

RECEIPT

DATE

10/10/25

No.

743677

RECEIVED FROM

GSP Transport Corp

\$

350.00

Three hundred fifty and 00/100

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1984

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☐ CHECK☒ MONEY
ORDER☐ CREDIT
CARD

FROM

38151837720

TO

BY

M.M.



DELAWARE DEPARTMENT OF
**NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL**

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

RECEIVED

OCT 10 2025

DNREC - WHS

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- 1984 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 GJP Transport Corp

Location Address:	Mailing Address:
102 Eckel Road Little Ferry NJ 07643	

Contact: Julio Pozo Title: Owner

Business Phone: (201) 952-8709

Fax: _____

E-mail: gjptransportcorp@gmail.com

24 hr Emergency Contact Phone: (201) 952-8709

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: Little Ferry State: NJ Date: 11/08/2016

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: _____

☐ Other: (must specify) _____

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

☒ Attachment 1

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

☐ Attachment _____

☒ No parent company

Attchment # 1

GJP TRANSPORT CORP

Owner's Name: Julio Pozo

Ownership %: 100 %

Mailing Address: 102 Eckel Road Little Ferry, NJ 07643

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CHANGE OF REGISTERED AGENT CERTIFICATE**

GJP TRANSPORT CORP

0450117928

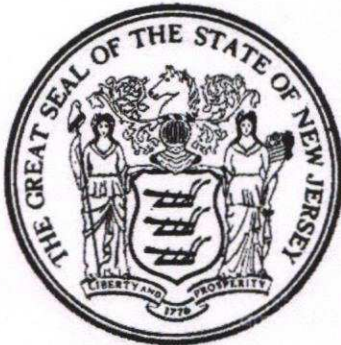
The Division of Revenue and Enterprise Services hereby affirms that the following change was submitted on 12/03/2024 for GJP TRANSPORT CORP.

Previous Registered Agent and Office

JULIO POZO
1417 UNION TURNPIKE
NORTH BERGEN, NJ 07047

New Registered Agent and Office

Julio Pozo
102 Eckel Road
Little Ferry, NJ 07643



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal, this
3rd day of December, 2024

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

Certificate Number : 2855036570
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

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 Landfill
 - ☐ 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 2 _____

☐ No transporter permits in other states

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

DOT# 2988942 MC# 18026

- ☐ 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

Attchment # 2

GJP TRANSPORT CORP

Act-90

Permit number: WH22939

- (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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(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 3

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 4



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/25/2025

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 GJP TRANSPORT CORP 102 ECKEL RD LITTLE FERRY NJ 07643	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>American Millennium Insurance Company</td><td>26140</td></tr><tr><td>INSURER B:</td><td>Fortegra Specialty Insurance Company</td><td>16823</td></tr><tr><td>INSURER C:</td><td>Technology Insurance Company, Inc.</td><td>42376</td></tr><tr><td>INSURER D:</td><td>Great American Insurance Group</td><td>16691</td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	American Millennium Insurance Company	26140	INSURER B:	Fortegra Specialty Insurance Company	16823	INSURER C:	Technology Insurance Company, Inc.	42376	INSURER D:	Great American Insurance Group	16691	INSURER E:			INSURER F:		
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INSURER E:																						
INSURER F:																						

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
	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:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ \$ \$ \$ \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAL12423-02	12/08/2024	12/08/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) \$ 1,500,000 \$ \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE AGGREGATE \$ \$ \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N <input type="checkbox"/> N/A		N/A	TARNJ1053491-03	11/03/2024	11/03/2025	<input checked="" type="checkbox"/> PER STATUTE OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT \$ 500,000 \$ 500,000 \$ 500,000
B	CARGO			IMP G254877 00	10/23/2024	10/23/2025	LIMIT: DEDUCTIBLE: \$20,000 \$1,000

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

B. PHYSICAL DAMAGE: POLICY # 22-FIT-10B00001-00-D5000-S 12/08/2024 - 12/08/2025 TIV: \$ 380,000 DEDUCTIBLE \$5000

2021 KEN VIN#1NKZX4TX0MJ446151

2017 KEN VIN#1NKZPTX2HJ155075

2022 Mac VIN# M2GR4GC6NM027758

2020 KEN VIN#1NKZPTX9LJ308253

ADDITIONAL INSURED: RTL Industries LLC 270 Culver Ave Jersey City NJ 07305

CERTIFICATE HOLDER

Department Of Natural Resources and Environmental Control 89 Kings Hwy Dover, DE 19901	WA 98009	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Aileen Ogaldez</i>
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USDOT Number: 2988942

Date Received: 12/06/2022

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.



**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 GJP Transport Corp. of NJ
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12/08/2024 on this _____ day of _____,

Amending Policy Number: CAL12423-03 Effective Date: 12/08/2024

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: [Signature]
(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)
(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.

