

RECEIPT

DATE

9/10/25

No.

743629

RECEIVED FROM

Priority Services LLC

\$650.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1621

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

37028

TO

BY

M.M.



RECEIVED

SEP 10 2025

DREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

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

SOLID WASTE TRANSPORTER PERMIT APPLICATION

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

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

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

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☐ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☒ Renewal: Permit # DE-SW- 1621 Expiration Date 12/31/2025

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 Priority Services, LLC

Location Address:	Mailing Address:
70 Albe Drive, Newark, DE 19702	Same

Contact: Nicholas DelDuco Title: Operations Manager/Fleet Manager

Business Phone: 302-562-5561 Fax: 302-834-1959

E-mail: ndelduco@gesoncall.com

24 hr Emergency Contact Phone [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship
☐ Partnership
☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

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

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

☒ Attachment A

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

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☒ Attachment B
☐ 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/NA

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

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) C
 - ☒ 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# 1079488 MC# _____

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

10. Proof of Financial Responsibility

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

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

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

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

12. Driver Training

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

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

✓ Driver Training, attachment E

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 9-8-25
Print Name Nick DeLuca Title Operations Manager

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

ATTACHMENT A
OWNERS



Priority Services LLC

Officers:

NAME	TITLE	ADDRESS	DOB	%
Joseph A. Cunane	President	70 Albe Dr. Newark, DE 19702		100 %

ATTACHMENT B
FACILITY LOCATIONS



Priority Services LLC

NAME	ADDRESS
Priority Services, LLC	70 Albe Dr. Newark, DE 19702

ATTACHMENT C



DELAWARE SOLID WASTE AUTHORITY LOCATIONS

Facility	Location
Cherry Island Landfill	1706 East 12th St., Wilmington, DE 19809
Milford Transfer Station	1170 S. DuPont Boulevard, Milford, DE 19963
PTCTS Transfer Station	276 Pine Tree Road, Townsend, DE 19734

ATTACHMENT D

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1). Conduct pre-trip inspection (Driver Inspection Sheet see Attachment F)
 - 2). Contact Fleet Manager if vehicle needs service before using it
- (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: Nick DelDuco Phone: [REDACTED]
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
- (7) This plan will be carried in all vehicles, along with the permit.

ATTACHMENT E



DRIVER TRAINING

PS provides and/or requires the following driver training:

Defensive Driving Safety Training
How to Fill out Bills of Lading
Hazard Communication Training

PS also provides Tool Box Talks about various driver safety issues such as:

- Driving in Snow Conditions
- Distracted Driving
- Seat Belt Safety
- Traffic Control at Construction Sites,
- Chock and Block and
- Use of Spotters for Backing Up

In addition, CDL Drivers will be provided the following training:
All CDL Drivers must take a road test issued by a current PS CDL
The driver to demonstrate proficiency prior to driving PS vehicles. and
Review Hours of Service Drivers Guide

In addition, Priority drivers are subject to initial and periodic random drug and alcohol testing which is mandatory.
Priority conducts reviews of Motor Vehicle Records periodically.

DRIVER'S LICENSE INFORMATION
PRIORITY SERVICES, LLC



Name	Type	State Issued	Expires
	CDL-A	DE	7/24/1930
	NON-CDL	DE	12/10/2025
	NON-CDL	DE	11/30/2025
	NON-CDL	DE	12/10/2025
	NON-CDL	DE	11/17/2028
	NON-CDL	DE	12/12/2025
	CDL-A	DE	3/22/2027
	NON-CDL	DE	12/10/2025
	NON-CDL	DE	10/11/2029
	NON-CDL	DE	5/4/2029
	NON-CDL	MD	6/8/2033
	NON-CDL	TN	7/15/2027
	CDL-A	DE	12/28/2027
	NON-CDL	DE	12/10/2025
	NON-CDL	DE	12/10/2025
	NON-CDL	DE	11/30/2025
	NON-CDL	DE	12/15/2029
	NON-CDL	DE	1/9/2030
	NON-CDL	DE	11/5/2031
	CDL-A	DE	1/31/2026
	NON-CDL	DE	11/30/2025
	NON-CDL	DE	1/5/2030
	NON-CDL	DE	9/1/2027
	NON-CDL	DE	9/1/2027
	NON-CDL	DE	12/10/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/17/2025

