our COI? No one has ever asked this so I want to make sure I am clear on what exactly is needed

- **Section 10-** Submit an updated Certificate of Insurance, ensuring that the Department of Natural Resources and Environmental Control's address is included in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.

So we also need to add you as an additional insured to our COI?

- **Section 12-** The driver training documentation is missing the following information: **All our drivers have CDLS, you just need that written out?**

(a) Details of any special licenses (e.g., CDL, including special endorsements), any special training received (including dates, such as asbestos training), and any ongoing company programs (e.g., weekly safety meetings or annual refresher courses);

(b) Your company's procedure for periodically checking drivers' records for moving violations, along with your policy on progressive counseling or discipline based on points;

(c) A description of how drivers are instructed regarding:

(iii) Their familiarity with the conditions of the solid waste transporter's permit.

- **Section 16-** Please have the owners sign and date the application.

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

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous
Substances

302-739-9403
WHStranporters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901
dnrec.delaware.gov



From: Jason Rumsey <jrumsey@robinsonwaste.com>

Sent: Thursday, September 4, 2025 3:22 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Application for Jack Robinson Waste Disposal

Oh geez. OK, so, I can only do one year at a time. I will have to change the check amount. Otherwise I will send. Thanks

Thanks, Jason

From: "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

Date: Thursday, September 4, 2025 at 3:15 PM

To: Jason Rumsey <jrumsey@robinsonwaste.com>

Subject: RE: Application for Jack Robinson Waste Disposal

Hello,

Since this is not a renewal, you must apply for a one-year option for \$350.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

✓ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Jason Rumsey <jrumsey@robinsonwaste.com>

Sent: Thursday, September 4, 2025 3:03 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Application for Jack Robinson Waste Disposal

Hi!

I'm putting this in the mail now, along with the check.

Thank you very much, let me know if there is anything else that might be needed.

Thanks, Jason

From: "Davis, DaQuan (DNREC)" <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

Date: Thursday, September 4, 2025 at 12:05 PM

To: Jason Rumsey <jrumsey@robinsonwaste.com>

Subject: RE: Application for Jack Robinson Waste Disposal



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Jason Rumsey <jrumsey@robinsonwaste.com>

Sent: Thursday, September 4, 2025 11:55 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Application for Jack Robinson Waste Disposal

Hello,

My name is Jason Rumsey, and I was just on the phone inquiring about our haulers permit.
Would you please send to me the completed application and a new application so that I can reapply?

Thank you very much,
Jason

Jason Rumsey
GM / VP
Robinson Waste Disposal
Next Generation Recycling



USDOT Number: _____ Date Received: _____

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

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



United States Department of Transportation
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability
under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to JACK ROBINSON WASTE DISPOSAL SERVICE, INC DBA ROBINSON WASTE DISPOSAL SERVICE of 310 AMERICAN WAY VOORHEES NJ 08043
(Motor Carrier name) (Motor Carrier state or province)

Dated at 01:29 PM on this 24TH day of FEBRUARY, 2025 Amending Policy Number: 6586190 Effective Date 2025-03-01

Name of Insurance Company NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

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 \$ 2,000,000 for each accident.
- ☐ This insurance is excess and the company shall not be liable for amounts in excess of \$ _____ for each accident in excess of the underlying limit of \$ _____ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 877-802-5246, 9 then 2.

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

Filings must be transmitted online via the Internet at <https://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation there-

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/05/2025

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

PRODUCER Patriot Growth Insurance Services, LLC The Safegard Group 100 Granite Drive, Suite 205 Media PA 19063	CONTACT NAME: Brenda Cibroski PHONE (A/C, No, Ext): (610) 892-7688 FAX (A/C, No): (610) 892-7695 E-MAIL ADDRESS: bcibroski@safegardgroup.com
INSURED Jack Robinson Waste Disposal Service Inc. DBA: Robinson Waste Disposal Services 310 American Way Voorhees NJ 08043	INSURER(S) AFFORDING COVERAGE INSURER A: National Union Fire Ins. Co. of Pgh. NAIC # 19445. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 2025 RWD**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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:			6952513	03/01/2025	03/01/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			6586190	03/01/2025	03/01/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
A	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> Y	N/A	11967525	03/01/2025	03/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

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

Certificate issued as Evidence of Insurance.

CERTIFICATE HOLDER**CANCELLATION**

Department of Natural Resources and Environmental Control 89 Kings Highway Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	---

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 9/5/25
Print Name MIKE ROBINSON Title PRESIDENT

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



Large Enough to Service. Small Enough to Care.

