

RECEIPT

DATE

10/08/25

No.

743673

RECEIVED FROM

JSM Transport & Haulage LLC

\$ 350.00

Three hundred fifty and ²²/₁₀₀

DOLLARS

☐ FOR RENT☐ FOR

New DE-SW-2162

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

22287530

TO

BY

M.M.



RECEIVED

SEP 30 2025

DNREC - WHS

STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-6060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "**State of Delaware**" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- ☐ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
- ☒ New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
- ☐ Renewal: Permit # DE-SW-_____ Expiration Date _____

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

ALL OTHERS

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

2. Release to Public

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters? ☐ Yes ☐ No

3. Company Information

Company Name _____

Location Address:	Mailing Address:

Contact: _____ Title: _____

Business Phone: _____ Fax: _____

E-mail: _____

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: _____
☐ Other: (must specify) _____

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

☐ Attachment _____

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

- ☐ Attachment _____
☐ No parent company

5. Company locations in Delaware

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

- ☒ Attachment 166B South Dupont Hwy Newcastle DE 19720
☐ 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) NA
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) NA
☐ 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# 2838006 MC# 949939

- ☐ 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 checked="" 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 which will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

Spill Control Plan: Attachment ✓

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

Print Name

Title

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

TRUCK LISTING

[illegible]

*** LIST OF VEHICLE TYPES INCLUDE BUT NOT LIMITED TO: FRONT END LOADERS, REAR LOADERS, SIDE LOADERS, ROLL OFF, DUMP TRUCK, STAKE BODY, STAKE DUMP, PICKUP TRUCK, ETC..ETC...**

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). *safety cones*

(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). *Before shift*
- 2). *After shift*

(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: *Joan Milfort*

Phone [REDACTED]

(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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2025

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 Aggressive Insurance Services, LLC 2803 Ellis Way Warrington PA 18976	CONTACT NAME:	FAX (A/C No.): (215) 322-4004	
	PHONE (A/C No. Ext.): (215) 322-4446	E-MAIL ADDRESS: casey@aissvcs.com	
INSURED JSM Transport & Haulage LLC PO Box 388 Bear DE 19701	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: GEICO Marine Insurance Co		37923
	INSURER B:		
	INSURER C:		
	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)	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 <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	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			9300192975	08/20/2025	08/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			9300192975	08/20/2025	08/20/2026	ded 1,000 25,000

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

2013 Hino Vin # 5PVNJ8JV7D4S54685

2015 Hino Vin # 5PVNV8JV0F4S54308

2006 Ford F-150 Vin # 1FTRF12276NB63797

CERTIFICATE HOLDER

CANCELLATION

Department of Natural Resources & Environmental
Control Compliance & Permitting Section
89 Kings Highway
Dover, DE 19901

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

AUTHORIZED REPRESENTATIVE

C. Lelich

<DA>

© 1988-2015 ACORD CORPORATION. All rights reserved.

STATE OF DELAWARE

Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE
2016100711

EFFECTIVE

01/01/2023 - 12/31/2025

ISSUED TO

JSM TRANSPORT AND HAULING LLC
PO BOX 388
BEAR DE 19701-0388

LOCATION

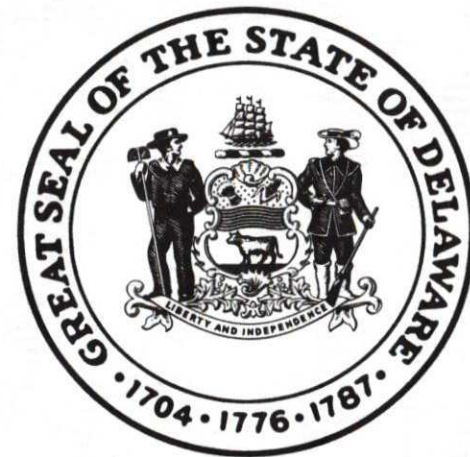
JSM TRANSPORT AND HAULING LLC
PO BOX 388
BEAR, DE 19701-0388

TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY

DRAYPERSON OR MOVER

ISSUED: 01/27/2023
FEE PAID: \$225.00

Is hereby licensed to practice, conduct, or engage in the
occupation or business activity indicated above in
accordance with the license application duly filed
pursuant to Title 30, Delaware Code.



2025

POST CONSPICUOUSLY - NOT TRANSFERABLE





Department of Finance
Division of Revenue
820 N French Street
PO Box 8763
Wilmington, DE 19899-8763



JSM TRANSPORT AND HAULING LLC
PO BOX 388
BEAR DE 19701-0388

**DID YOU
KNOW?**

**YOU CAN
FILE & PAY
ONLINE
24x7**

 tax.delaware.gov 



TRUCK LISTING

[illegible]

*** LIST OF VEHICLE TYPES INCLUDE BUT NOT LIMITED TO: FRONT END LOADERS, REAR LOADERS, SIDE LOADERS, ROLL OFF, DUMP TRUCK, STAKE BODY, STAKE DUMP, PICKUP TRUCK, ETC..ETC...**