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 L & W Insurance Inc. PO Box 918 Dover DE 19903	CONTACT NAME: Heather Chickadel PHONE (A/C, No, Ext): 302-674-3500 E-MAIL ADDRESS: hchickadel@lwinsurance.com FAX (A/C, No):
INSURED Priority Services LLC 70 Albe Drive Newark DE 19702	INSURER(S) AFFORDING COVERAGE INSURER A: American Interstate Insurance INSURER B: Acadia Insurance Co. INSURER C: Underwriters at Lloyds, London INSURER D: Westfield Specialty Brokerage INSURER E: INSURER F:

COVERAGES**CERTIFICATE NUMBER:** 885198581**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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:			CPA4593335-42	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 PROFESSIONAL \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CAA4593336-41	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			CPA4593335-42	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	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	N/A	AVWCDE3391482025	7/1/2025	7/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C D	Cyber Liability Pollution Professional Liability			ESN0140396446 CPP-491828N-00	6/18/2025 7/1/2025	7/1/2026 7/1/2026	Limit: \$1,000,000 Limit: \$1,000,000 Limit: \$1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**Delaware Dept of Natural Resources & Environmental
Control, Solid & Hazardous
Waste 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

VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]



STATE OF DELAWARE
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE TAG AND REGISTRATION NO. C25733		SPECIAL TAG, IF ANY		ODOMETER MILEAGE	
MANUFACTURER AND YEAR FORD 2024		MODEL F45		BODY STYLE CH	
TITLE DATE 05/23/2025		EXPIRATION DATE 04/30/2026		YEARLY FEE 238.00	
REG WEIGHT 16,000		MGVWR 16,000		VEHICLE IDENTIFICATION NO. 1FD9W4HN3REF43156	
		USE NEW		COLOR WHI/	

237

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK

DE 19702

202506101612100002 129 LXC \$\$\$66.00 RR C0025733



STATE OF DELAWARE
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS.

TITLE, TAG AND REGISTRATION NO. CL24895		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 97,045	
MANUFACTURER AND YEAR FORD 2019		MODEL F35		BODY STYLE CH	
TITLE DATE 01/17/2019		EXPIRATION DATE 03/06/2026		YEARLY FEE 202.00	
REG WEIGHT 14,000		MGVWR 14,000		VEHICLE IDENTIFICATION NO. 1FD8X3H68KEC36292	
USE NEW		COLOR WHI /			

202403068106800003 444 CXG \$\$424.00 RR CL024895

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK DE 19702

STICKER INSTRUCTIONS

**PLACE THIS VALIDATED DECAL ON YOUR REAR
LICENSE PLATE**

1. Clean the license plate by removing all dirt, wax and tar.
2. Wipe dry.
3. Place renewal sticker at bottom right. Press firmly.

CAUTION: After sticker has been applied, it cannot be removed without destroying it.



Peel Here



COULD YOU SKIP YOUR NEXT TRIP TO THE DELAWARE DMV?

Over 20 DMV services (including driver license renewal and vehicle registration renewal) are now available online at myDMV.delaware.gov. Register and activate your free account today!

LIENHOLDER INFORMATION

NONE



STATE OF DELAWARE
Motor Vehicle Registration Card

200



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION.
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS.

