

RECEIPT

DATE

9/11/25

No.

743633

RECEIVED FROM

American Stone Incl. LLC

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

new DE-SW-2156

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

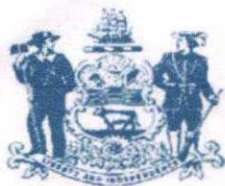
FROM

381518353605

TO

BY

AC



RECEIVED

SEP 11 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- _____ 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 American Stone Industries LLC

Location Address:	Mailing Address:
466 Main St Keyport, NJ 07735	

Contact: Jocelyn Hernandez Title: Owner

Business Phone: (848)225-4545 Fax: _____

E-mail: americanstoneindustries@gmail.com

24 hr Emergency Contact Phone: (848)225-4545

4. Company Ownership Information

(a). Please indicate the company type:

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

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

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

☒ Attachment 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

AMERICAN STONE INDUSTRIES LLC

Owner's Name: Jocelyn Hernandez



Ownership %: 100 %

Mailing Address: 466 Main St Keyport, NJ 07735

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF FORMATION
AMERICAN STONE INDUSTRIES LLC
0450886172

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/10/2022 and was assigned identification number 0450886172. Following are the articles that constitute its original certificate.

1. **Name:**
AMERICAN STONE INDUSTRIES LLC
2. **Registered Agent:**
UNITED STATES CORPORATION AGENTS, INC.
3. **Registered Office:**
330 CHANGEBRIDGE RD STE 101
PINE BROOK, NEW JERSEY 07058
4. **Business Purpose:**
ANY LEGAL PURPOSE.
5. **Duration:**
PERPETUAL
6. **Effective Date of this Filing is:**
11/10/2022
7. **Members/Managers:**
JOCELYN HERNANDEZ
466 MAIN ST
KEYPORT, NEW JERSEY 07735
8. **Main Business Address:**
466 MAIN ST
KEYPORT, NEW JERSEY 07735

Signatures:

TODD MCREYNOLDS
AUTHORIZED REPRESENTATIVE



Certificate Number : 4189454268

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
10th day of November, 2022

A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio
State Treasurer

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) DRPI
 - ☐ 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# 4411766 MC# 1733195
- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input 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 2

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 3



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/22/2025

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

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

PRODUCER Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047	CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: csr@velocityins.net FAX (A/C, No): 201-617-1714
INSURED AMERICAN STONE INDUSTRIES 466 Main St Keyport NJ 07735	INSURER(S) AFFORDING COVERAGE INSURER A: American Millennium Insurance Company INSURER B: Lloyds of London INSURER C: UNITED STATES LIABILITY INSURANCE INSURER D: BiBerk INSURER E: INSURER F:
	NAIC # 26140 15792 25895 32280

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
C	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	GL 1306844	08/18/2025	08/18/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$	
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X		CAL16997	07/23/2025	07/23/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$	
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$	
D	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	N/A	X	N9WC788781	08/21/2025	08/21/2026	PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
B	PHYSICAL DAMAGE			VELO-7242025	07/24/2025	07/24/2026	DEDUCTIBLE \$2,500 TIV: \$170,000.00	

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

CERTIFICATE HOLDER**CANCELLATION**

Department Of Natural Resources and Environmental Control 89 Kings Hwy 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 <i>Aileen Ogaldez</i>
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USDOT Number: 4411766Date Received: 07/23/2025

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

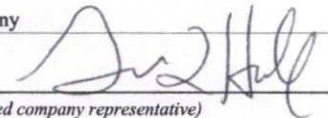
FORM MCS-90

Issued to AMERICAN STONE INDUSTRIES LLC DBA Name: _____ of NJ
(Motor Carrier name) (Motor Carrier state or province)

Dated at 07/23/2025 on this _____ day of _____,

Amending Policy Number: CAL16997-01 Effective Date: 07/23/2025

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: 
(authorized company representative)

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

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

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

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

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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

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

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

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

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

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

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

(continued on next page)

SCHEDULE OF LIMITS — PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8 , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in 49 CFR 172.101 ; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101 , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403 .	\$5,000,000

* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

SPILL CONTROL PLAN

This Safety Control Plan must be carried in every vehicle folder. Inspection will be executed every month to the vehicle and the driver will oversee the conservancy.

A. SAFETY AND SPILL CONTROL EQUIPMENT IN EACH VEHICLE:

- 1) Fire Extinguisher
- 2) First Aid Kit
- 3) Flashlight
- 4) Gloves and hard hat.
- 5) Reflectors
- 6) Absorbent maps.