DELAWARE SOLID WASTE AUTHORITY
CASH ACCOUNT APPLICATION

Applicant (Individual or Firm Name): JEM Transport & Hauling LLC
____ Corporation ____ Partnership ☒ Sole Proprietorship ____ Limited Liability Co. State of Origin: DE
Address: 166 South Dupont Hwy
City: Newcastle State: Delaware Zip: 19720
Telephone: 855 576 5623 Fax: _____ Email: info@jemtransport.net
Type of Business: Drayperson or mover Years in Business: _____
Name of Predecessor Businesses: _____
Person to Contact Regarding Invoices: Tom Mifflin Phone: [REDACTED]
Parent Company: N/A
Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____ Email: _____
Federal ID#: _____ DE Business License #: _____ (Attach copy)

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). *Beginning of the shift*
 - 2). *End of the shift.*
- (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: *Joan Miffert* Phone: [REDACTED]
- (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.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AMERICAN FAMILY CONNECT INSURANCE AGEN		NAMED INSURED JSM TRANSPORT & HAULAGE LLC 33 WELLSRING DR BEAR, DE 19701-0000
POLICY NUMBER 00676689		
CARRIER United Financial Casualty Company	NAIC CODE 11770	EFFECTIVE DATE: 10/20/2024

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$25,000 w/\$1,000 Ded
Personal Injury Protection/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only	
2015 HINO 338 5PVNV8JVOF4S54308	
Collision	\$1,000 Ded
Comprehensive	\$1,000 Ded
Rental Reimbursement	\$40 Per Day (\$1,200 Max)
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
2013 HINO 258/268 5PVNJ8JV7D4S54685	
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/23/2025

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 AMERICAN FAMILY CONNECT INSURANCE AGEN 6000 AMERICAN PARKWAY, MADISON, WI 53783	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing PHONE (A/C, No, Ext): 1-800-444-4487 FAX (A/C, No): E-MAIL ADDRESS: progressivecommercial@email.progressive.com														
INSURED JSM TRANSPORT & HAULAGE LLC 33 WELLSRING DR BEAR, DE 19701-0000	<table><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A: United Financial Casualty Company</td><td>11770</td></tr><tr><td>INSURER B:</td><td></td></tr><tr><td>INSURER C:</td><td></td></tr><tr><td>INSURER D:</td><td></td></tr><tr><td>INSURER E:</td><td></td></tr><tr><td>INSURER F:</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: United Financial Casualty Company	11770	INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A: United Financial Casualty Company	11770														
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															


COVERAGES**CERTIFICATE NUMBER:** 209249625919151201D062325T210924**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"/> PROJECT <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 checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	00676689	10/20/2024	10/20/2025	COMBINED SINGLE LIMIT (Ea accident) \$750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (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 \$
A	See ACORD 101 for additional coverage details.	N	N	00676689	10/20/2024	10/20/2025	\$

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

CERTIFICATE HOLDER**CANCELLATION**

JSM TRANSPORT & HAULAGE LLC 33 WELLSRING DR BEAR, DE 19701-0000	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 
---	--

© 1988-2015 ACORD CORPORATION. All rights reserved.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/23/2025

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 AMERICAN FAMILY CONNECT INSURANCE AGEN 6000 AMERICAN PARKWAY, MADISON, WI 53783	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
INSURED JSM TRANSPORT & HAULAGE LLC 33 WELLSPRING DR BEAR, DE 19701-0000	E-MAIL ADDRESS: progressivecommercial@email.progressive.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: United Financial Casualty Company	
	INSURER B:	
	INSURER C:	
	INSURER D:	
INSURER E:		
INSURER F:		
NAIC # 11770		

COVERAGES

CERTIFICATE NUMBER: 209249625919151201D062325T210924

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						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						\$
	OTHER:						\$
A	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$750,000
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS	N	N	00676689	10/20/2024	10/20/2025	BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N	N/A					E.L. EACH ACCIDENT \$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
A	See ACORD 101 for additional coverage details.	N	N	00676689	10/20/2024	10/20/2025	\$

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

CERTIFICATE HOLDER

JSM TRANSPORT & HAULAGE LLC
33 WELLSPRING DR
BEAR, DE 19701-0000

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

Mark Panch

© 1988-2015 ACORD CORPORATION. All rights reserved.



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AMERICAN FAMILY CONNECT INSURANCE AGEN		NAMED INSURED JSM TRANSPORT & HAULAGE LLC 33 WELLSRING DR BEAR, DE 19701-0000	
POLICY NUMBER 00676689		EFFECTIVE DATE: 10/20/2024	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

Insurance coverage(s)	Limits
Motor Truck Cargo	\$25,000 w/\$1,000 Ded
Personal Injury Protection/Property Protection Ins	\$15,000/\$30,000 (\$10,000 PPI included)
Uninsured/Underinsured Motorist	\$25,000/\$50,000

Description of Location/Vehicles/Special Items

Scheduled autos only	
2015 HINO 338 5PVNV8JVOF4S54308	
Collision	\$1,000 Ded
Comprehensive	\$1,000 Ded
Rental Reimbursement	\$40 Per Day (\$1,200 Max)
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded
2013 HINO 258/268 5PVNJ8JV7D4S54685	
Uninsured Motorist Property Damage	\$10,000 w/\$250 Ded

☒ USDOT Number ☐ MC/MX Number ☐ Name

Enter Value: 2838006

Search

Company Snapshot

JSM TRANSPORT & HAULAGE LLC

USDOT Number: 2838006

ID/Operations | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

▼ [SMS Results](#)

