

# RECEIPT

DATE

9/30/25

No.

743662

RECEIVED FROM

Robert T Winzinger Inc

\$

950.00

Nine hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-0887D

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

110378

TO

BY

AG



DELAWARE DEPARTMENT OF  
NATURAL RESOURCES AND  
ENVIRONMENTAL CONTROL

RECEIVED

SEP 30 2025

DNREC - WHS

89 Kings Highway  
Dover, DE 19901  
302-739-9403  
dnrec.delaware.gov

## 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- 08870 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 Robert T. Winzinger, Inc.

Location Address:	Mailing Address:
1704 Marne Highway	1704 Marne Highway
Hainesport, NJ 08036	Hainesport, NJ 08036

Contact: Lisa Grosnick Title: Administrative Assistant.

Business Phone: 609 267-8600 Fax: 609 264-4079

E-mail: lisa@winzinger.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: Hainesport State: NJ Date: 04/21/1960  
☐ Municipality  
☐ Public institution  
☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment \_\_\_\_\_

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

- ☐ Attachment \_\_\_\_\_  
☒ No parent company

**5. Company locations in Delaware**

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

- ☐ Attachment \_\_\_\_\_  
☒ No Delaware locations

**6. Company Affiliates**

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

**7. Type of Waste to be Transported**

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste  
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☐ Industrial waste (from a manufacturing or industrial process)  
☒ Dry waste: ☒ construction/demolition debris  
                            ☐ trees/stumps  
                            ☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
                            ☐ coal ash  
                            ☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☐ Non-hazardous petroleum-hydrocarbon contaminated soils  
☒ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☒ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☒ No

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

**8. Treatment, Storage, and Disposal Facilities**

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☐ Delaware Solid Waste Authority locations: (attachment) \_\_\_\_\_
- ☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- ☒ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils )
- ☐ Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
- ☐ Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☒ Attachment NJ DEP # 02210, NJ A-901 SW-3570 PA-WH2674
- ☐ 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 NJ A901 SW# 3570, PA WH2674
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 043304 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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 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	\$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 checked="" 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 that 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 yes

#### 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 yes

**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 ☒ **NO**

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** Audrey Winzinger **Date** 9/28/2025  
**Print Name** Audrey Winzinger **Title** V.P.

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


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.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfg's GVWR	OWNERSHIP
521- Mack Rolloff-2024	Rolloff	3BKZX4TX2RF332691	NJ-AZ555S	80000	Robert T. Winzinger, Inc.
523- Mack Rolloff-2007	Rolloff	1M2AT04C77M004836	NJ-AU619V	80000	Robert T. Winzinger, Inc.
524- Mack Rolloff - 2015	Rolloff	1M2AX09C0FM024356	NJ--AS488G	80000	Robert T. Winzinger, Inc
525 - Mack Rolloff - 2021	Rolloff	1NPCL40X4ND773667	NJ- AC450N	80000	Robert T. Winzinger, Inc
500 1993 Mack 1993 D688SX	Tractor	1M29268C4PM015805	NJ - AR114B	80000	Robert T. Winzinger, Inc.
490 -Mack 2917 GU713	Tractor	1M2AX07Y1FM024011	NJ - AS149D	80000	Robert T. Winzinger, Inc.
504 Mack - 1999 RD688SX	Tractor	1M29271Y3XM043381	NJ - AP693C	80000	Robert T. Winzinger, Inc.
512 Mack 2015 CHU613	Tractor	1M1AN0Y6FM6FM020594	NJ - AX627Z	80000	Robert T. Winzinger, Inc.
513 Mack 2015 CHU613	Tractor	1M1AN07Y0FM020588	NJ - AX895Z	80000	Robert T. Winzinger, Inc.
298 Summit 45' Walking FLR 1997	Walking Floor	158AL4528V0009528	NJ - T14M1S		Robert T. Winzinger, Inc.
299 East 45' Walking Floor 2006	Walking Floor	1E1U1X2866RC39217	NJ -TZA18R		Robert T. Winzinger, Inc.
514 Pet TT 2026	Tractor	1XPCD40XXTD774662	IN-3775900	80000	Miller Auto Leasing Co.
814-Florig Trailer 1989	Trailer	1F9D2N308KC001003	NJ-TTH49D		Robert T. Winzinger, Inc.
813-Florig Trailer 1996	Trailer	1F9D2N322TC001002	NJ-TAZ56S		Robert T. Winzinger, Inc.
815-Florig Trailer 1994	Trailer	1F9D2N303RC001002	NJ-T249WE		Robert T. Winzinger, Inc.
830-JHM Trailer 2001	Trailer	1J9BH382311070343	NJ-TEA82T		Robert T. Winzinger, Inc.



