

# RECEIPT

DATE

9/30/25

No.

743661

RECEIVED FROM

Trademark Dumpsters LLC

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2097

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

00344

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- 2097 Expiration Date December 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 Trademark Dumpsters LLC

Location Address:	Mailing Address:
<u>819 Jeffrey Pine Dr</u>	<u>819 Jeffrey Pine Dr</u>
<u>BEAR DE 19701</u>	<u>BEAR DE 19701</u>

Contact: FRANCIS SAICINI Title: OWNER

Business Phone: 302-256-8569 Fax: \_\_\_\_\_

E-mail: TrademarkDumpsters21@gmail.com

24 hr Emergency Contact Phone: \_\_\_\_\_

## 4. Company Ownership Information

(a). Please indicate the company type:

☐ Proprietorship

☐ Partnership

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Municipality

☐ Public institution

☒ Limited Liability Corporation (LLC) State: DE

☐ Other: (must specify) \_\_\_\_\_

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

☐ Attachment FRANCIS SAICINI 100% owner 819 Jeffrey pine Dr  
BEAR DE, 19701

(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.

Trade Mark Dumpsters LLC

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

819 Jeffrey Pine Dr  
Bear DE, 19701

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 \_\_\_\_\_
- ☐ 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# 4035915 MC# \_\_\_\_\_
- ☐ N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

## 10. Proof of Financial Responsibility

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

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



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

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

## 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.

- 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);
- 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;
- Describe how drivers are instructed in the following:
  - Knowledge of proper handling procedures for the type of solid waste being transported.
  - Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment \_\_\_\_\_

### 13. Vehicle Identification

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

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

☐ Vehicle List Attached

### 14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

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

- ☐ Form W-2  
☒ Form 1099-Misc  
☐ Other

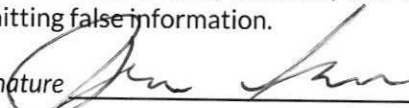
### 15. Environmental Record

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

- ☐ Attachment \_\_\_\_\_  
☒ No violations within the specified time period

### 16. Certification

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

\*\*Signature  Date 9/25/25  
Print Name FRANCIS SACERINI Title OWNER

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

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

[illegible]



## 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).
  - 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: \_\_\_\_\_ 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.

AT2 A-078A A  
TRADEMARK DUMPSTERS LLC  
819 JEFFREY PINE DR  
BEAR DE 19701-2163

## AUTO RENEWAL

**AMOUNT DUE: \$987.33**

*Payment is due by September 07, 2025*

### Your State Farm Agent

MICHAELS INS AND FIN SVCS INC

Office: 410-398-1760

Address: 2825 CHURCHVILLE RD

CHURCHVILLE, MD 21028-1619

*If you have a new or different car, have added any drivers, or have moved, please contact your agent.*

**Thank you for choosing State Farm.**

**Policy Number: 086 5369-C07-08**

Policy Period: September 7, 2025 to March 7, 2026

### Vehicle:

2015 GMC K2500

### Principal Driver:

FRANCIS SAIENNI

**CONVENIENT PAYMENT OPTION:** You may use one of State Farm's alternate payment plans which divides your present premium into two separate payments.

You may pay one half of the amount due, \$493.66 on SEP 07 2025.

The remaining half will be due on NOV 06 2025. We'll send you a reminder notice.

We also have available a plan to let you pay your premium in monthly installments. For details on this plan and to

determine if you qualify, please contact your State Farm agent.

This policy expires on the date due if premium is not paid.

Your policy is rated in territory 003.

