

**RECEIPT**

DATE

10/08/25

**No.**

713673

RECEIVED FROM

JSM Transport &amp; Haulage LLC

\$ 350.00

 FOR RENT  
 FOR

New DE-SW-2162

DOLLARS

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM

BY

22281530

TO

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  
 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) \_\_\_\_\_ N/A  
 Ash:  municipal incinerator  
 coal ash  
 other (must specify) \_\_\_\_\_ N/A  
 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:

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input 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.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii) Familiarity with the conditions of the solid waste transporter's permit.

Driver Training, attachment

### 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

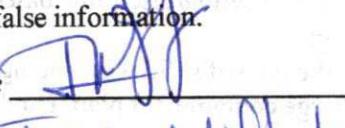
### 15. Environmental Record

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 9/26/25

Print Name Jean Miller Title Owner

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

## TRUCK LISTING

**\* 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 tarpred 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: *Jean 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	CONTACT NAME:		
	PHONE (A/C. No. Ext.)	(215) 322-4446	FAX (A/C. No.): (215) 322-4004
Aggressive Insurance Services, LLC 2803 Ellis Way Warrington PA 18976	E-MAIL ADDRESS:	casey@aiissvcs.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #	
	INSURER A: GEICO Marine Insurance Co	37923	
INSURED	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

**COVERS** **CERTIFICATE NUMBER:** **REVISION NUMBER:**  
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD. WVD.	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE <input type="checkbox"/> OCCUR					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) <input type="checkbox"/> MED EXP (Any one person) <input type="checkbox"/> PERSONAL & ADV INJURY <input type="checkbox"/> GENERAL AGGREGATE <input type="checkbox"/> PRODUCTS - COMP/OP AGG <input type="checkbox"/> OTHER: <input type="checkbox"/>
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC					
A	AUTOMOBILE LIABILITY  ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/>		9300192975	08/20/2025	08/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) <input type="checkbox"/> BODILY INJURY (Per accident) <input type="checkbox"/> PROPERTY DAMAGE (Per accident) <input type="checkbox"/> OTHER: <input type="checkbox"/>
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE					EACH OCCURRENCE <input type="checkbox"/> AGGREGATE <input type="checkbox"/> OTHER: <input type="checkbox"/>
	DED <input type="checkbox"/> RETENTION \$ <input type="checkbox"/>					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (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 <input type="checkbox"/> E.L. DISEASE - EA EMPLOYEE <input type="checkbox"/> E.L. DISEASE - POLICY LIMIT <input type="checkbox"/>
A	Motor Truck Cargo		9300192975	08/20/2025	08/20/2026	ded 1,000 <input type="checkbox"/> 25,000 <input type="checkbox"/>

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

<DA>

# 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**

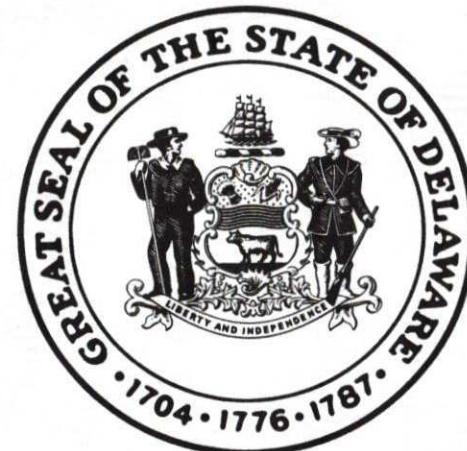
**DRAYPERSON OR MOVER**

**ISSUED:** 01/27/2023

**FEES 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.

POST CONSPICUOUSLY - NOT TRANSFERABLE



2025



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](http://tax.delaware.gov)



## TRUCK LISTING

**\* 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): JM Transport & Hauling LLC

Corporation  Partnership  Sole Proprietorship  Limited Liability Co. State of Origin: DE

Address: 166 South Dupont Hwy

City: New Castle State: DE Zip: 19720

Telephone: 355 576 5623 Fax: \_\_\_\_\_ Email: mp@jnmtransp.net

Type of Business: Drayperson or mover Years in Business: \_\_\_\_\_

Name of Predecessor Businesses: \_\_\_\_\_

Person to Contact Regarding Invoices: Tom Mifflit 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 tarpred 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: *Team Milpft*      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 WELLSPRING 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

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

## COVERS

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

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		
		

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

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 WELLSPRING 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  



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AMERICAN FAMILY CONNECT INSURANCE AGEN		NAMED INSURED JSM TRANSPORT & HAULAGE LLC 33 WELLSPRING 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

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.