▼ [Licensing & Insurance](#)

USDOT Status

- **ACTIVE:** The entity's US DOT number is active.
- **INACTIVE:** Inactive per 49 CFR 390.19(b)(4); biennial update of MCS-150 data not completed.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Operating Authority Status

- **AUTHORIZED FOR { Passenger, Property, HHG }:** This will list the specific operating authorities the carrier (or broker) is allowed to operate.
- **NOT AUTHORIZED:** The entity does not have any operating authority and/or is not authorized to engage in interstate, for-hire operations.
*Please Note: **NOT AUTHORIZED** does not apply to **Private** or **Intrastate** operations.
- **OUT-OF-SERVICE:** Carrier is under any type of out-of-service order and is not authorized to operate.

Out of Service Date

Indicates the date the company was ordered Out of Service. If there are multiple Out of Service orders, the earliest date will be displayed.

Please note: If there are multiple Out-of-Service orders, the earliest date will be displayed.

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 10/07/2025.

To find out if this entity has a pending insurance cancellation, please [click here](#).

USDOT INFORMATION															
Entity Type:	CARRIER														
USDOT Status:	ACTIVE	Out of Service Date:	None												
USDOT Number:	2838006	State Carrier ID Number:													
MCS-150 Form Date:	06/24/2024	MCS-150 Mileage (Year):	10,000 (2024)												
OPERATING AUTHORITY INFORMATION															
Operating Authority Status:	AUTHORIZED FOR Property														
	For Licensing and Insurance details click here .														
MC/MX/FF Number(s):	MC-949939														
COMPANY INFORMATION															
Legal Name:	JSM TRANSPORT & HAULAGE LLC														
DBA Name:															
Physical Address:	33 WELLSRING DR BEAR, DE 19701														
Phone:	(302) 518-0706														
Mailing Address:	PO BOX 388 BEAR, DE 19701														
DUNS Number:	--														
Power Units:	2	Non-CMV Units:													
		Drivers:	2												
Operation Classification:															
<table><tbody><tr><td><input checked="" type="checkbox"/> Auth. For Hire</td><td>Priv. Pass.(Non-business)</td><td>State Gov't</td></tr><tr><td><input type="checkbox"/> Exempt For Hire</td><td>Migrant</td><td>Local Gov't</td></tr><tr><td><input type="checkbox"/> Private(Property)</td><td>U.S. Mail</td><td>Indian Nation</td></tr><tr><td><input type="checkbox"/> Priv. Pass. (Business)</td><td>Fed. Gov't</td><td></td></tr></tbody></table>				<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't	<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation	<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't	
<input checked="" type="checkbox"/> Auth. For Hire	Priv. Pass.(Non-business)	State Gov't													
<input type="checkbox"/> Exempt For Hire	Migrant	Local Gov't													
<input type="checkbox"/> Private(Property)	U.S. Mail	Indian Nation													
<input type="checkbox"/> Priv. Pass. (Business)	Fed. Gov't														
Carrier Operation:															
<table><tbody><tr><td><input checked="" type="checkbox"/> Interstate</td><td><input type="checkbox"/> Intrastate Only (HM)</td><td><input type="checkbox"/> Intrastate Only (Non-HM)</td></tr></tbody></table>				<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)									
<input checked="" type="checkbox"/> Interstate	<input type="checkbox"/> Intrastate Only (HM)	<input type="checkbox"/> Intrastate Only (Non-HM)													
Cargo Carried:															
<table><tbody><tr><td><input checked="" type="checkbox"/> General Freight</td><td><input type="checkbox"/> Liquids/Gases</td><td><input type="checkbox"/> Chemicals</td></tr></tbody></table>				<input checked="" type="checkbox"/> General Freight	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Chemicals									
<input checked="" type="checkbox"/> General Freight	<input type="checkbox"/> Liquids/Gases	<input type="checkbox"/> Chemicals													

Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
Fresh Produce	US Mail	

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

US Inspection results for 24 months prior to: 10/07/2025

Total Inspections: 7

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:			
	Vehicle	Driver	Hazmat	IEP
Inspections	6	7	0	0
Out of Service	2	0	0	0
Out of Service %	33.3%	0%	%	0%
Nat'l Average % as of DATE 09/26/2025*	22.26%	6.67%	4.44%	N/A

*OOS rates calculated based on the most recent 24 months of inspection data per the latest monthly SAFER Snapshot.

Inspections

Number of roadside inspections conducted within the past two years. (Note: These inspections are distinct from the periodic inspections required under 49 CFR Part 396.17, and may not include inspection of all parts and accessories set forth in 49 CFR Part 396 Appendix A.)

The inspections listed on SAFER are conducted in accordance with the North American Standard Inspection Program which was created by the Commercial Vehicle Safety Alliance (CVSA) as the roadside inspection process for inspecting commercial motor vehicles and drivers throughout North America.

Inspections are listed as total, driver, vehicle, and Hazmat. Please see <https://www.fmcsa.dot.gov/safety/question-1-can-violation-free-cvsa-level-i-or-level-v-inspection-be-used-satisfy-periodic> for more details.