When you provide a check as payment, you authorize us either to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. When we use information from your check to make an electronic fund

*(continued on next page)*

Policy Number: 086 5369-C07-08  
Prepared July 15, 2025  
1004583

Page number 1 of 4

↓ Please fold and tear here ↓

143562 202 01-15-2018

**Power To Pay  
Your Way**



**Online**  
statefarm.com/pay



**Mobile**  
Use the  
State Farm mobile app



**Call**  
Automated Line: 1-800-440-0998  
Your agent: 410-398-1760



**Mail**  
Send us  
a check



**Visit your  
State Farm  
agent**

Key code: 7375438080



Insured: TRADEMARK DUMPSTERS LLC

Policy Number: 086 5369-C07-08

**Amount Due: \$987.33**

*Please pay by September 07, 2025*

Make payment to State Farm

**2109509293**

State Farm Insurance Companies  
P.O. Box 588002  
North Metro, GA 30029-8002



*For Office Use Only*

3-A3 A 078A-FB75  
APP DT 10-17-2025 MUTL VOL

AUTO REN

\$987.33

0929

20049366 659525000098733 608300086536911121>

transfer, funds may be withdrawn from your account as soon as the same day we receive your payment, and you will not receive your check back from your financial institution.

## VEHICLE INFORMATION

**Review your policy information carefully.** If anything is incorrect, or if there are any changes to your vehicle information, please let us know right away.

Vehicle Description	Vehicle Identification Number (VIN)	Who principally drives this vehicle?	How is this vehicle normally used?
2015 GMC K2500	1GT120E82FF163168	FRANCIS SAIENNI, a married male, who will be age 37 as of September 07, 2025.	Business.

The premium for this renewal was determined using an annual mileage this vehicle is expected to be driven that was developed from information we obtained or was provided by you. Please contact us if you expect your annual mileage to change over the next year.

### Premium Adjustment

Each year, we review our medical payments and personal injury protection coverages claim experience to determine

the vehicle safety discount that is applied to each make and model. In addition, we review the comprehensive, collision, bodily injury and property damage claim experience annually to determine which makes and models have earned decreases or increases from State Farm's standard rates. If any changes result from our reviews, adjustments are reflected in the rates shown on this renewal notice.

## DRIVER INFORMATION

### Assigned Driver(s)

The following driver(s) are assigned to the vehicle(s) on this policy.

Name	Age as of September 7, 2025	Gender	Marital Status
FRANCIS SAIENNI	37	Male	Married
ASHLEY M SAIENNI	37	Female	Married

Policy Number: 086 5369-C07-08  
Prepared July 15, 2025

Page number 2 of 4



**Bye-bye clutter,  
hello green**

Enroll in paperless and you'll get emails with links to do things like:

- download or print your auto ID card,
- pay your bill,
- or view documents, like your renewal.

Text **EBILL** to **22709** or visit  
**statefarm.com/paperless** to sign up today.

### Principal Driver & Assigned Drivers

For each automobile, the **Principal Driver** is the individual who most frequently drives it.

Each driver is designated as an **Assigned Driver** on the household automobile that they most frequently drive. Your

premium may be influenced by the information shown for these drivers.

### COVERAGE AND LIMITS *See your policy for an explanation of these coverages.*

A	Liability	
	Bodily Injury 500,000/500,000	
	Property Damage 100,000	\$432.58
P	No-Fault 15,000/30,000	\$88.59
D	500 Deductible Comprehensive	\$91.64
G	1000 Deductible Collision	\$217.19
U	Uninsured Motor Vehicle	
	Bodily Injury 100,000/300,000	
	Property Damage 10,000	\$157.33
<b>Amount Due</b>		<b>\$987.33</b>

If any coverage you carry is changed to give broader protection with no additional premium charge, we will give

you the broader protection without issuing a new policy, starting on the date we adopt the broader protection.

### DISCOUNTS *These adjustments have already been applied to your premium.*

Vehicle Safety	✓
Good Driving	✓
Annual Mileage	✓
<b>Total Discounts</b>	<b>\$216.96</b>

### ADDITIONAL INFORMATION

If any information on this renewal notice is incomplete or inaccurate, or if you want to confirm the information we have in our records, please contact your agent. For additional

information regarding discounts or coverages, see your State Farm agent or visit [statefarm.com](http://statefarm.com)®.

### Important Notice Regarding Your Premium

State Farm works hard to offer you the best combination of price, service, and protection. The amount you pay for automobile insurance is determined by many factors including:

- The coverage you have
- Where you live
- The kind of car you drive
- How the car is used
- Who drives the car

(continued on next page)

Any premium adjustment is reflected on this Auto Renewal. If you have any questions, please contact your agent.

