

RECEIPT

DATE

9/30/25

No.

717658

RECEIVED FROM

Diamond State Recycling

\$

1550.00

One thousand five hundred fifty and 00

DOLLARS

 FOR RENT
 FOR

DE-SW-0193

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

5803

TO

BY

AKG



RECEIVED

SEP 29 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- 193 Expiration Date 6.30.26

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 Diamond State Recycling Corp

Location Address:	Mailing Address:
1600 Bowers Street	PO Box 9798
Wilmington, DE 19802	Wilmington, DE 19809

Contact: Paula Testa Title: Office Manager

Business Phone: 302.655.1501 Fax: _____

E-mail: DiamondStateRecycling@comcast.net

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: Wilmington State: DE Date: 11/1992

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 A

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

Attachment _____

No parent company

5. Company locations in Delaware

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

Attachment **1600 Bowers Street. Wilmington, De 19802**
 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) Cherry Island
 Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 Other in-state solid waste facilities, including private facilities: (attachment) _____
 Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

(a). Attach a copy of your home state solid waste transporter permit. (N/ A if Delaware is your home state.)

Attachment _____
 Not applicable-No transporter permit required for these solid waste types in our home state.

(b). List solid waste transporter permits held in other states.

Attachment _____
 No transporter permits in other states

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

DOT# 0033721 MC# 0483

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 Yes No No

(c). Do you transport Interstate?

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

List all spill control and safety equipment 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 B

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 date 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 C

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.**

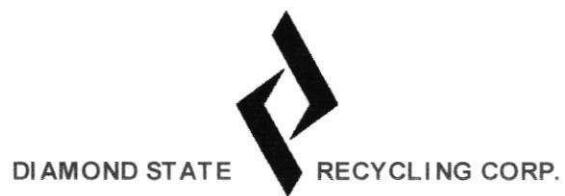
Attachment _____
 No violations within the specified time period

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 Scott J. Sherr Date 9/9/2025
Print Name Scott J. Sherr Title President

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

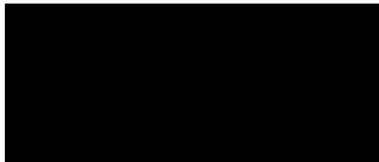


Scott Sherr
President

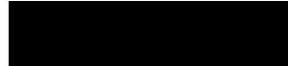
9/15/2025

Attachment A

1 Owner:



President



100% Ownership



DIAMSTA-16

TREED

DATE (MM/DD/YYYY)
9/10/2025

CERTIFICATE OF LIABILITY INSURANCE

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	CONTACT Tracy A Reed	
	PHONE (A/C, No, Ext): (302) 995-2029	FAX (A/C, No): (302) 995-2220
INSURED	E-MAIL ADDRESS: tracy.reed@assuredpartners.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: StarNet Insurance Company	NAIC # 40045
	INSURER B: Berkley National Insurance Company	38911
	INSURER C: Berkley Assurance Company	39462
	INSURER D:	
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) 4/1/2025	POLICY EXP (MM/DD/YYYY) 4/1/2026	LIMITS	
A	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			SML 3500375-13			EACH OCCURRENCE \$ 1,000,000	
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000	
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			SCA 3500288-13		4/1/2025 4/1/2026	10,000	
	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000							
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			SML 3500372-13		4/1/2025 4/1/2026	BODILY INJURY (Per person) \$	
	EACH OCCURRENCE \$ 5,000,000							
C	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000						AGGREGATE \$ 5,000,000	
	PROPERTY DAMAGE (Per accident) \$							
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE	OTH-ER	
						E.L. EACH ACCIDENT	\$	
						E.L. DISEASE - EA EMPLOYEE	\$	
						E.L. DISEASE - POLICY LIMIT	\$	
Rented/Leased Equip				SML 3500372-13	4/1/2025	4/1/2026	Limit	25,000

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

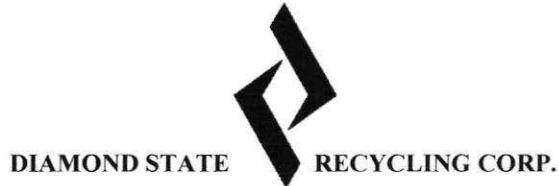
CERTIFICATE HOLDER		CANCELLATION	
Dept of Natural Resources & Environment Control Solid & Hazardous Waste Mgmt Branch 89 King Highway Dover, DE 19901		<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> 	

DIAMOND STATE RECYCLING VEHICLE LIST

DMV Acct# 000483

TRACTORS

UNIT #	MAIN DRIVER	YEAR	MAKE	MODEL	VIN OR SERIAL #	COLOR	ADD'L DESC	TAG #	EXP DATE	MG VWR
MACK2		2007	Mack	200-2	1M2AT04C67M004388	White	Roll Off	CL116276	07/31/26	80000
KW4		2017	Kenworth	T880	1NKZX4TX3HJ146092	White	Roll Off	CL117852	07/31/26	80000
185/T1		2019	Kenworth	T880	1XKZDP9XXKJ286185	White	Tractor	CL120070	07/31/26	52350
350/T2	Paul	2020	Kenworth	T880	1XKZD49X9LJ347350	White	Tractor	CL120182	07/31/26	53200
191/T3	Alvin	2020	Kenworth	T880	1XKZDP9X8LJ427191	White	Tractor	CL121218	07/31/26	52350