Crashes reported to FMCSA by states for 24 months prior to: 10/07/2025

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Type	Crashes:			
	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian Inspection results for 24 months prior to: 10/07/2025

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspection Type	Inspections:	
	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 10/07/2025

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes In US | Inspections/Crashes In Canada | Safety Rating

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 10/07/2025

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

[SAFER Home](#) | [Feedback](#) | [Privacy Policy](#) | [USA.gov](#) | [Freedom of Information Act \(FOIA\)](#) | [Accessibility](#) | [OIG Hotline](#) | [Web Policies and Important Links](#) | [Plug-ins](#)

Federal Motor Carrier Safety Administration
1200 New Jersey Avenue SE, Washington, DC 20590 • 1-800-832-5660 • TTY: 1-800-877-8339 • [Field Office Contacts](#)

Davis, DaQuan (DNREC)

From: Jean Milfort <info@jsmtransport.net>
Sent: Sunday, October 19, 2025 11:15 PM
To: WHStranporters
Subject: 2025-09-12 11-51-04 am
Attachments: 2025-09-12 11-51-04 am.pdf

•
JSM Transport & Hauling certificate of Insurance



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/12/2025

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 Aggressive Insurance Services, LLC 2803 Ellis Way Warrington PA 18976	CONTACT NAME: PHONE (A/C, No, Ext): (215) 322-4446 E-MAIL ADDRESS: casey@aissvcs.com FAX (A/C, No): (215) 322-4004														
INSURED JSM Transport & Haulage LLC PO Box 388 Bear DE 19701	<table border="1"><tr><th>INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A : GEICO Marine Insurance Co</td><td>37923</td></tr><tr><td>INSURER B :</td><td></td></tr><tr><td>INSURER C :</td><td></td></tr><tr><td>INSURER D :</td><td></td></tr><tr><td>INSURER E :</td><td></td></tr><tr><td>INSURER F :</td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : GEICO Marine Insurance Co	37923	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
INSURER(S) AFFORDING COVERAGE	NAIC #														
INSURER A : GEICO Marine Insurance Co	37923														
INSURER B :															
INSURER C :															
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)	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"/> PROJECT <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	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			9300192975	08/20/2025	08/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			9300192975	08/20/2025	08/20/2026	ded 1,000 25,000

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

2013 Hino Vin # 5PVNJ8JV7D4S54685 2015 Hino Vin # 5PVNV8JV0F4S54308 2006 Ford F-150 Vin # 1FTRF12276NB63797

CERTIFICATE HOLDER Department of Natural Resources & Environmental Control Compliance & Permitting Section 89 Kings Highway Dover, DE 19901	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>C. Heibel</i> <DA>
--	--

Davis, DaQuan (DNREC)

From: Jean Milfort <info@jsmtransport.net>
Sent: Sunday, October 19, 2025 8:11 PM
To: WHStranporters
Subject: Driver Qualification File Checklist/ JSM Transport
Attachments: Driver Qualification File Checklist.pdf

JSM Transport & Hauling

DRIVER QUALIFICATION FILE CHECKLIST

- ☐ Driver's Application For Employment
(49 CFR 391.21)
- ☐ Inquiry To Previous Employers – 3 Years
(49 CFR 391.23(A) (2) & (C))
- ☐ Inquiry To State Agencies – 3 Years
(49 CFR 391.23(A) (1) & (B))
- ☐ Inquiry To State Agencies – Annual
(49 CFR 391.25(A) & (C))
- ☐ Annual Review Of Driving Record
(49 CFR 391.25)
- ☐ Annual Driver's Certification Of Violations
(49 CFR 391.27)
- ☐ Driver's Road Test Certificate or Equivalent*
(49 CFR 391.31)
- ☐ Medical Examiner's Certificate*
(49 CFR 391.43)
- ☐ Multiple-Employer Drivers
(49 CFR 391.63)

*NOTE: DRIVERS MUST BE ISSUED COPIES OF THESE CERTIFICATES.
DRIVERS NEED ONLY HAVE A COPY OF THE MEDICAL EXAMINER'S
CERTIFICATE IN THEIR POSSESSION WHILE DRIVING

APPLICATION FOR EMPLOYMENT

COMPANY _____ STREET ADDRESS _____
 CITY, STATE AND ZIP CODE _____
 NAME _____
 (FIRST) (MIDDLE) (Maiden Name, if any) (LAST)
 ADDRESS _____ HOW LONG? _____
 (STREET) (CITY) (STATE & ZIP CODE)
 DATE OF BIRTH _____ SOCIAL SECURITY NO. _____ HIRE DATE _____
 TELEPHONE NUMBER _____ E-MAIL ADDRESS _____

PREVIOUS THREE YEARS RESIDENCY

(STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____
 (STREET) _____ (CITY) _____ (STATE & ZIP CODE) _____ # YEARS _____

(ATTACH SHEET IF MORE SPACE IS NEEDED)

LICENSE INFORMATION

Section 383.21 FMCSR states "No person who operates a commercial motor vehicle shall at any time have more than one driver's license". I certify that I do not have more than one motor vehicle license, the information for which is listed below.