TITLE, TAG AND REGISTRATION NO. C92509		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 51,324	
MANUFACTURER AND YEAR FORD 2020		MODEL F55		BODY STYLE CH	
TITLE DATE 11/07/2020		EXPIRATION DATE 01/11/2026		YEARLY FEE 310.00	
REG. WEIGHT 20,000		MGVWR 19,500		VEHICLE IDENTIFICATION NO. 1FD0X5HN5LEC55271	
		USE NEW		COLOR WHI/	

202401110087300003 352 MJB \$\$640.00 RR C0092509

PRIORITY SERVICES LLC

70 ALBE DR

NEWARK

DE 19702

STICKER INSTRUCTIONS

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LICENSE PLATE**

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Peel Here



COULD YOU SKIP YOUR NEXT TRIP TO THE DELAWARE DMV?

Over 20 DMV services (including driver license renewal and vehicle registration renewal) are now available online at myDMV.delaware.gov. Register and activate your free account today!

LIENHOLDER INFORMATION

NONE



210

State of Delaware Apportioned Cab Card

Keep this certificate in your vehicle

The vehicle described herein has been proportionally registered between
The State of Delaware and the Jurisdictions below

Expiration Date: 06/15/2026 Plate Number: CL120708 VIN: 1NKDL40X0KJ211918

Account #	Fleet	Supplement	Reg Date	Color/Color	Unit #	Fuel	Year	Make
2818	3	0	06/16/2025	WHI/	0210	D	2019	KW

Unladen Weight	Manufacturer's Gross Vehicle Weight Rating	Power Unit Gross Vehicle Weight	Combined Gross Gross Vehicle Weight	TYPE	AXLES
30,617	80,000	73,280	80,000	TT	4

PRIORITY SERVICES LLC

Registrant	Carrier Responsible for Safety	CRFS USDOT
PRIORITY SERVICES LLC 70 ALBE DRIVE NEWARK, DE 19702	PRIORITY SERVICES LLC 70 ALBE DRIVE NEWARK, DE 19702	1079488

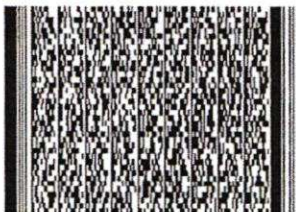
AB 36287k	FL 80000	MB 36287k	ND 80000	OK 80000	TN 80000	** ****
AL 80000	GA 80000	MD 80000	NE 80000	ON 36287k	TX 80000	** ****
AR 80000	IA 80000	ME 80000	NH 80000	OR 80000	UT 80000	** ****
AZ 80000	ID 80000	MI 80000	NJ 80000	PA 80000	VA 80000	** ****
BC 36287k	IL 80000	MN 80000	NL 36287k	PE 36287k	VT 80000	** ****
CA 80000	IN 80000	MO 80000	NM 80000	QC 6+AXL	WA 80000	** ****
CO 80000	KS 80000	MS 80000	NS 36287k	E	WI 80000	** ****
CT 80000	KY 80000	MT 80000	NV 80000	RI 80000	WV 80000	** ****
DC 80000	LA 80000	NB 36287k	NY 80000	SC 80000	WY 80000	** ****
DE 80000	MA 80000	NC 80000	OH 80000	SD 80000	** ****	** ****
				SK 36287k		

1. This is neither a driver's license nor a certificate of title to a motor vehicle
2. Always keep this registration card with the vehicle it describes
3. Your insurance ID card must be with the vehicle when it is being operated
4. A new owner may not drive under this registration

Owners Signature _____ BY _____

****WARNING****

IRP registration is NOT transferable to a new owner. Please contact our office at 302-744-2702 if you have any questions.