## 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). Pre-trip -brakes, lights, mirror, tires, load inspection, proper paperwork
  - 2). Post-trip - proper paper work, vehicle body clear of debris, straps, tarps are placed away.
- (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: Audrey Winzinger      Phone: 
- (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.



# New Jersey Department of Environmental Protection

## A-901 License



This is to advise you that the investigative report from the Attorney General required under N.J.S.A. 13:1E-126 et seq. has been received by the Department of Environmental Protection (Department or NJDEP). Based upon the review of the investigative report, the Department is hereby issuing this **A-901 License** to:

### **ROBERT T. WINZINGER, INC.**

Please be advised that this license hereby issued is a **"conditional"** license and is modified by the terms and conditions as specified on the attached document as they have been put forth by the Office of the Attorney General (OAG) and the Department. **Failure to meet the specified conditions constitutes grounds for the revocation of this license.**

This A-901 approval **does not authorize the operation of any business entity or confer the authority to commercially engage in the solid waste, hazardous waste, or soil and fill recycling industry in New Jersey without all necessary permit and/or approvals in place.**

This license is only issued to Robert T. Winzinger, Inc. (Licensee) for its exclusive use and control. You are required to notify the Department and the OAG, within 30 days, of any changes regarding this company or its operations. In addition, this license must be renewed annually, by submitting the A-901 Annual Update (found at: <https://www.nj.gov/dep/dshw/a901/a901frms.htm>) to the OAG on or before November 1st of each calendar year.

Date Issued: July 19, 2021

Signature: \_\_\_\_\_

Roxanne Feasel, Permit Coordination Officer  
NJDEP, Planning and Licensing, A-901 Unit

005577 - PI 198431

FEIN: 21-0724134

**Robert T.**  
**Winzinger**  
**INCORPORATED**

P.O. Box 537 • 1704 Marne Highway  
Hainesport, NJ 08036  
609-267-8600 • Fax 609-267-4079  
[www.winzinger.com](http://www.winzinger.com)

**Driver Training Outline:**

- Robert T. Winzinger, Inc. drivers are drug & alcohol tested every quarter as well as new employees.
- Robert T. Winzinger, Inc. has a monthly safety meeting for drivers. Topics discussed range from "how to properly tarp loads" to "how to act polite to our customers".
- Robert T. Winzinger, Inc. has our drivers checked annually by FMCSA Clearing House and NJ DMV Driver Abstract.
- All demolition drivers are asked to read our haulers permit & have a copy in each truck. They also get a copy of the spill control letter to read.

---

Audrey Winzinger, Vice President

**Robert T.**  
**Winzinger**  
**INCORPORATED**

P.O. Box 537 • 1704 Marne Highway  
Hainesport, NJ 08036  
609-267-8600 • Fax 609-267-4079  
www.winzinger.com

**SPILL CONTROL PLAN FOR SOLID WASTE HAULERS**

- 1.) Spill control and safety equipment carried in each vehicle:
  - Reflectors and/or flares
  - Fire Extinguisher
  - First Aid Kit
  - Heavy-duty gloves and Hard Hat
  - 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:
  - Pre-trip inspection of vehicle
  - Post-trip inspection of vehicle
- 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:
  - Lisa Grosnick @ (609)267-8600 ext. #10
  - Audrey Winzinger @ (609)267-8600 ext. #3
- 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 or (302)739-9401 or (800)662-8802
- 6.) The designated coordinator will contract for clean-up services with our own forces.
- 7.) This plan will be carried in all vehicles, along with the permit.

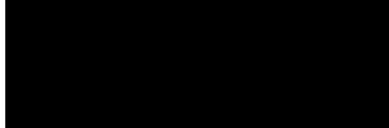
**5% or more stockholders**

JoAnn Winzinger  
President



51% Interest

Robert T. Winzinger, Sr.  
CEO/Project Manager



49% Interest



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 and Safety Information, Registration, Licensing, and Insurance Division.

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



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 ROBERT T. WINZINGER, INC. of HAINESPORT, NJ 08036-3640  
(Motor Carrier name) (Motor Carrier state or province)

Dated at Radnor, PA 19087 on this 25TH day of SEPTEMBER, 2024

Amending Policy Number: 7011405751 Effective Date: 09/30/2024

Name of Insurance Company: The Continental Insurance Company

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 \$1,000,000 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: \_\_\_\_\_.