B. ALL LOADS MUST BE TARPED TO PREVENT ACCIDENTAL RELEASE OF WASTE WHILE EN ROUTE TO THE LANDFILL.

C. PRE-TRIP INSPECTION ACTIONS ALL DRIVERS MUST PERFORM:

- 1) Check fluid levels: oil and coolant levels. Look for oil, fuel, coolant, power steering fluid leaks. Make sure all caps are tight.
- 2) Observe at the engine block. Check for leaks and look at the hoses. Inspect fan belts. Look at the engine fan.
- 3) Look for any exposed or bare wires.
- 4) Check windshield wiper fluid level.
- 5) Take a look at shock absorbers, ball joints and kingpins for wear and lubrication.
- 6) Observe all tires and brake pads.
- 7) Observe gauges for oil pressure and electrical system.
- 8) Check all lights and flashers.
- 9) Circle the vehicle and do a general visual check and listen for air leaks.

DELAWARE: 911, (302) 739-9401 OR (800) 662-8802.

NEW JERSEY: 911, NJ STATE POLICE (609) 882-2000.

TRY THE BEST TO CONTAIN THE SPILL TILL THE RESPONSE TEAM GETS THERE.

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
 - 6).
- (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). Daily pre-post trip driver's inspection report attached
 - 2).
- (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: Jocelyn Hernandez Phone: (848) 225-4545
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: _____

ADDRESS: _____

DATE: _____ TIME: _____ A.M. _____ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR/

TRUCK NO. _____

ODOMETER READING _____

- | | | |
|---|---|--|
| <input type="checkbox"/> Air Compressor | <input type="checkbox"/> Front Axle | <input type="checkbox"/> Safety Equipment |
| <input type="checkbox"/> Air Lines | <input type="checkbox"/> Fuel Tanks | <input type="checkbox"/> Fire Extinguisher |
| <input type="checkbox"/> Battery | <input type="checkbox"/> Horn | <input type="checkbox"/> Flags/Flares/Fusees |
| <input type="checkbox"/> Belts and Hoses | <input type="checkbox"/> Lights | <input type="checkbox"/> Reflective Triangles |
| <input type="checkbox"/> Body | <input type="checkbox"/> Head/Stop | <input type="checkbox"/> Spare Bulbs and Fuses |
| <input type="checkbox"/> Brake Accessories | <input type="checkbox"/> Tail/Dash | <input type="checkbox"/> Spare Seal Beam |
| <input type="checkbox"/> Brakes, Parking | <input type="checkbox"/> Turn Indicators | <input type="checkbox"/> Starter |
| <input type="checkbox"/> Brakes, Service | <input type="checkbox"/> Clearance/Marker | <input type="checkbox"/> Steering |
| <input type="checkbox"/> Clutch | <input type="checkbox"/> Mirrors | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Muffler | <input type="checkbox"/> Tire Chains |
| <input type="checkbox"/> Defroster/Heater | <input type="checkbox"/> Oil Pressure | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Drive Line | <input type="checkbox"/> Radiator | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Engine | <input type="checkbox"/> Rear End | <input type="checkbox"/> Trip Recorder |
| <input type="checkbox"/> Exhaust | <input type="checkbox"/> Reflectors | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Fifth Wheel | | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Fluid Levels | | <input type="checkbox"/> Windshield Wipers |
| <input type="checkbox"/> Frame and Assembly | | <input type="checkbox"/> Other |

TRAILER(S) NO.(S) _____

- | | | |
|--|---|--|
| <input type="checkbox"/> Brake Connections | <input type="checkbox"/> Hitch | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes | <input type="checkbox"/> Landing Gear | <input type="checkbox"/> Tarpaulin |
| <input type="checkbox"/> Coupling Devices | <input type="checkbox"/> Lights - All | <input type="checkbox"/> Tires |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Reflectors/Reflective Tape | <input type="checkbox"/> Wheels and Rims |
| <input type="checkbox"/> Doors | <input type="checkbox"/> Roof | <input type="checkbox"/> Other |

Remarks: _____

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: _____

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: _____ DATE: _____

DRIVER'S SIGNATURE: _____ DATE: _____

ORIGINAL

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

AMERICAN STONE INDUSTRIES LLC
Jocelyn Hernandez (848)225-4545

<u>Spill Reporting Phone Numbers:</u>	<u>Phone Number:</u>
USDOT National Response Center	201-874-1175
Center for Disease Control	404-633-5313
USCG National Response Center	202-426-2675
	800-424-8802
Delaware DNREC 24-hour Hotline	302-739-9401
(in state only)	800-662-8802
New Jersey DEP 24-hour Hotline	609-292 -7172
New York State DEC 24-hour Hotline	518-457-7362
	800-457-7362
Pennsylvania DEP 24-hour Answering Service	717-787-4343
PS Emergency Management Agency	717-783-8150(24 hr)
Region 1 (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport) (9am-5pm)	717-327-3646
(24-hour)	717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA local Police and Fire Departments	911 or (0) Operator
Maryland DEP 24-hour Answering Service	866-633-4686

SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

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

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

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

PRELIMINARY SPILL INFORMATION

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

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

C. Where is the spill? _____

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

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

WASTE

AMOUNT

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

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

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

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

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

DRIVER TRAINING

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

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

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

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

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

AMERICAN STONE INDUSTRIES LLC

466 Main St
Keyport, NJ 07735

Driver Training:

1-All drivers are trained in the proper pre-tripping of vehicles which includes,

- Check all tires
- Lights and signals
- Tailgate is secured

2-All drivers are made familiar with all FMSCA regulations pertaining to the transport and disposal of material provided by 49CFR Parts 383,390,390-399

3-All drivers are familiar with spill control plans.