Driver Training

1. Truck – beginning of day; Pre-Trip Inspection - FMCSA
 - a. Check Tarps, Straps, Spill Kit and Accident Kit
 - b. Check Paper Supply, Waste origin slips, etc
2. No Cell Phone/Distracted driving allowed
 - a. Use company supplied phone mount
 - b. Hands free
3. PPE
 - a. Company supplied Uniform
 - b. Hi-Vis vests, Gloves, eye wear, etc.
4. Defensive Driving
 - a. Remember Smith System, Defensive Driving training
 - b. Be alert
 - c. Look for overhead hazards, pedestrian traffic, low wires, branches, etc.
5. Keep Cab Clean
 - a. Mirrors
 - b. Windshield, etc.
6. Backing procedures
 - a. Back only when necessary
 - b. Use mirrors, cameras and when in doubt, G.O.A.L. (get out and look)
7. Always check before placing container
8. All loads must be tarped
 - a. Use auto tarper
 - b. Bungees provided
9. If you are involved in an accident
 - a. Secure the scene, call for emergency service if needed/able
 - b. Contact the office immediately after
 - c. Cooperate with authorities
10. Robinson Waste only hires CDL drivers
 - a. Class B, Commercial CDL with air brake endorsement is the lowest grade
 - b. We have 8 drivers with Class A CDL
 - c. Ten drivers have Tanker endorsements
11. Safety
 - a. Robinson Waste Conducts morning “safety bumper” meetings, casual gatherings to discuss the days work

ROBINSON WASTE DISPOSAL SERVICE / Jack Robinson Waste Disposal Service, Inc.
310 AMERICAN WAY VOORHEES, NJ 08043
P:(856) 931-3133 F:(856) 429-7930 E: sales@robinsonwaste.com
www.robinsonwaste.com



Large Enough to Service. Small Enough to Care.

- b. We are self insured by one of the largest firms, Presidio, and as such have a company called Safe-Gard who helps consult with us on all matters of safety
 - c. Robinson Waste conducts monthly safety meetings to discuss defensive driving habits, proper PPE, proper work handling, ergonomics, and all matters safety
 - d. Our safety program is an industry leading program
12. Robinson Waste uses Concorde 2000
- a. Complies with Federal DOT/FMCSA standards
 - b. Concorde houses and ensures all Driver Qualification files are accurate complete and compliant
 - c. As such, they run Pre-employment background checks, MVRs and driving history on all employees
 - d. MVR's are run annually according to FMCSA regulations.
13. Robinson Waste has a progressive discipline and performance bonus program
- a. Quarterly payout for customer service, safety, compliance and housekeeping
 - b. Annual payout when quarterly is met
 - c. Program focuses on attendance, performance, coaching and has a progressive discipline feature
14. Robinson Waste has a 10 working day (minimum) onboarding program where all employees are trained for compliance (to include permits, behaviors expectations, etc.)

ROBINSON WASTE DISPOSAL SERVICE / Jack Robinson Waste Disposal Service, Inc.
310 AMERICAN WAY VOORHEES, NJ 08043
P:(856) 931-3133 F:(856) 429-7930 E: sales@robinsonwaste.com
www.robinsonwaste.com

2024 ANNUAL UPDATE

Please **email** a scanned copy and retain the original for your records
OR mail the original hard copy **ONLY** if scanning is not available.

New Jersey Department of Law & Public Safety, Division of Law
Environmental Permitting and Licensing Section

ATTENTION: A901 Unit

25 Market Street, P.O. Box 093 Trenton, New Jersey 08625-0093

Ruth Wells; Nadine Gonzalez; Erin Finter # 609-376-3270

A901MAIL@LAW.NJOAG.GOV

COMPANY NAME: Jack Robinson Waste Disposal Service, Inc.
ALTERNATE OR TRADE NAMES: Robinson Waste Disposal
MAILING ADDRESS: 310 American Way
CITY, STATE, ZIP: Voorhees, NJ 08043
PHYSICAL ADDRESS: 310 American Way Voorhees, NJ 08043
COMPANY PHONE NUMBER: (856) 931-3133
COMPANY EMAIL ADDRESS: ap@robinsonwaste.com; jrumsey@robinso
COMPANY WEBSITE: www.robinsonwaste.com

NAME OF PERSON TO BE CONTACTED IN REFERENCE TO THESE FORMS (Provide the contact information for an Attorney, Owner, Key Employee, or Solid Waste Consultant who can discuss company information. Provide ONE email address.):

NAME: Jason Rumsey
TITLE: Key Employee
OFFICE PHONE: (856) 931-3133 CELL PHONE: 
EMAIL: jrumsey@robinsonwaste.com

A-901 Licensed Companies AND A-901 Applicants
must submit this update by November 1, 2023.