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 <http://www.fmcsa.dot.gov/urs>.

(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 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)



<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
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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 10,001 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 10,001 or more pounds).	Hazardous substances, as defined in <a href="#">49 CFR 171.8</a> , 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 <a href="#">49 CFR 173.403</a> .	\$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 10,001 or more pounds).	Oil listed in <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , 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 10,001 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 <a href="#">49 CFR 173.403</a> .	\$5,000,000

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

This Certificate is  
Non-Transferable



## State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION  
DIVISION OF SOLID & HAZARDOUS WASTE  
BUREAU OF SOLID WASTE PLANNING & LICENSING

401 East State Street  
P.O. Box 420, Mail Code 401-02C  
Trenton, New Jersey 08625-0420  
Tel. (609) 984-4250 • Fax (609) 777-1951/984-0565  
[www.nj.gov/dep/dshw/swpl](http://www.nj.gov/dep/dshw/swpl)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

SHAWN M. LATOURETTE  
Commissioner

### CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY

HEREBY ISSUED TO:

ROBERT T. WINZINGER, INC.

STREET ADDRESS

1704 MARNE HIGHWAY  
HAINESPORT, NJ 08036

MAILING ADDRESS

1704 MARNE HIGHWAY  
HAINESPORT, NJ 08036

SW NUMBER: SW3570

FOR AUTHORITY TO ENGAGE IN THE BUSINESS OF SOLID WASTE COLLECTION AS  
DEFINED IN N.J.S.A. 13:1E-1 ET SEQ. IN AND ABOUT THE STATE OF NEW JERSEY

The authority granted shall not exceed that requested in Docket No. **CF2021-054**

IT IS MADE A CONDITION OF THIS CERTIFICATE THAT THE HOLDER SHALL OPERATE  
IN COMPLIANCE WITH THE AUTHORITY HEREIN GRANTED UNDER THE PROVISIONS  
OF N.J.S.A. 48:13A-1 ET SEQ. AND N.J.S.A. 13:1E-1 ET SEQ., FAILURE TO DO SO SHALL  
CONSTITUTE SUFFICIENT GROUNDS FOR SUSPENSION OR REVOCATION PURSUANT  
TO N.J.S.A. 48:13A-9 ET SEQ.

Date of Issue:

1/18/22

John Annasenz, Supervisor  
Bureau of Planning & Licensing

A-901 License  
Issued 7/19/21  
Conditional

**Davis, DaQuan (DNREC)**

---

**From:** lisa@winzinger.com  
**Sent:** Monday, October 6, 2025 8:06 AM  
**To:** WHStranporters  
**Subject:** RE: Incomplete Solid Waste Transporter Permit Application (DE-SW-0887D)  
**Attachments:** delaware dept of natural resources coi - 2025-2026.pdf; Truck Lease.pdf; Truck Lease 1.pdf

Good morning,

Attached are the updated COI and the truck lease information from Miller Auto Lease.  
Please let me know if you need anything .

Thanks again for letting me send via email.

*Lisa Grosnick  
Robert T. Winzinger, Inc.  
1704 Marne Hwy.  
Hainesport, NJ 08036  
609 267-8600 ext. 10  
609 267-4079 Fax  
[Lisa@Winzinger.com](mailto:Lisa@Winzinger.com)  
[WWW.Winzinger.com](http://WWW.Winzinger.com)*

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStranporters  
**Sent:** Friday, October 3, 2025 2:52 PM  
**To:** lisa@Winzinger.com  
**Subject:** Incomplete Solid Waste Transporter Permit Application (DE-SW-0887D)

Hello Ms. Grosnick,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 10-** You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901.
- **Section 13-** Please provide the vehicle lease from Miller Auto Lease Co.

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](mailto:WHStranporters@delaware.gov)

89 Kings Hwy SW, Dover, DE 19901

[dnrec.delaware.gov](http://dnrec.delaware.gov)





1824 Route 38 \* Lumberton, NJ 08048 \*  
www.MillerTransGroup.com

### **Certificate of Lease**

This is to certify that the vehicle(s) described below has been leased from Miller Auto Leasing Co dba Miller Truck Leasing, 1824 Rt 38, Lumberton NJ 08048 by the following entity:

Winzinger Inc
1704 Marine Hwy
Hainesport, NJ 08036

The listed vehicle(s) will be operated under the agreement as set forth in the Truck Lease and Service Agreement dated 04/25/2023 effective on the date or 05/02/2025.