**Buying a new car? Remember to contact your agent!**

When you buy an additional car or one that replaces a car already on your policy, you need to report the change to your agent **promptly**. Even though the dealership you purchased the car from may offer to notify your agent or insurance company, you, as the named insured, are responsible for reporting all changes to your auto policy. By contacting your agent, you can help:

- avoid any complications or lack of coverage in the event of an accident or loss,
- avoid insurance verification problems with a lienholder, the police, or the department of motor vehicles, and
- ensure that you receive any new discounts you may be entitled to.

Your current State Farm policy automatically provides certain coverages for a new or replacement car for up to a specified, limited number of days after you take possession of the car. Please refer to your policy for the number of days that applies in your state.

If you have any questions about coverage for a newly acquired car, please contact your State Farm agent.

*Disclaimer: This message is provided for informational purposes only and does not grant any insurance coverage. The terms and conditions of coverage are set forth in your State Farm Car Policy booklet, the most recently issued Declarations Page, and any applicable endorsements.*

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## IMPORTANT NOTICE

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The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)-such as driver names, birthdates, and Social Security numbers-is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential-excluding personally identifiable information (PII) which is being redacted-must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to 8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*.

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.



**Davis, DaQuan (DNREC)**

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**From:** Francis Saienni [REDACTED]  
**Sent:** Tuesday, October 28, 2025 7:40 AM  
**To:** WHStranporters  
**Attachments:** TRADEMARK COI.pdf

Sent from my iPhone

## Davis, DaQuan (DNREC)

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**From:** francis saienni <trademarkdumpsters21@gmail.com>  
**Sent:** Monday, October 27, 2025 11:18 AM  
**To:** WHStranporters  
**Subject:** Re: Transport permit info

Had it sent last month or earlier this month  
Sent from my iPhone

On Oct 27, 2025, at 10:14 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

Please contact your insurance company and request a Certificate of Insurance with DNREC, 89 Kings Hwy SW, Dover, DE 19901, as the certificate holder. Then send it to me.

<image001.png>

**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

<image002.png>

302-739-9403

<image003.png>

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

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

<image006.png>

<image007.png>

<image008.png>

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**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Wednesday, October 8, 2025 8:54 AM  
**To:** 'francis saienni' <trademarkdumpsters21@gmail.com>  
**Subject:** RE: Transport permit info

No, I have not.

<image001.png>

**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

<image002.png>

302-739-9403

<image003.png>

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

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

<image006.png>

<image007.png>

<image008.png>

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**From:** francis saienni <[trademarkdumpsters21@gmail.com](mailto:trademarkdumpsters21@gmail.com)>  
**Sent:** Tuesday, October 7, 2025 5:46 PM  
**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>  
**Subject:** Re: Transport permit info

Did you receive the certificate of insurance from State Farm  
Sent from my iPhone

On Oct 6, 2025, at 9:16 AM, WHStranporters  
<[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)> wrote:

Good morning, I also need the following to deem your application complete:

1. **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.

<image001.png>

## DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

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

<image006.png>

<image007.png>

<image008.png>

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**From:** francis saienni <[trademarkdumpsters21@gmail.com](mailto:trademarkdumpsters21@gmail.com)>

**Sent:** Monday, October 6, 2025 7:35 AM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** Transport permit info

1: No affiliates

2: Spill control plan:

1. Fire extinguisher, first aid kit, safety cones/triangles,
2. gloves, absorbent towels, trash bags , brooms/dustpans
3. tarps, straps, and unit covering tarp

### 3:Driver Training:

1. Non- CDL license required
2. Inspected vehicles tires/equipment
3. Inspected load and equipment
4. inspected all tires and load secured

4: Vehicle operator: Francis Saienni (owner)





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**From:** francis saienni <trademarkdumpsters21@gmail.com>  
**Sent:** Monday, October 27, 2025 11:18 AM  
**To:** WHStranporters <WHStranporters@delaware.gov>  
**Subject:** Re: Transport permit info

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Please contact your insurance company and request a Certificate of Insurance with DNREC, 89 Kings Hwy SW, Dover, DE 19901, as the certificate holder. Then send it to me.