4-All drivers are trained in the proper handling of the various types of waste to be transported included.

- Manifest system
- Handling procedures
- Safe vehicle operation

5-All drivers are familiar with the conditions of the solid waste transporter's permit.

Name: *Pablo Hernandez*

CDL: *H27186146712812*



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 [Signature] Date 08/25/2025

Print Name Socelyn Hernandez Title Owner

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

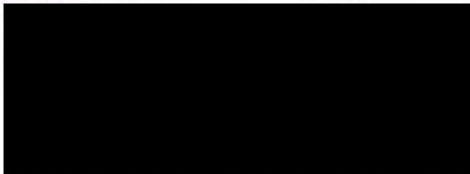
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition,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

[illegible]

AMERICAN STONE INDUSTRIES LLC

466 Main St
Keyport ,NJ 07735

Driver List



American Stone Industries LLC

COMPANY DRIVER POLICY

GENERAL GUIDELINES

All employees of the company must sign and comply with the requirements listed below:

- Employees must meet DOT requirements and learn about the FMCSA regulations.
- Employees are required to pass a pre-employment drug and alcohol test and random tests any time they are selected
- Employees are responsible for pre/post vehicle inspections and hand in DVIR if there are any mechanical problems
- Drivers must ensure that the trip tickets are correct and signed
- Drivers must hand in all tickets received for each load
- Drivers must hand in any tickets and vehicle inspection reports received IMMEDIATELY
- In case of an accident, drivers must immediately call (Jocelyn Hernandez). Always remember to take many pictures of the damages, and collect information of all the parties involved, including name, phone number, insurance policy information, copy of registration, copy of driver's license, and if it is a commercial motor vehicle, take a picture of the company name(usually placed at the driver's side door. You must wait for Safety's instructions on whether you need a Post Drug and Alcohol test immediately. You must complete a Driver's Statement and provide any citations, and the Incident Report slip received from the police, if any. If police arrive to the scene, you must never leave the scene of an accident without their release
- If a driver receives a ticket for unsafe driving, the company will give him a first verbal warning, second a fine of \$100 per violation, and third a week's suspension (no pay)
- If any employee does not wish to continue working for the company, we ask that they give us 2 week notice as a courtesy

(This document is subject to changes at any time)

I have read, understood and agree the conditions mentioned above to be a driver of the company

Full Name

Employee Signature

DRIVER

ATTENTION DRIVERS

IN CASE YOU ARE INVOLVED IN AN ACCIDENT YOU MUST CALL JOCELYN HERNANDEZ IMMEDIATELY (848-225-4545), AND TAKE MANY PICTURES OF THE TRUCK AND ANY OTHER VEHICLES

IMPACTED BY THE ACCIDENT!

YOU MUST RETRIEVE THE INFORMATION FROM ALL OF THE PARTIES INVOLVED IN THE ACCIDENT INCLUDING: PICTURE OF LICENSE, PICTURE ON INSURANCE INFORMATION, PICTURE OF LICENSE PLATE, AND PICTURE OF POLICE REPORT NUMBER.

YOU MUST NEVER LEAVE THE SCENE OF AN ACCIDENT

WITHOUT RELEASE FROM THE POLICE OFFICER. IF YOU ARE

NOT SURE THAT YOU ARE RELEASED, CALL THE OFFICE AND HAVE SAFETY SPEAK WITH THE POLICE OFFICIAL.

IF YOU ARE GIVEN A TICKET AND ANY OF THE VEHICLES

IMPACTED OF THE ACCIDENT ARE TOWED-AWAY YOU MUST TAKE A POST ACCIDENT DRUG AND ALCOHOL TEST

IMMEDIATELY!

IF THERE IS AN INJURY, OR DEATH REPORTED YOU MUST TAKE A POST ACCIDENT TEST IMMEDIATELY!

Mandatory Safety Gear Policy

Attention ALL Drivers of **American Stone Industries LLC**.

You must come to work prepared, and be dressed accordingly. If our clients find that our Drivers are careless, this will decrease better runs for all of you. It is mandatory to

wear your safety gear at all times while you are operating our trucks!