STATE	LICENSE NO.	TYPE	EXPIRATION DATE

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIPMENT (VAN, TANK, FLAT, ETC.)	DATES FROM TO	APPROX. NO. OF MILES (TOTAL)
STRAIGHT TRUCK			
TRACTOR AND SEMI-TRAILER			
TRACTOR - TWO TRAILERS			
OTHER			

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (ATTACH SHEET IF MORE SPACE IS NEEDED)

DATES	NATURE OF ACCIDENT (HEAD-ON, REAR-END, UPSET, ETC.)	NUMBER FATALITIES	NUMBER INJURIES	CHEMICAL SPILLS
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>
				YES <input type="checkbox"/> NO <input type="checkbox"/>

TRAFFIC CONVICTIONS AND FORFEITURES FOR THE PAST 3 YEARS (OTHER THAN PARKING VIOLATIONS)

DATE CONVICTED (month/year)	VIOLATION	STATE OF VIOLATION LOCATION	PENALTY (forfeited bond, collateral and/or points)

(ATTACH SHEET IF MORE SPACE IS NEEDED)

A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? YES _____ NO _____

If yes, explain _____

B. Has any license, permit or privilege ever been suspended or revoked? YES _____ NO _____

If yes, explain _____

EMPLOYMENT RECORD
(ATTACH SHEET IF MORE SPACE IS NEEDED)

Applicants that desire to drive in intrastate/interstate commerce must provide the following information on all employers during the previous three years. You must give the same information for all employers you have driven a commercial motor vehicle for the seven years prior to the initial three years (total of ten years employment record).

Must list the complete mailing address: street number and name, city, state and zip code.

LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

SECOND LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

THIRD LAST EMPLOYER: NAME _____

ADDRESS _____ PHONE _____

POSITION HELD _____ FROM _____ TO _____ SALARY _____

REASONS FOR LEAVING _____

ANY GAPS IN EMPLOYMENT AND/OR UNEMPLOYMENT MUST BE EXPLAINED. INCLUDE DATES (MONTH/YEAR) AND REASON: _____

Were you subject to the Federal Motor Carrier Safety Regulations (FMCSRs) while employed by the previous employer? Yes ☐ No ☐

Was the previous job position designated as a safety sensitive function in any DOT regulated mode, subject to alcohol and controlled substances testing requirements as required by 49 CFR Part 40? Yes ☐ No ☐

TO BE READ AND SIGNED BY APPLICANT

I authorize you to make sure investigations and inquiries to my personal, employment, financial or medical history and other related matters as may be necessary in arriving at an employment decision. (Generally, inquiries regarding medical history will be made only if and after a conditional offer of employment has been extended.) I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Company.

I understand that information I provide regarding current and/or previous employers may be used, and those employer(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e). I understand that I have the right to:

- Review information provided by current/previous employers;
- Have errors in the information corrected by previous employers and for those previous employers to re-send the corrected information to the prospective employer; and
- Have a rebuttal statement attached to the alleged erroneous information, if the previous employer(s) and I cannot agree on the accuracy of the information."

DATE _____

APPLICANT'S SIGNATURE _____

This certifies that I completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

DATE _____

APPLICANT'S SIGNATURE _____

Note: A motor carrier may require an applicant to provide information in addition to the information required by the Federal Motor Carrier Safety Regulations.

SAFETY PERFORMANCE HISTORY RECORDS REQUEST

PART 1:	TO BE COMPLETED BY PROSPECTIVE EMPLOYEE
I, (Print Name) _____ <div style="display: flex; justify-content: space-between; width: 80%; margin-left: 10%;"> First M.I. Last Social Security Number </div> Hereby authorize: _____ <div style="display: flex; justify-content: flex-end; width: 80%; margin-right: 10%;"> Date of Birth </div> Previous Employer: _____ Email: _____ Street: _____ Telephone: _____ City, State, Zip: _____ Fax No.: _____ To release and forward the information requested by section 3 of this document concerning my Alcohol and Controlled Substances Testing records within the previous 3 years from _____ <div style="text-align: right; margin-right: 10%;">(employment application date)</div> To: Prospective Employer: _____ Attention: _____ Telephone: _____ Street: _____ City, State, Zip: _____ In compliance with §40.25(g) and 391.23(h), release of this information must be made in a written form that ensures confidentiality, such as fax, email, or letter. Prospective employer's fax number: _____ Prospective employer's email address: _____ <div style="display: flex; justify-content: space-between; margin-top: 20px;"> Applicant's Signature Date </div> This information is being requested in compliance with §40.25(g) and 391.23.	

