

# RECEIPT

DATE

12/02/25

No.

635804

RECEIVED FROM

Majo Construction &amp; Excavation

\$350.00

Three hundred fifty and 00/100 ——— DOLLARS

☐ FOR RENT☒ FOR

New DE-SW-2174

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

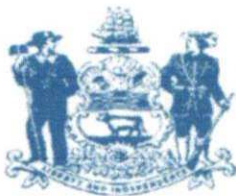
FROM

650

TO

BY

M.M.



RECEIVED

DEC 02 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) 739-5060

**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 Majo Construction & Excavation LLC

Location Address:	Mailing Address:
3316 The Plaza Tenafly NJ 07670	

Contact: (201)737-2554 Title: Owner

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: trejosmejia3005@outlook.com

24 hr Emergency Contact Phone: (201)-737-2554

## 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: New Jersey  
☐ Other: (must specify) \_\_\_\_\_

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

☒ Attachment 1

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

☐ Attachment \_\_\_\_\_  
☒ No parent company

Attachment #1

**MAJO CONSTRUCTION & EXCAVATION LLC**

Owner's Name: Luisa F Mejia Salazar

Date of Birth: [REDACTED]

Ownership %: 100 %

Mailing Address: 3316 The Plaza Tenafly, NJ 07670.



NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF FORMATION**

**MAJO CONSTRUCTION & EXCAVATION LLC**  
**0450988409**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 06/26/2023 and was assigned identification number 0450988409. Following are the articles that constitute its original certificate.

- 1. Name:**  
MAJO CONSTRUCTION & EXCAVATION LLC
- 2. Registered Agent:**  
LUISA F MEJIA SALAZAR
- 3. Registered Office:**  
3316 THE PLAZA  
TENAFLY, NEW JERSEY 07670
- 4. Business Purpose:**  
CONSTRUCTION AND EXCAVATION
- 5. Effective Date of this Filing is:**  
06/26/2023
- 6. Members/Managers:**  
LUISA F. MEJIA SALAZAR  
3316 THE PLAZA  
TENAFLY, NEW JERSEY 07670
- 7. Main Business Address:**  
3316 THE PLAZA  
TENAFLY, NEW JERSEY 07670

**Additional Articles/Provisions:**

- 8.** THE LIMITED LIABILITY COMPANY SHALL DEFEND, INDEMNIFY AND HOLD HARMLESS ALL MEMBERS, MANAGERS, AND FORMER MEMBERS AND MANAGERS OF THE LIMITED LIABILITY COMPANY AGAINST EXPENSES (INCLUDING ATTORNEY'S FEES, JUDGMENTS, FINES, AND AMOUNTS PAID IN SETTLEMENT) INCURRED IN CONNECTION WITH ANY CLAIMS, CAUSES OF ACTION, DEMANDS, DAMAGES, LIABILITIES OF THE LIMITED LIABILITY COMPANY, AND ANY PENDING OR THREATENED ACTION, SUIT, OR PROCEEDING. SUCH INDEMNIFICATION SHALL BE MADE TO THE FULLEST EXTENT PERMITTED BY THE LAWS OF THE STATE OF NEW JERSEY, PROVIDED THAT SUCH ACTS OR OMISSIONS WHICH GIVES RISE TO THE CAUSE OF ACTION OR PROCEEDINGS OCCURRED WHILE THE MEMBER OR MANAGER WAS IN PERFORMANCE OF HIS OR HER DUTIES FOR THE LIMITED LIABILITY COMPANY AND WAS NOT AS A RESULT OF HIS OR HER FRAUD, GROSS NEGLIGENCE, WILLFUL MISCONDUCT OR A WRONGFUL TAKING. THE INDEMNIFICATION PROVIDED HEREIN SHALL INURE TO THE BENEFIT OF SUCCESSORS, ASSIGNS, HEIRS, EXECUTORS, AND THE ADMINISTRATORS OF ANY SUCH PERSON.