<image001.png>

**DaQuan L. Davis**

Environmental Scientist

**Division of Waste and Hazardous Substances**

<image002.png>

302-739-9403

<image003.png>

[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)

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<image005.png>

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

<image006.png>

<image007.png>

<image008.png>

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**From:** Davis, DaQuan (DNREC) **On Behalf Of** WHStranporters  
**Sent:** Wednesday, October 8, 2025 8:54 AM  
**To:** 'francis saienni' <[trademarkdumpsters21@gmail.com](mailto:trademarkdumpsters21@gmail.com)>  
**Subject:** RE: Transport permit info

No, I have not.

<image001.png>

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**From:** francis saienni <[trademarkdumpsters21@gmail.com](mailto:trademarkdumpsters21@gmail.com)>

**Sent:** Tuesday, October 7, 2025 5:46 PM

**To:** WHStranporters <[WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)>

**Subject:** Re: Transport permit info

Did you receive the certificate of insurance from State Farm  
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Good morning, I also need the following to deem your application complete:

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**Subject:** Transport permit info

1: No affiliates

2: Spill control plan:

1. Fire extinguisher, first aid kit, safety cones/triangles,
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3. tarps, straps, and unit covering tarp

3:Driver Training:

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**Categories:** Egress Switch: Unprotected

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2. Inspected vehicles tires/equipment
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4. inspected all tires and load secured

4: Vehicle operator: Francis Saienni (owner)

## Davis, DaQuan (DNREC)

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**Sent:** Wednesday, October 8, 2025 8:54 AM  
**To:** 'francis saienni'  
**Subject:** RE: Transport permit info

**Categories:** Egress Switch: Unprotected

No, I have not.



### DaQuan L. Davis

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4: Vehicle operator: Francis Saienni (owner)

## Davis, DaQuan (DNREC)

---

**From:** Davis, DaQuan (DNREC) on behalf of WHStranporters  
**Sent:** Friday, October 3, 2025 3:16 PM  
**To:** trademarkdumpsters21@gmail.com  
**Subject:** Incomplete Delaware Solid Waste Transporter Permit Application

**Importance:** High

**Categories:** Egress Switch: Unprotected

Hello Mr. Saienni,

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 6-** Do have any company affiliates?
- **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 11-** The spill control plan is missing an emergency contact (name and phone number) and pre-trip inspections.
- **Section 12-** Please provide driver training. Requirements include:
  - (a). 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.
- **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

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/08/2025

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).

<b>PRODUCER</b>  Karen Michaels 2825 Churchville Rd Churchville MD 21028	<b>CONTACT</b> NAME: Karen Michaels PHONE (A/C, No, Ext): 410-398-1760 E-MAIL: karen.michaels.yayr@statefarm.com ADDRESS: FAX (A/C, No): <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A : State Farm Mutual Automobile Insurance Company INSURER B : INSURER C : INSURER D : INSURER E : INSURER F : NAIC # 25178
<b>INSURED</b> TRADEMARK DUMPSTERS LLC 819 JEFFREY PINE DR BEAR DE 197012163	

**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	ADD INSD	SUB WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>COMMERCIAL GENERAL LIABILITY</b> <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 <input type="checkbox"/> OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	<b>AUTOMOBILE LIABILITY</b> <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	N	N	086 5369-C07-08	09/07/2025	03/07/2026	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 500,000 BODILY INJURY (Per accident) \$ 500,000 PROPERTY DAMAGE (Per accident) \$ 100,000 \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED \$ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y / N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> \$ E.L. EACH ACCIDENT \$ 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)

**CERTIFICATE HOLDER****CANCELLATION**Department of natural resources and environmental control  
89 Kings Hwy

dover

DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



This form was system-generated on 10/08/2025