UNIT #	VIN	YEAR	MAKE	MODEL
664662	1XPCD40XXTD774662	2026	Peterbilt	567

Master copies of the Truck Lease and Service Agreement, Schedule A, and Addendums (if applicable) are on file in both home offices of the lessee and the lessor.

Miller Auto Leasing Co dba Miller Truck Leasing  
1824 Rt 38  
Lumberton, NJ 08048

Name & Title: Briana Moynihan - Team Lead of License & Compliance

Signature: Briana Moynihan





## NET Lease Agreement

### Schedule A

Schedule A No. 24-03

Lessee, by signing this Schedule A below, agrees that they have read the Agreement and that they are bound by all of the terms and conditions of the Agreement, including all exhibits, schedules and amendments thereto, of which this Schedule A is part, including the acknowledgement that the Lessee is responsible for the performance of services and obligations under the Agreement with respect to the Vehicle(s) listed in this Schedule A. Miller, by signing this Schedule A below, agrees that they are bound by all of the terms and conditions of the Agreement, including all exhibits, schedules and amendments thereto, of which this Schedule A is part.

Monthly Fixed Charges for each vehicle shall begin on the first day of the first full calendar month following the Date of In-Service of the vehicle and shall cease accruing at the end of the last full calendar month prior to the day the vehicle is surrendered. Lessee agrees that, from the time of acceptance of the vehicle by Lessee to the time when such Monthly Fixed Charges are payable, Lessee will pay an interim charge in an amount equal to the Monthly Fixed Charge pro-rated on a daily basis based on the actual number of days in the month. In addition, Lessee agrees to pay an interim charge for the month of surrender until the date of surrender in an amount equal to the then Monthly Fixed Charge pro-rated on a daily basis based on the actual number of days in the month. Any applicable interim rent charges do not apply towards the depreciated value.

Miller Truck Leasing

Signature: \_\_\_\_\_

Print Name: MARK MILLER

Title: PRESIDENT

Date: 12/5/22

Witness: JAMES MILLER

Winzinger Inc

Signature: William CHALLENGER

Print Name: WILLIAM CHALLENGER

Title: TREASURER

Date: 11/22/24

Witness: \_\_\_\_\_

ACORD™

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/29/2025

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 any rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> <b>Conner Strong &amp; Buckelew</b> <b>PO Box 99106</b> <b>Camden, NJ 08101</b> <b>877 861-3220</b>	<b>CONTACT NAME:</b> <b>Matthew Abbonizio</b> <b>PHONE (A/C, No, Ext):</b> <b>877 861-3220</b> <b>FAX (A/C, No):</b> <b>E-MAIL ADDRESS:</b> <b>mabbonizio@connerstrong.com</b>																					
<b>INSURED</b> <b>Winzinger, Inc.</b> <b>1704 Marne Highway</b> <b>Hainesport, NJ 08036</b>	<table border="1"> <thead> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr> </thead> <tbody> <tr> <td colspan="2"><b>INSURER A : Valley Forge Insurance Company</b></td><td><b>20508</b></td></tr> <tr> <td colspan="2"><b>INSURER B : Transportation Insurance Company</b></td><td><b>20494</b></td></tr> <tr> <td colspan="2"><b>INSURER C :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER D :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER E :</b></td><td></td></tr> <tr> <td colspan="2"><b>INSURER F :</b></td><td></td></tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE		NAIC #	<b>INSURER A : Valley Forge Insurance Company</b>		<b>20508</b>	<b>INSURER B : Transportation Insurance Company</b>		<b>20494</b>	<b>INSURER C :</b>			<b>INSURER D :</b>			<b>INSURER E :</b>			<b>INSURER F :</b>		
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<b>INSURER F :</b>																						

## 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 SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY		7011405779	09/30/2025	09/30/2026	EACH OCCURRENCE \$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000
						MED EXP (Any one person) \$15,000
						PERSONAL & ADV INJURY \$1,000,000
						GENERAL AGGREGATE \$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG \$2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					
	OTHER:					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		7011405751	09/30/2025	09/30/2026	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$

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

RE: Delaware Department of Natural Resources and Environmental Control Renewal Permit #DE-SW-0887D

## CERTIFICATE HOLDER

## CANCELLATION

Delaware Dept. of Natural  
Resources and Environmental  
Control  
Compliance and Permitting Section  
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

*W. Michael Trapp*

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