GJP Transport Corp

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). **Attached daily pre-post trip inspection form**
 - 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: **Julio Pozo** Phone: **(201)952-8709**
- (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 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 RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

**GJP TRANSPORT CORP
(JULIO POZO 201)952-8709**

<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	911or (0) Operator
Maryland DEP 24-hour Answering Service	866-633-4686

GJP TRANSPORT CORP

102 Eckel Road
Little Ferry, NJ 07346

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

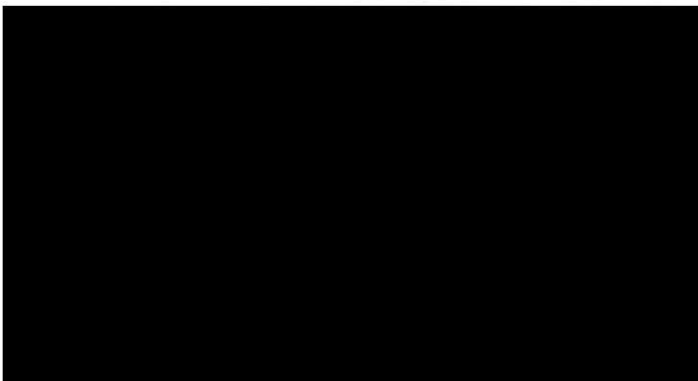
3-All drivers are familiar with spill control plans.

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.

Drivers signature



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.

13. Vehicle Identification

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

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

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

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

- ☒ Form W-2
☐ Form 1099-Misc
☐ Other

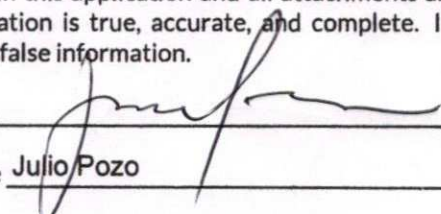
15. Environmental Record

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

- ☐ Attachment _____
☒ No violations within the specified time period

16. Certification

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

**Signature  Date 09/10/2025
Print Name Julio Pozo Title Owner

****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.

[illegible]



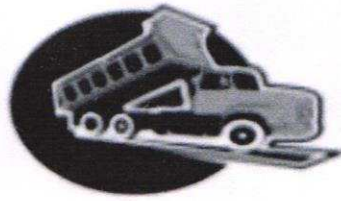
GJP TRANSPORT CORP

102 Eckel Road

Little Ferry NJ 07643

Email: gjptransportcorp@gmail.com / Tel: 201-952-8709





GJP TRANSPORT CORP

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 (Julio Pozo). 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

Safety and compliance (Drivers responsibilities)

DOT violations have a severe impact on Safety Rating, GJP TRANSPORT COPR is putting into effect company fines for any violations due to driver negligence. Fines will reflect on any violations on Driver Vehicle Inspection Report. Fines could range from \$25 and up to \$300 (depending on the severity of the violation). Will not tolerate any driver that is not performing his duties in a safe and professional manner.

If a driver is fined, it will be deducted from the following week payroll, NO EXCEPTIONS. If a driver gets another violation after he was already fined from a previous violation, driver will be terminated immediately. If a driver is involved in an accident, and it is proved to be the driver's fault, driver will be terminated.

Every day, a proper PRE-TRIP is required and MANDATORY. Pre-Trip inspections includes the following: Make sure all lights are working (headlights, turn signals, overhead lights, license plate light, etc.), make sure tires are properly inflated and in good condition. Wipers are in working order. Horn works. Windshield is clean and clear. License plate is clean of any dirt and is visible. Make sure your fire extinguisher is charged and secured. This takes 5 minutes to do, this is mandatory, failure to comply will result in termination.

Let's all work together and make a difference in bringing our Safe score down. If any questions, please do not hesitate to come and talk to me.

Date

Employee Signature

Mandatory Safety Gear Policy

Attention ALL Drivers of **GJP TRANSPORT CORP:**

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

ATTENTION DRIVERS

IN CASE YOU ARE INVOLVED IN AN ACCIDENT YOU MUST CALL JULIO POZO IMMEDIATELY (201-952-8709), 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!

ATENCION CHOFERES

EN CASO DE QUE ESTE INVOLUCRADO EN UN ACCIDENTE,

DEBE LLAMAR INMEDIATAMENTE A JULIO POZO (201) 952-8709, Y TOMAR MUCHAS FOTOS DEL CAMION Y DE CUALQUIER

OTRO VEHICULO IMPACTADO POR EL ACCIDENTE.