Scott Sherr
President

SPILL CONTROL PLAN FOR DRIVERS

1. Spill control and safety equipment carried in each vehicle
 - a. Fire Extinguisher
 - b. Boom pillows (absorbent) for containment
 - c. Oil absorbent pads
 - d. Sand
 - e. Reflectors / Flares
 - f. First Aid Kit
 - g. Flashlight
 - h. Hard hat
 - i. Gloves
2. All loads are enclosed, covered or tarpred to prevent accidental discharge of the waste during transport.
3. Pre-trip Inspections
 - a. Vehicle inspection for cracked or worn hoses
 - b. Vehicle inspection for wear on steel lines
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:

Scott Rollins, Operations Manager [REDACTED]
Diamond State Recycling Office 302-655-1501
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, 800-662-8802
6. Each spill and subsequent clean up is treated on a case by case basis.
7. This plan will be carried in every vehicle along with a copy of the permit.

DRIVER TRAINING

1600 Bowers Street • Wilmington, DE 19802
(302) 655-1501 • FAX (302) 655-5482
Mailing Address: P.O. Box 9798 • Wilmington, DE 19809



Scott Sherr
President

All drivers have at least 10 years driving experience and CDL A or B licenses.

Drivers records are checked every 6 months as required by our insurance.

The majority of our hauling is scrap metal and one trash account. The drivers are aware of where the material is coming from and the types of materials in the containers.

Each driver carries a copy of the spill control plan.

Each driver carries a copy of the solid waste transporter's permit.

There are monthly safety meetings.

1600 Bowers Street • Wilmington, DE 19802

(302) 655-1501 • FAX (302) 655-5482

Mailing Address: P.O. Box 9798 • Wilmington, DE 19809

Davis, DaQuan (DNREC)

From: DIAMOND STATE RECYCLI <diamondstaterecycling@comcast.net>
Sent: Tuesday, October 14, 2025 3:29 PM
To: WHTransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: MCS-150-2025.pdf

DaQuan,

Sorry I am a day late with this information. I had so many issues with the FMCSA site!

I have attached an update MCS-150.

We own all of our vehicles.

Is there a form for the drivers list?

We currently only have 2 drivers:



Please let me know if there is anything else we need.

Thank you,

Paula Testa

Accounting Manager



diamondstaterecycling@comcast.net

DIAMOND STATE RECYCLING CORP.

diamondstaterecycling.com

302-655-1501

On 10/08/2025 12:01 PM EDT WHTransporters <whtransporters@delaware.gov> wrote:

Hello,

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 9(c)**- The DOT number is invalid because the Carrier Vehicle Miles Traveled (VMT) information is outdated. Please refer to the instructions in the first attachment for updating.
- **Section 13**- Does Diamond State Recycling own all the vehicles listed in your application?
- **Section 14**- You did not provide a list of vehicle operators.

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

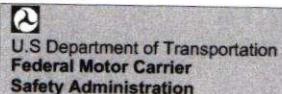
302-739-9403

WHStransporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901

dnrec.delaware.gov





MOTOR CARRIER IDENTIFICATION REPORT

(Application for U.S. DOT NUMBER)

REASON FOR FILING

(Check Only One)

 NEW APPLICATION BIENNIAL UPDATE OR CHANGES OUT OF BUSINESS NOTIFICATION REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER
DIAMOND STATE RECYCLING CORP

2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME

3. PRINCIPAL ADDRESS
1600 BOWERS STREET

4. CITY
WILMINGTON

5. STATE/PROVINCE
DELAWARE

6. ZIP CODE + 4
19802

7. COLONIA (MEXICO ONLY)

8. MAILING ADDRESS
PO BOX 9798

9. CITY
WILMINGTON

10. STATE/PROVINCE
DELAWARE

11. ZIP CODE + 4
19809

12. COLONIA (MEXICO ONLY)

13. PRINCIPAL BUSINESS PHONE NUMBER
(302) 655-1501

14. PRINCIPAL CONTACT CELL PHONE NUMBER

15. PRINCIPAL BUSINESS FAX NUMBER
(302) 655-5482

16. USDOT NO.
33721

17. MC OR MX NO.
11033503

18. DUN & BRADSTREET NO.
11033503

19. IRS/TAX ID NO.
EIN# 510332056

SSN#

20. INTERNET E-MAIL ADDRESS
DIAMONDSTATEREYCLING@COMCAST.NET

21. CARRIER MILEAGE (to nearest 10,000 miles for Last Calendar Year) YEAR
132968 2024

22. COMPANY OPERATION (Mark all that apply)

(A) Interstate Carrier (B) Intrastate Hazmat Carrier (C) Intrastate Non-Hazmat Carrier (D) Interstate Hazmat Shipper (E) Intrastate Hazmat Shipper (F) Vehicle Registrant Only