You are the faces of our company, and you must respect it by wearing your safety gear every day.

It is mandatory for ALL of you to wear the following upon entering your truck:

- Reflective Safety Vest
- Hard Hat
- Safety Goggles
- Steel Toe Boots
- Pants (no shorts allowed)
- Long Sleeve Shirt
- Bluetooth
- Shovel (for snow)

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

DRIVING AND TRAFFIC VIOLATION POLICY

We deeply value the safety well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, **American Stone Industries LLC** has instituted a safety driving policy any rules. This safety policy applies to all employees who operate a motor vehicle on company business and/or company time, whether operating a company vehicle or personal vehicle.

Safety Rules

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.
 - a) If a vehicle does not pass inspection, immediately notify company staff.
 - b) Vehicles are not be operated unless in a safe operating condition.
2. Drivers must be physically and mentally able to drive safely. Fatigue, medications, and physical injuries can affect an employee's ability to safely operate a vehicle.
3. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.
4. Seat belts must be worn whenever a vehicle is in motion **American Stone Industries LLC**. recognizes that seat belts are extremely effective in preventing injuries and loss of life. It is a simple fact that wearing your seat belt can reduce your risk of dying in a traffic crash by as much as 60 percent in a truck. We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented using seat belts. Therefore, all employees of **American Stone Industries LLC** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.
5. Cell phone usage, including texting, is prohibited while driving for company purposes.
6. Use of radar detectors is forbidden in all vehicles owned or used by the company.
7. Hitchhikers and passengers other than company employees are not permitted.
8. Cargo should be secured, and all doors should be locked, both when the vehicle is on route and when it is parked.
9. Respect the rights of other drivers and pedestrians.
10. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.
11. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day. CDL drivers will also be required to complete a violation review form.
12. **American Stone Industries LLC** will review motor vehicle reports annually.
13. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee's file.

14. Employees are responsible for maintaining a valid driver's license.

Safety Rules Enforcement

Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

Accidents

Any employee who is involved in an accident while driving for company purposes will be required to complete an accident report on the same day to review the information to make sure it is complete. The employee must go for his or her post-accident drug and alcohol analysis at one of our designated facilities. The employee may also be required to discuss the accident with Human Resources or the safety manager.

Management will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring

Motor Vehicle Report (MVR): Standards

MVRs will be checked annually for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges at **American Stone Industries LLC**

2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.

3. Any of the following violation incurred in the previous three years:

a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)

b. Any violation less than three years old for an alcohol- or controlled substance-related driving offense

c. Refusing to take a breathalyzer test

d. Careless or reckless driving that results in injury to persons or property

e. Passing a stopped school bus.

f. Leaving the scene of an accident without stopping to file a report

g. Racing

4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

MOTOR CARRIER INSTRUCTIONS: Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI

SOCIAL SECURITY NUMBER

DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE)

DRIVER'S LICENSE NUMBER

STATE

EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

☐ Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

DATE

DRIVER'S SIGNATURE

MOTOR CARRIER NAME

MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME

REVIEWER SIGNATURE

TITLE

DATE

POLICY DRIVER RECEIPT

I acknowledge receipt of the American Stone Industries LLC Driving & Traffic Violation Policy.

I have read, understand, and agree to the terms set forth in this Driving and Traffic Violation policy .

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

Safe Driving Performance Expectations

- Seat belts must be used while driving.
- Keys must never be left in the vehicle. Spare keys are to be kept in the office or at your home.
- Drivers are responsible for the security of vehicles and cargo.
- Always lock an unattended vehicle.
- Observe posted speed limits and rules of the road.
- Maintain company vehicles in accordance with our company policy and specifications. You will be responsible for damage to company vehicles resulting from reckless or abusive handling or operation.
- Be courteous to other drivers and pedestrians. Observation reports may be utilized to identify your driving habits and will be used in your evaluation.
- Do not use controlled substances or alcohol prior to or when operating a motor vehicle. Be aware of possible adverse effects of prescription drugs and do not operate a motor vehicle when ability is impaired.
- Only the assigned driver or other company personnel engaged in the course of their employment are permitted to drive company vehicles.
- Keep windows clean inside and out to reduce glare.
- Remove snow accumulation prior to driving. Removal includes snow from on top of the vehicle and all windows and lights, so visibility is maximized.
- Maintain 4 seconds of following distance between your vehicle and other vehicles (passenger vehicles), 5 to 8 seconds in heavy/long combination vehicles and move slightly slower than the flow of traffic in heavy traffic.
- Maintain awareness of what is in front of your vehicle, on both sides and behind it to reduce the need for sudden stops or quick lane changes which can make it more likely other vehicles will strike your vehicle.
- Do not drive when fatigued and plan trips to avoid fatigue.

Driver Signature

Company Fleet Coordinator

Company Name

Date