DEBE RECUPERAR LA INFORMACION DE TODAS LAS PARTES IMPLICADAS EN EL ACCIDENTE, INCLUYENDO: FOTO DE LAS LICENCIA(S), FOTO DE LA POLIZA DEL SEGURO, FOTO DE LA PLACA DE LICENCIA, Y FOTO DEL NUMERO DE INFORME DE LA POLICIA.

USTED NUNCA DEBE ABANDONAR LA ESCENA DE UN

ACCIDENTE SIN LA AUTORIZACION DEL POLICIA, SI NO ESTAS SEGURO DE SER AUTORIZADO, LLAME A SAFETY PARA QUE HABLE 'CON EL POLICIA.

SI EL POLICIA TE ESCRIBI UN TICKETY CUALQUIERA DE LOS

VEHICULOS IMPACTADOS POR EL ACCIDENTE SE REMOLCAN, DEBE TOMAR INMEDIATAMENTE UNA PRUEBA DE DROGAS Y DE ALCOHOL POSTERIORES A ACCIDENTE!

ISI HAY UNA LESION O MUERTE REPORTADA, DEBE HACER

UNA PRUEBA POSTERIOR AL ACCIDENTE DE INMEDIATO!

Accident Protocol Acknowledgement and Acceptance

I _____ acknowledge receipt of **GJP TRANSPORT CORP** Accident protocol policy. I have read, understood, and agree to the terms.

NO EXCEPTIONS

I have read and agree to these terms.

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 and well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, GJP TRANSPORT CORP has instituted a safety driving policy and 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 to 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. **GJP TRANSPORT CORP** 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 **GJP TRANSPORT CORP** 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. **GJP TRANSPORT CORP** 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 **GJP TRANSPORT CORP**

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 violations 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 GJP TRANSPORT CORP 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.

DRIVING HOURS POLICY

SCOPE OF POLICY

All drivers are expected to operate within the laws set forth by the DOT. A brief explanation of those laws is set forth below.

14 Hour Rule: This rule requires drivers to stop 14 hours after beginning their duty tour. Regardless of how the time is spent, the driver must take a 10-hour break at the end of 14 hours. The 14-hour period begins once the driver ends his 10-hour break by making an entry line 4, on duty, or line 3, driving.

11 Hour Rule: Within the 14 hours allowed to the driver, only 11 of those hours may be spent on line 3, driving. Once the driver has had 11 hours of driving time, he must take a 10-hour break before driving, even if he has time left in his 14-hour period.

70 Hour Rule: This rule states that once you have been working for 70 hours in any 8-day period, you may not drive. In order to comply with this regulation, you need to keep track of your hours. Each day, before you begin driving, you need to add up your total hours on lines 3 and 4 for the past 7 days and subtract the answer from 70. Whatever is left is what you can drive that day. The 70 hours of accumulated time may be eliminated by taking 34 consecutive hours off duty. If the driver has 34 consecutive hours off, his 70-hour total is reduced to 0 and he begins the cycle again.

10 Hour Break: Breaks must be taken in the sleeper berth or off duty. If sleeping in a sleeper berth equipped truck, the time should be logged on line 2, Sleeper berth. Off duty time spent outside of the sleeper should be logged on line 1, Off Duty. If the 10-hour break is uninterrupted by any on duty or driving time, you may combine line 1 and line 2 to achieve your 10 hours.

Speed: DOT requires that all trucks abide by the speed limits of the states that they are operating in. They also state that in their opinion, if a truck obeys the law, it cannot average more than 5mph less than the speed limit. In the case of 2 lane, highways with a 55mph speed limit, DOT believes that the maximum that a truck can average is 45 mph. Be sure that your average speeds for the trip do not exceed these maximums.

On Duty Time: All fuel stops, DOT inspections, random drug tests, time spent loading/unloading, breakdowns, vehicle inspections, and accidents must be unloading time should reflect only the time that is spent working.

Time spent waiting etc, may be logged off duty or in the sleeper berth

Timely submission: Logs should be turned in as soon after completion as possible. Ideally, all logs should be turned in every time that the truck returns to the terminal. At the very most, DOT requires that the logs be turned in not more than 13 days from the date of completion.

Falsification: Logs must match all timed and dated documents including fuel stops, roadside inspections, toll tickets, Kat scale tickets; and-freight.bills. Mileage must be at least the miles listed by PC Miler or Household movers guide. Point to point miles should match as well as total miles for the trip.

DRIVER LOG DISCIPLINARY POLICY DRIVER RECEIPT

I acknowledge receipt of the **GJP TRANSPORT CORP** Log Disciplinary Policy. I further understand that my non-compliance with Federal Motor Safety Administration Regulations, failure to follow hour- of service requirements, is grounds for company disciplinary actions up to termination. I further understand that failure to comply with both federal and company hours of service policy ,is showing , an unwillingness to comply with these policies and a ground for company disciplinary action up to termination of employment.

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.