WE ARE ACCEPTING ELECTRONIC SIGNATURES THIS YEAR ON THE UPDATE.

INSTRUCTIONS

THE PURPOSE OF THIS FORM IS TO UPDATE THE ORIGINAL DISCLOSURE STATEMENTS AND ANY ANNUAL UPDATES THAT YOUR COMPANY FILED WITH THE NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION. N.J.A.C. 7:26-16.6(C).

YOU **MUST** RESPOND TO EVERY QUESTION, EVEN IF THE ANSWER HAS NOT CHANGED SINCE YOUR LAST UPDATE. INADVERTENT OMISSIONS WILL REFLECT POORLY ON YOUR COMPANY'S RELIABILITY, INTEGRITY, COMPETENCY, & EXPERTISE AND COULD CONSTITUTE GROUNDS FOR DENIAL OF YOUR A901 APPLICATION OR REVOCATION OF YOUR A901 LICENSE. N.J.S.A. 13:1E-133(A). DELIBERATE CONCEALMENT OF ANY INFORMATION CONSTITUTES GROUNDS FOR IMMEDIATE DENIAL OR REVOCATION. N.J.S.A. 13:1E-134.

NEW: IF YOU FILED A COMPLETE A901 LICENSE APPLICATION PRIOR TO MAY 1st OF **2023** AND ARE AWAITING A LICENSING DETERMINATION, YOU MUST COMPLETE AND SUBMIT THIS UPDATE. IF YOU FILED YOUR COMPLETE A901 LICENSE APPLICATION ON OR AFTER MAY 1st OF **2023** AND ARE AWAITING A LICENSING DETERMINATION, YOU DO NOT NEED TO COMPLETE AND SUBMIT THIS UPDATE.

NEW: PLEASE ANSWER EVERY QUESTION. MOST QUESTIONS HAVE A "YES" OR "NO" RESPONSE. IF THAT CHOICE IS NOT AVAILABLE FOR A QUESTION AND THE QUESTION DOES NOT PERTAIN TO YOU PLEASE ANSWER WITH EITHER "NO," "NONE," "NOT APPLICABLE" OR "N/A" AS APPROPRIATE. WHERE "NOT APPLICABLE" OR "N/A" IS USED AS AN ANSWER, THE A901 UNIT MAY REACH OUT FOR MORE INFORMATION OR CLARIFICATION, WHICH YOU MUST PROVIDE. DO NOT LEAVE ANY QUESTIONS BLANK.

NEW: UPDATE REGARDING NOTARIZATION. PURSUANT TO THE NEW JERSEY NOTARY PUBLIC MANUAL ISSUED BY THE NEW JERSEY DEPARTMENT OF THE TREASURY, DIVISION OF REVENUE AND ENTERPRISE SERVICES, YOU ARE PROHIBITED FROM HAVING THIS DOCUMENT NOTARIZED BY A SPOUSE, CIVIL UNION PARTNER, OR ANY OTHER INDIVIDUAL WHO HAS A DIRECT BENEFICIAL INTEREST IN THE BUSINESS FOR WHICH YOU ARE FILING THIS UPDATE. SEE NEW JERSEY NOTARY PUBLIC MANUAL, CHAPTER 3: "QUALIFICATIONS FOR OFFICE, SCOPE OF AUTHORITY, AND PROHIBITED ACTS."

INCOMPLETE UPDATE FORMS WILL BE RETURNED. FAILURE TO SUBMIT A COMPLETE ANNUAL UPDATE WILL RESULT IN SUSPENSION OF YOUR NJDEP EQUIPMENT DECALS, FOLLOWED BY REVOCATION OF YOUR A901 LICENSE. N.J.S.A. 13:1E-128(B), N.J.A.C. 7:26-3.2(F)(1).

IF YOUR COMPANY USES OR PLANS TO USE ANY TRADE NAME OR ALTERNATE NAME, YOU MUST REGISTER THE NAME IN ACCORDANCE WITH N.J.S.A. 14A:2-21 (FOR CORPORATIONS), N.J.S.A. 42:2B-4 (FOR LIMITED LIABILITY COMPANIES) OR N.J.S.A. 42:2A-6.1 (FOR LIMITED PARTNERSHIPS). LIST ALL ALTERNATE NAMES AND ATTACH PROOF OF REGISTRATION.