#### 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](#).

#### Other Information for this Carrier

- ▼ [SMS Results](#)
- ▼ [Licensing & Insurance](#)

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 <a href="#">click here</a> .			
MC/MX/FF Number(s):	MC-949939		
COMPANY INFORMATION			
Legal Name:	JSM TRANSPORT & HAULAGE LLC		
DBA Name:			
Physical Address:	33 WELLSPRING 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:			
x Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	
Exempt For Hire	Migrant	Local Gov't	
Private(Property)	U.S. Mail	Indian Nation	
Priv. Pass. (Business)	Fed. Gov't		
Carrier Operation:			
x Interstate	Intrastate Only (HM)	Intrastate Only (Non-HM)	
Cargo Carried:			
x General Freight	Liquids/Gases	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.

Inspections:				
Inspection Type	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.

Crashes:				
Type	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.

Inspections:		
Inspection Type	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.

<u>Crashes:</u>				
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

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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:** WHStransporters  
**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 CONFFERS 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>		<b>CONTACT NAME:</b>		
Aggressive Insurance Services, LLC 2803 Ellis Way Warrington PA 18976		PHONE (A/C, No, Ext): (215) 322-4446	FAX (A/C, No): (215) 322-4004	
		E-MAIL ADDRESS: casey@aissvcs.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>		NAIC #
		INSURER A: GEICO Marine Insurance Co		37923
<b>INSURED</b>				
JSM Transport & Haulage LLC PO Box 388 Bear DE 19701		INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:		

## COVERAGES

**CERTIFICATE NUMBER:**

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**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'L SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
	COMMERCIAL GENERAL LIABILITY										
	CLAIMS-MADE	<input type="checkbox"/> OCCUR					EACH OCCURRENCE	\$			
							DAMAGE TO RENTED PREMISES (EA occurrence)	\$			
							MED EXP (Any one person)	\$			
							PERSONAL & ADV INJURY	\$			
							GENERAL AGGREGATE	\$			
							PRODUCTS - COMP/OP AGG	\$			
							OTHER	\$			
	GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC										
A	AUTOMOBILE LIABILITY			9300192975	08/20/2025	08/20/2026	COMBINED SINGLE LIMIT (EA accident)	\$ 750,000			
	ANY AUTO						BODILY INJURY (Per person)	\$			
	OWNED AUTOS ONLY	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$			
	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	RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		Y / N N / A				PER STATUTE	OTH- ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)									E. L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below									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 # 5PVNV8 JV0E4S54308

2006 Ford F-150 Vin. # 1ETBE13276N863787

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**CERTIFICATE HOLDER**

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**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 *John Doe* **<DA>**

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**Davis, DaQuan (DNREC)**

---

**From:** Jean Milfort <info@jsmtransport.net>  
**Sent:** Sunday, October 19, 2025 8:11 PM  
**To:** WHStransporters  
**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 \_\_\_\_\_ (STREET) (CITY) (STATE &amp; ZIP CODE) HOW LONG? \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_ HIRE DATE \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

## PREVIOUS THREE YEARS RESIDENCY

(STREET) (CITY) (STATE &amp; ZIP CODE) # YEARS \_\_\_\_\_

(STREET) (CITY) (STATE &amp; ZIP CODE) # YEARS \_\_\_\_\_

(STREET) (CITY) (STATE &amp; 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	DATES 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

<b>PART 1:</b>	<b>TO BE COMPLETED BY PROSPECTIVE EMPLOYEE</b>			
I, (Print Name) _____ First _____ M.I. _____ Last _____ Social Security Number _____ Hereby authorize: _____ Date of Birth _____ 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 _____ (employment application date) 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: _____ _____ Applicant's Signature _____ Date _____ This Information is being requested in compliance with §40.25(g) and 391.23.				
<b>PART 2:</b>	<b>TO BE COMPLETED BY PREVIOUS EMPLOYER</b>			
<b>ACCIDENT HISTORY</b>				
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. <b>ACCIDENTS:</b> 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. Date _____ Location _____ # Injuries _____ # Fatalities _____ Hazmat Spill _____ 1. _____ 2. _____ 3. _____ 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: _____ _____ _____ Signature: _____ Title: _____ Date: _____				

## 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"> <li>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"/></li> <li>Has this person tested positive or adulterated or substituted a test specimen for controlled substances? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>Has this person committed other violations of Subpart B of Part 382, or Part 40? YES <input type="checkbox"/> NO <input type="checkbox"/></li> <li>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"/></li> <li>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"/></li> </ol> <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> <p>Name: _____</p> <p>Company: _____</p> <p>Street: _____</p> <p>City, State, Zip: _____ Telephone: _____</p> <p>Part 3 Completed by (Signature): _____ Date: _____</p>	