23. OPERATION CLASSIFICATION (Circle All that Apply)

A. Authorized For-Hire (D) Private Passengers (Business) (G) U. S. Mail (J) Local Government

B. Exempt For-Hire (E) Private Passengers (Non-Business) (H) Federal Government (K) Indian Tribe

(C) Private Property (F) Migrant (I) State Government (L) Other

24. CARGO CLASSIFICATIONS (Circle All that Apply)

A. GENERAL FREIGHT	F. LOGS, POLES, BEAMS, LUMBER	J. FRESH PRODUCE	P. GRAIN, FEED, HAY	V. COMMODITIES DRY BULK	BB. CONSTRUCTION
B. HOUSEHOLD GOODS	G. BUILDING MATERIALS	K. LIQUIDS/GASES	Q. COAL/COKE	W. REFRIGERATED FOOD	CC. WATER WELL
(C) METAL: SHEETS; COILS; ROLLS	H. MOBILE HOMES	L. INTERMODAL CONT.	R. MEAT	X. BEVERAGES	DD. OTHER
D. MOTOR VEHICLES	I. MACHINERY, LARGE OBJECTS	M. PASSENGERS	S. GARBAGE, REFUSE, TRASH	Y. PAPER PRODUCTS	
E. DRIVE AWAY/TOWAWAY		N. OIL FIELD EQUIPMENT	T. U. S. MAIL	Z. UTILITY	
		O. LIVESTOCK	U. CHEMICALS	AA. FARM SUPPLIES	

25. HAZARDOUS MATERIALS CARRIED OR SHIPPED (Circle All that Apply) C-CARRIED S-SHIPPED B(BULK) - IN CARGO TANKS NB(NON-BULK) - IN PACKAGE

C S A. DIV 1.1	B NB C S K. DIV 2.2A (Ammonia)	B NB C S U. DIV 4.2	B NB C S EE. HRCQ	B NB
C S B. DIV 1.2	B NB C S L. DIV 2.3A	B NB C S V. DIV 4.3	B NB C S FF. CLASS 8	B NB
C S C. DIV 1.3	B NB C S M. DIV 2.3B	B NB C S W. DIV 5.1	B NB C S GG. CLASS 8A	B NB
C S D. DIV 1.4	B NB C S N. DIV 2.3C	B NB C S X. DIV 5.2	B NB C S HH. CLASS 8B	B NB
C S E. DIV 1.5	B NB C S O. DIV 2.3D	B NB C S Y. DIV 6.2	B NB C S II. CLASS 9	B NB
C S F. DIV 1.6	B NB C S P. Class 3	B NB C S Z. DIV 6.1A	B NB C S JJ. ELEVATED TEMP MAT.	B NB
C S G. DIV 2.1	B NB C S Q. Class 3A	B NB C S AA. DIV 6.1B	B NB C S KK. INFECTIOUS WASTE	B NB
C S H. DIV 2.1 LPG	B NB C S R. Class 3B	B NB C S BB. DIV 6.1 Poison	B NB C S LL. MARINE POLLUTANTS	B NB
C S I. DIV 2.1 (Methane)	B NB C S S. COM LIQ	B NB C S CC. DIV 6.1 SOLID	B NB C S MM. HAZARDOUS SUB(RQ)	B NB
C S J. DIV 2.2	B NB C S T. DIV 4.1	B NB C S DD. CLASS 7	B NB C S NN. HAZARDOUS WASTE	B NB
			C S OO. ORM	B NB

26. NUMBER OF VEHICLES THAT CAN BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor Coach	School Bus		Mini-bus		Van		Limousine	
							Number of vehicles carrying number of passengers (including the driver) below							
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15
OWNED	2	3	3								3			3
TERM LEASED														
TRIP LEASED														

27. DRIVER INFORMATION

INTERSTATE

INTRASTATE

TOTAL DRIVERS

TOTAL CDL DRIVERS

Within 100-Mile Radius

3

0

3

Beyond 100-Mile Radius

0

0

3

28. IS YOUR U.S. DOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION?

If Yes, enter your U.S. DOT Number.

Yes No

29. PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. PRESIDENT, TREASURER, GENERAL PARTNER, LIMITED PARTNER)

1. SCOTT J SHERR, PRESIDENT

(Please print Name)

2

(Please print Name)

30. CERTIFICATION STATEMENT (to be completed by an authorized official)

I, SCOTT SHERR

(Please print Name)

I, certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Signature SCOTT SHERR

Date 10/14/2025

COMPANY OFFICIAL

(Please print)