PART 2:	TO BE COMPLETED BY PREVIOUS EMPLOYER																				
ACCIDENT HISTORY																					
The applicant named above was employed by us. Yes <input type="checkbox"/> No <input type="checkbox"/> Employed as _____ from (m/y) _____ to (m/y) _____ 1. Did he/she drive motor vehicle for you? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, what type? Straight Truck <input type="checkbox"/> Tractor-Semitrailer <input type="checkbox"/> Bus <input type="checkbox"/> Cargo Tank <input type="checkbox"/> Doubles/Triples <input type="checkbox"/> Other (Specify) _____ 2. Reason for leaving your employ: Discharged <input type="checkbox"/> Resignation <input type="checkbox"/> Lay Off <input type="checkbox"/> Military Duty <input type="checkbox"/> If there is no safety performance history to report, check here <input type="checkbox"/> sign below and return. ACCIDENTS: Complete the following for any accidents included on your accident register (§390.15(b)) that involved the applicant in the 3 years prior to the application date shown above, or check <input type="checkbox"/> here if there is no accident register data for this driver. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 20%;">Location</th> <th style="width: 20%;"># Injuries</th> <th style="width: 20%;"># Fatalities</th> <th style="width: 25%;">Hazmat Spill</th> </tr> </thead> <tbody> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table> Please provide information concerning any other accidents involving the applicant that were reported to government agencies or insurers or retained under internal company policies: _____ _____ _____ Any other remarks: _____ _____ _____ <div style="text-align: right; margin-top: 20px;"> Signature: _____ Title: _____ Date: _____ </div>		Date	Location	# Injuries	# Fatalities	Hazmat Spill	1. _____	_____	_____	_____	_____	2. _____	_____	_____	_____	_____	3. _____	_____	_____	_____	_____
Date	Location	# Injuries	# Fatalities	Hazmat Spill																	
1. _____	_____	_____	_____	_____																	
2. _____	_____	_____	_____	_____																	
3. _____	_____	_____	_____	_____																	

PREVIOUS EMPLOYER – COMPLETE PAGE 2 PART 3

PART 3:	TO BE COMPLETED BY PREVIOUS EMPLOYER
DRUG AND ALCOHOL HISTORY	
<p>If driver was not subject to Department of Transportation testing requirements while employed by this employer, please check here <input type="checkbox"/>. Fill in the dates of employment from _____ to _____, complete bottom of Part 3, sign, and return.</p> <p>Driver was subject to Department of Transportation testing requirements from _____ to _____.</p>	
<ol style="list-style-type: none"> 1. Has this person had an alcohol test with the result of 0.04 or higher alcohol concentration? YES <input type="checkbox"/> NO <input type="checkbox"/> 2. Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/> 3. Has this person refused to submit to a post-accident, random, reasonable suspicion, or follow-up alcohol or controlled substance test? YES <input type="checkbox"/> NO <input type="checkbox"/> 4. Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/> 5. If this person has violated a DOT drug and alcohol regulation, did this person complete a SAP-prescribed rehabilitation program in your employ, including return-to-duty and follow-up tests? If yes, please send documentation back with this form. YES <input type="checkbox"/> NO <input type="checkbox"/> 6. For a driver who successfully completed a SAP's rehabilitation referral and remained in your employ, did this driver subsequently have an alcohol test result of 0.04 or greater, a verified positive drug test, or refuse to be tested? YES <input type="checkbox"/> NO <input type="checkbox"/> 	
<p>In answering these questions, include any required DOT drug or alcohol testing information obtained from prior previous employers in the previous 3 years prior to the application date shown on page 1.</p>	
Name: _____	
Company: _____	
Street: _____	
City, State, Zip: _____ Telephone: _____	
Part 3 Completed by (Signature): _____ Date: _____	

PART 4a:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>This form was (check one) <input type="checkbox"/> Faxed to previous employer <input type="checkbox"/> Mailed <input type="checkbox"/> Emailed <input type="checkbox"/> Other _____</p> <p>By: _____ Date: _____</p>	

PART 4b:	TO BE COMPLETED BY PROSPECTIVE EMPLOYER
<p>Complete below when information is obtained.</p> <p>Information received from: _____</p> <p>Recorded by: _____ Method: <input type="checkbox"/> Fax <input type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Telephone</p> <p>Date: _____ <input type="checkbox"/> Other _____</p>	

INSTRUCTIONS TO COMPLETE THE SAFETY PERFORMANCE HISTORY RECORDS REQUEST

<p>PAGE 1 PART 1: Prospective Employee</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Submit to the Prospective Employer <p>PAGE 2 PART 4a: Prospective Employer</p> <ul style="list-style-type: none"> Complete the information Send to Previous Employer <p>PAGE 1 PART 2: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Turn form over to complete SIDE 2 SECTION 3 	<p>PAGE 2 PART 3: Previous Employer</p> <ul style="list-style-type: none"> Complete the information required in this section Sign and date Return to Prospective Employer <p>PAGE 2 PART 4b: Prospective Employer</p> <ul style="list-style-type: none"> Record receipt of the information Retain the form
--	---

RECORDS REQUEST FOR DRIVER/APPLICANT SAFETY PERFORMANCE HISTORY

This request is made by the driver/applicant in compliance with the Department of Transportation regulations.

§391.23(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as thirty (30) days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety-performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
---------	-----------------------------------

TO:

Prospective Employer: _____

Street/P.O. Box: _____

City, State, Zip: _____ Telephone # _____

FROM:

Driver/Applicant: _____ Social Security/I.D. # _____

Street: _____

City, State, Zip: _____ Telephone # _____

I am submitting this written request to obtain copies of my Department of Transportation Safety Performance History for the preceding three years. I understand, for records requested from a prospective employer, that I must arrange to pick up or receive the requested records within thirty (30) days of the records being made available or I have waived my request to review the records.

This information should be: ☐ sent to me at the above address.
☐ I will arrange to pick up.

Driver/Applicant Signature: _____ Date: ____/____/____
M D Y

PART 2:	COMPLETED BY THE PROSPECTIVE EMPLOYER
----------------	--

The information must be provided to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business-days deadline will begin when the prospective employer receives the requested safety performance history information.