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

<b>PART 1:</b>	<b>COMPLETED BY THE DRIVER/APPLICANT</b>
<b>TO:</b> Prospective Employer: _____ Street/P.O. Box: _____ City, State, Zip: _____ Telephone # _____	
<b>FROM:</b> 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: <input type="checkbox"/> sent to me at the above address. <input type="checkbox"/> I will arrange to pick up.	
Driver/Applicant Signature: _____ Date: _____ / _____ / _____ _____ M _____ D _____ Y	

<b>PART 2:</b>	<b>COMPLETED BY THE PROSPECTIVE EMPLOYER</b>
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.	
<b>Information supplied to:</b>	
Name: _____ Street: _____ City, State, Zip: _____ Comments: _____ _____ _____	
<b>By:</b> _____ 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 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

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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

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Date of Review

---

Motor Carrier's Name

---

Reviewed by: Signature and title

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---

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Date of Review

---

Motor Carrier's Name

---

Reviewed by: Signature and title

---

---

---

Date of Review

---

Motor Carrier's Name

---

Reviewed by: Signature and title

MOTOR VEHICLE  
DRIVER'S CERTIFICATION  
OF VIOLATORS  
391.27

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date 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.

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(Signature of Examiner)

---

(Title)

---

(Organization and Address of Examiner)

## Davis, DaQuan (DNREC)

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

On Fri, Oct 17, 2025 at 1:40 PM WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)> wrote:

Thank you.



### DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

302-739-9403

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

[89 Kings Hwy SW, Dover, DE 19901](http://89 Kings Hwy SW, Dover, DE 19901)

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



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**From:** Jean Milfort <[info@jsmtransport.net](mailto:info@jsmtransport.net)>  
**Sent:** Thursday, October 16, 2025 1:36 PM  
**To:** WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@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 WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@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](mailto: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

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## DaQuan L. Davis

Environmental Scientist

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302-739-9403

[daquan.davis@delaware.gov](mailto:daquan.davis@delaware.gov)

[89 Kings Hwy SW, Dover, DE 19901](http://89 Kings Hwy SW, Dover, DE 19901)

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



---

**From:** Jean Milfort <[info@jsmtransport.net](mailto:info@jsmtransport.net)>  
**Sent:** Thursday, October 30, 2025 9:47 AM  
**To:** WHTransporters <[WHTransporters@delaware.gov](mailto:WHTransporters@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 WHTransporters <[WHTransporters@delaware.gov](mailto:WHTransporters@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](mailto:info@jsmtransport.net)>  
**Sent:** Sunday, October 19, 2025 11:15 PM  
**To:** WHTransporters <[WHTransporters@delaware.gov](mailto:WHTransporters@delaware.gov)>  
**Subject:** 2025-09-12 11-51-04 am

JSM Transport & Hauling certificate of Insurance

## Davis, DaQuan (DNREC)

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**From:** Jean Milfort <info@jsmtransport.net>  
**Sent:** Monday, November 3, 2025 9:57 AM  
**To:** WHStransporters  
**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 WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@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

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

[89 Kings Hwy SW, Dover, DE 19901](http://89 Kings Hwy SW, Dover, DE 19901)

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



---

**From:** Jean Milfort <[info@jsmtransport.net](mailto:info@jsmtransport.net)>  
**Sent:** Friday, October 31, 2025 7:59 AM  
**To:** WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@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 WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)> wrote:

Okay, sounds good.



**DaQuan L. Davis**

Environmental Scientist

Division of Waste and Hazardous Substances

✉ 302-739-9403

✉ [WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)

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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.

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**Sent:** Sunday, October 19, 2025 11:15 PM  
**To:** WHTransporters <[WHTransporters@delaware.gov](mailto:WHTransporters@delaware.gov)>  
**Subject:** 2025-09-12 11-51-04 am

JSM Transport & Hauling certificate of Insurance

RMATION - See Item 13 of the application.  
r 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 Dela  
vehicle owner, owner's address, and domicile address if different from the company address provided in the application

## Davis, DaQuan (DNREC)

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**From:** Jean Milfort <info@jsmtransport.net>  
**Sent:** Friday, October 31, 2025 7:59 AM  
**To:** WHStransporters  
**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 WHStransporters <[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)> wrote:

Okay, sounds good.



## DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

📞 302-739-9403

✉️ [WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)

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