STATE OF DELAWARE
Motor Vehicle Registration Card



Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

235

TITLE TAG AND REGISTRATION NO. CL73234		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 16,398		ACTUAL VEHICLE MILEAGE	
MANUFACTURER AND YEAR FORD 2021		MODEL F55		BODY STYLE CH		YEARLY FEE 310.00	
TITLE DATE 02/20/2025		EXPIRATION DATE 02/20/2027		VEHICLE IDENTIFICATION NO. 1FD0W5HN2MED10358			
REG WEIGHT 19,500		MGVWR 19,500		USE TRANSFER		COLOR WHI	

2025022095031351LAS 0307800RT CL073234

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK DE 19702



STATE OF DELAWARE
Motor Vehicle Registration Card



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TITLE, TAG AND REGISTRATION NO. C116504		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 0	
MANUFACTURER AND YEAR PTRB 2003		MODEL 330		BODY STYLE ST	
YEARLY FEE 1390.00		VEHICLE IDENTIFICATION NO. 2NPNHD8X13M804394			
TITLE DATE 01/05/2022		EXPIRATION DATE 01/09/2026		VEHICLE IDENTIFICATION NO. 2NPNHD8X13M804394	
REG WEIGHT 80,000		MGVWR 80,000		USE TRANSFER	
COLOR BLU/					

216

202401099307200001 445 DLS \$2800.00 RR C0116504

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK DE 19702

STICKER INSTRUCTIONS

**PLACE THIS VALIDATED DECAL ON YOUR REAR
LICENSE PLATE**

1. Clean the license plate by removing all dirt, wax and tar.
 2. Wipe dry.
 3. Place renewal sticker at bottom right. Press firmly.
- CAUTION:** After sticker has been applied, it cannot be removed without destroying it.

Peel Here



COULD YOU SKIP YOUR NEXT TRIP TO THE DELAWARE DMV?

Over 20 DMV services (including driver license renewal and vehicle registration renewal) are now available online at myDMV.delaware.gov. Register and activate your free account today!

RECEIPT

Date: 1/9/2024 09:14:08
Transaction Number: 2024010993072 NDLS
Amount: \$2800.00
Payment Method: \$2800.00 AMEX *****2024



STATE OF DELAWARE
Motor Vehicle Registration Card



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TITLE TAG AND REGISTRATION NO. CL24625		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 110,360	
MANUFACTURER AND YEAR FORD 2019		MODEL F25		BODY STYLE PK	
TITLE DATE 01/17/2019		EXPIRATION DATE 02/14/2026		YEARLY FEE 130.00	
REG WEIGHT 10,000		MGVWR 10,000		VEHICLE IDENTIFICATION NO. 1FT7W2B67KED34302	
		USE NEW		COLOR WHI/	

190

202402140587700004 462 TAC \$\$280.00 RR CL024625

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK DE 19702

STICKER INSTRUCTIONS

**PLACE THIS VALIDATED DECAL ON YOUR REAR
LICENSE PLATE**

1. Clean the license plate by removing all dirt, wax and tar.
2. Wipe dry.
3. Place renewal sticker at bottom right. Press firmly.

CAUTION: After sticker has been applied, it cannot be removed without destroying it.



Peel Here



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LIENHOLDER INFORMATION

NONE



STATE OF DELAWARE
Motor Vehicle Registration Card

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Good Only When Signed On Back

VEHICLE MAY BE INSPECTED AND REGISTRATION RENEWED ANYTIME WITHIN 90 DAYS BEFORE EXPIRATION
A \$20.00 LATE FEE IS CHARGED FOR LATE REGISTRATION RENEWALS

TITLE, TAG AND REGISTRATION NO. CL42359		SPECIAL TAG, IF ANY		ODOMETER MILEAGE 91,517	
MANUFACTURER AND YEAR FORD 2018		MODEL F35		BODY STYLE CH	
YEARLY FEE 202.00		TITLE DATE 07/22/2022		EXPIRATION DATE 10/30/2025	
VEHICLE IDENTIFICATION NO. 1FD8W3G65JEB23628		REG. WEIGHT 14,000		MGVWR 14,000	
USE TRANSFER		COLOR WHI/			

202310307423200002 524 MJD \$\$424.00 RR CL042359

PRIORITY SERVICES LLC
70 ALBE DR
NEWARK DE 19702