Information supplied to:

Name: _____

Street: _____

City, State, Zip: _____

Comments:

By:

Signature/person providing information

Telephone #

Release Date: / /
 M D Y

COPY 1 PROSPECTIVE EMPLOYER

SAFETY PERFORMANCE HISTORY INFORMATION
DRIVER/APPLICANT REBUTTAL

This rebuttal is made by the driver/applicant in compliance with the Department of Transportation regulations.

- §391.23(j)(3)** Drivers wishing to rebut information in records received pursuant to paragraph (i) of this section must send the rebuttal to the previous employer with instructions to include the rebuttal in that driver's safety performance history.
- §391.23(j)(4)** After October 29, 2004, within five business days of receiving a rebuttal from a driver, the previous employer must:
- (i) Forward a copy of the rebuttal to the prospective motor carrier employer;
 - (ii) Append the rebuttal to the driver's information in the carrier's appropriate file, to be included as part of the response for any subsequent investigating prospective employers for the duration of the three-year data retention requirements.

PART 1:	COMPLETED BY THE DRIVER/APPLICANT
TO:	Previous Employer: _____
	Street/P.O. Box: _____
	City, State, Zip: _____
	Telephone: _____ Fax: _____
FROM:	Driver/Applicant: _____ Social Security # _____
	Street: _____
	City, State, Zip: _____ Telephone No.: _____
	I have submitted this rebuttal to my previous employer requesting that it be attached to my Safety Performance History and provided to subsequent prospective employers.
Reason for the rebuttal (attach documents as necessary): _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
I request that this rebuttal be sent to the attached list of motor carriers. Driver/Applicant Signature: _____ Date: ____ / ____ / ____ <div style="text-align: right; margin-right: 100px;">M D Y</div>	

PART 2:	COMPLETED BY THE PREVIOUS EMPLOYER
Received by: _____	
Signature: _____	Date: ____/____/____ M D Y

COPY 1 PREVIOUS EMPLOYER

U.S. DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SAFETY PROGRAM
 ANNUAL REVIEW OF DRIVING RECORD
 391.25

 Name (Last, First, M.I.) (Soc. Sec. No.)

This day I reviewed the driving record of the above named driver in accordance with 391.25 of the Federal Motor Carrier Safety Regulations. I considered any evidence that the driver has violated applicable provisions of the Federal Motor Carrier Safety Regulations and the Hazardous Materials Regulations. I considered the driver's accident record and any evidence that he/she violated laws governing the operation of motor vehicles, and gave great weight to violations, such as speeding, reckless driving and operation while under the influence of alcohol or drugs, that indicate that the driver has exhibited a disregard for the safety of the public. Having done the above, I find that:

- ☐ the driver meets the minimum requirements for safe driving, or
- ☐ the driver is disqualified to drive a motor vehicle pursuant to 391.15

 Date of Review

 Motor Carrier's Name

 Reviewed by: Signature and title

 Date of Review

 Motor Carrier's Name

 Reviewed by: Signature and title

 Date of Review

 Motor Carrier's Name

 Reviewed by: Signature and title

Date	Offense	Location	Type of Vehicle Operated
------	---------	----------	--------------------------

[illegible]

(Date of Certification)	(Driver's Signature)
(Motor Carrier's Name)	(Motor Carrier's Address)
(Reviewed by: Signature)	(Title)

cer tificA te of Driver's roAD test

Instructions: If the road test is successfully completed, the person who gave it shall complete a certificate of the driver's road test. The original or copy of the certificate shall be retained in the employing motor carrier's driver qualification file of the person examined and a copy given to the person who was examined.
(49 CFR 391.31(e)(f)(g))

cer tificA tion of roAD test

Driver's Name _____

Social Security Number _____

Operator's or Chauffeur's License Number _____

State _____

Type of Power Unit _____

Type of Trailer(s) _____

If passenger carrier, type of bus _____

This is to certify that the above-named driver
was given a road test under my supervision on
_____, 20____, consisting
of approximately _____ miles of driving.

It is my considered opinion that this driver
possesses sufficient driving skill to operate safely
the type of commercial motor vehicle listed above.

(Signature of Examiner)_____
(Title)_____
(Organization and Address of Examiner)

Davis, DaQuan (DNREC)

From: Jean Milfort <info@jsmtransport.net>
Sent: Sunday, October 19, 2025 10:37 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application

On Fri, Oct 17, 2025 at 1:40 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Jean Milfort <info@jsmtransport.net>
Sent: Thursday, October 16, 2025 1:36 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

Hi Mr. Davis,

Thank you for your prompt response and patience. I will gather the requested information and provide it to you as soon as possible.

Best wishes,
Jean

On Thu, Oct 16, 2025 at 10:32 AM WHStranporters <WHStranporters@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 3-** Please provide your company information.

- Company name

JSM Transport & Hauling LLC

-
- Location address and mailing address

166 B South DuPont Highway, Newcastle Delaware 19720

-
- Contact person's name and number, and email.

Jean M Milfort [REDACTED]

-
- 24-hour emergency number

(855) 576-5623

-

- **Section 4(a)-** Please indicate company type.

Interstate carrier

-
- **Section 4(b)-** The missing ownership and corporate officer information is needed, including dates of birth, ownership percentages, titles, and the preferred mailing address of the owners and corporate officers.

Owner: Jean M Milfort

Date of birth: [REDACTED]

Ownership: 100%

Email address: [REDACTED]

Company: info@jsmtransport.net

-
- **Section 10-** Provide an updated Certificate of 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](#).

Certificate is in a separate email.

-
- **Section 12-** Please provide driver training. Requirements include:

No CDL / Driver medical Examination Certificate / EVO training

[REDACTED]

[REDACTED]

-

- (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);

No special Licensing required

- (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.

The forms has been emailed separately. Training programs: In house training programs

- (c). Describe how drivers are instructed in the following:

- (i) Knowledge of proper handling procedures for the type of solid waste being transported.

All of the solid waste must be transported in box truck and secured by straps and secured bars. Single item can be transported on a pick up truck with the tailgate closed and 2 straps across.

- (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)

Understand the plan's components

A comprehensive Spill Control Plan details the prevention measures and specific response actions for different types of spills. To be familiar with the plan, employees must understand its content, which includes:

- Risk assessment: Potential spills possible from fuel tanks and hydraulic fluid leaks.
- Prevention measures: Procedures to minimize spill risks, including proper equipment maintenance, and inspections. Drivers must inspect each vehicle before and after service.
- Emergency contacts: Management contact Jean M Milfort Date [REDACTED] or Ruth Sharper [REDACTED]
- Response procedures: Call the office or person on duty as soon as possible. Identify the source of the spill. Use the spill kit from the cab under the passenger seat to stop it. Using the instrument and training. Spill box contains wooden wedges, hoses with valves (on and off). Hand tools
- Equipment location: Each truck has a spill kit under the passenger seat called spill kits, personal protective equipment (PPE),
- Reporting and documentation: Procedures for documenting the incident, including the cause, response, and cleanup. Work directly with site supervisor and State Department of Environmental Management.

- (iii) Familiarity with the conditions of the solid waste transporter's permit.

Requirements and resources the state and local regulatory.

- **Section 13-** On the form provided with this application, you are required to list the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER,**

STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP of all vehicles used for the transportation of waste.

- **Section 14**-You did not provide a list of vehicle operators/drivers.

The list will be provided via the next email.

Please provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

302-739-9403

WHStranporters@delaware.gov

[89 Kings Hwy SW, Dover, DE 19901](#)

dnrec.delaware.gov





DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ daquan.davis@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Jean Milfort <info@jsmtransport.net>
Sent: Thursday, October 30, 2025 9:47 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: 2025-09-12 11-51-04 am

Good morning sr,

I will send it your way this afternoon.

On Mon, Oct 27, 2025 at 10:07 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Please complete this form and provide MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP of all vehicles used for the transportation of waste.

From: Jean Milfort <info@jsmtransport.net>
Sent: Sunday, October 19, 2025 11:15 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: 2025-09-12 11-51-04 am

JSM Transport & Hauling certificate of Insurance

Davis, DaQuan (DNREC)

From: Jean Milfort <info@jsmtransport.net>
Sent: Monday, November 3, 2025 9:57 AM
To: WHStranporters
Subject: Re: 2025-09-12 11-51-04 am

Hi Mr Da Quan,

The third vehicle is under my wife's name [REDACTED]

Thank you!

On Mon, Nov 3, 2025 at 9:44 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Good morning,

Who is the owner of the third vehicle on the list? If the vehicle isn't owned by the company or the company's owner, I will need a lease agreement.

Thank you,



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Jean Milfort <info@jsmtransport.net>
Sent: Friday, October 31, 2025 7:59 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: 2025-09-12 11-51-04 am

Good morning Sr,

I tried to scan it to you but we ended up with a system failure.

I attached it to this email.

Thank you for your help and support.

Have a great weekend!

Best wishes

Jean

On Thu, Oct 30, 2025 at 2:10 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Okay, sounds good.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Jean Milfort <info@jsmtransport.net>
Sent: Thursday, October 30, 2025 9:47 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: 2025-09-12 11-51-04 am

Good morning sr,

I will send it your way this afternoon.

On Mon, Oct 27, 2025 at 10:07 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Please complete this form and provide MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP of all vehicles used for the transportation of waste.

From: Jean Milfort <info@jsmtransport.net>
Sent: Sunday, October 19, 2025 11:15 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: 2025-09-12 11-51-04 am

JSM Transport & Hauling certificate of Insurance

INFORMATION - See Item 13 of the application.
or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the applic
otorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaw
vehicle owner, owner's address, and domicile address if different from the company address provided in the application

or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. The vehicle must be licensed and registered in the state of Delaware and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. The vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

[illegible]

Davis, DaQuan (DNREC)

From: Jean Milfort <info@jsmtransport.net>
Sent: Friday, October 31, 2025 7:59 AM
To: WHStranporters
Subject: Re: 2025-09-12 11-51-04 am
Attachments: IMG_7534.jpeg; IMG_7535.jpeg

Good morning Sr,
I tried to scan it to you but we ended up with a system failure.
I attached it to this email.

Thank you for your help and support.
Have a great weekend!

Best wishes
Jean

On Thu, Oct 30, 2025 at 2:10 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Okay, sounds good.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov