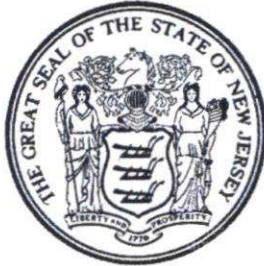
**Signatures:**

LUISA F. MEJIA SALAZAR  
AUTHORIZED REPRESENTATIVE

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF FORMATION**

**MAJO CONSTRUCTION & EXCAVATION LLC**  
**0450988409**



Certificate Number : 4212273635

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
26th day of June, 2023*

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

*Elizabeth Maher Muoio*  
State Treasurer

Date of this notice: 06-26-2023

Employer Identification Number:  
[REDACTED]

Form: SS-4

Number of this notice: CP 575 B

MAJO CONSTRUCTION & EXCAVATION LLC  
LUISA F MEJIA SALAZAR SOLE MBR  
3316 THE PLAZA  
TENAFLY, NJ 07670

For assistance you may call us at:  
1-800-829-4933

IF YOU WRITE, ATTACH THE  
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you [REDACTED]. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

Based on the information received from you or your representative, you must file the following forms by the dates shown.

Your Form 2290 becomes due the month after your vehicle is put into use.

If you have questions about the forms or the due dates shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification (corporation, partnership, estate, trust, EPMF, etc.) based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2020-1, 2020-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.



## 5. Company locations in Delaware

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

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

## 6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

- ☐ Attachment \_\_\_\_\_  
☒ No affiliates

## 7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

- ☐ Residential waste  
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices)  
☐ Industrial waste (from a manufacturing or industrial process)  
☒ Dry waste: ☒ construction/demolition debris  
☐ trees/stumps  
☐ other (must specify) \_\_\_\_\_  
☐ Ash: ☐ municipal incinerator  
☐ coal ash  
☐ other (must specify) \_\_\_\_\_  
☐ Infectious waste  
☐ Non-hazardous petroleum-hydrocarbon contaminated soils  
☐ Asbestos-containing waste  
☐ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☒ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☐ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☐ Yes ☒ No

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? ☐ Yes ☒ No



## 8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

- ☒ Delaware Solid Waste Authority locations: (attachment) DRP±
- ☐ 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# 4096462 MC# 1618847

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

## 10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum 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 2

## 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 3





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/24/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> All Fronts Insurance Services Inc 225 Gordon's Corner Road Suite 2F Manalapan NJ 07726	<b>CONTACT NAME:</b> Customer Service <b>PHONE (A/C, No, Ext):</b> (888) 878-4252 <b>E-MAIL ADDRESS:</b> coi@allfrontsins.com <b>FAX (A/C, No):</b> (347) 348-0840																					
<b>INSURED</b> MAJO CONSTRUCTION & EXCAVATION LLC 3316 THE PLZ TENAFLY NJ 07670	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>United States Liability Insurance Company</td><td>25895</td></tr><tr><td>INSURER B:</td><td>American Millennium Insurance Company</td><td>26140</td></tr><tr><td>INSURER C:</td><td>Underwriters at Lloyd's</td><td>85202</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	United States Liability Insurance Company	25895	INSURER B:	American Millennium Insurance Company	26140	INSURER C:	Underwriters at Lloyd's	85202	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
INSURER A:	United States Liability Insurance Company	25895																				
INSURER B:	American Millennium Insurance Company	26140																				
INSURER C:	Underwriters at Lloyd's	85202																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

**COVERAGES****CERTIFICATE NUMBER:** 25-26**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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket AI <input checked="" type="checkbox"/> Blanket Waiver GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 1299551	06/26/2025	06/26/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			CAL16853	06/26/2025	06/26/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 25,000
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB DED <input type="checkbox"/> RETENTION \$			XL 1671434	06/26/2025	06/26/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Physical Damage			JSI07652400148	06/26/2025	06/26/2026	Comp/Collis Deductible \$2,500/\$2,500

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

**CERTIFICATE HOLDER****CANCELLATION**

Department of Natural Resources and  
Environmental Control  
89 Kings Hwy  
Dover

DE 19901

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.

USDOT Number: 4096462Date Received: 06/26/2023

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRA, Washington, D.C. 20590.



United States Department of Transportation  
Federal Motor Carrier Safety Administration

**Endorsement for Motor Carrier Policies of Insurance for Public Liability**  
**under Sections 29 and 30 of the Motor Carrier Act of 1980**

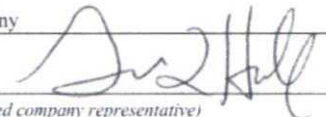
# FORM MCS-90

Issued to MAJO CONSTRUCTION & EXCAVATION LLC of NJ  
(Motor Carrier name) (Motor Carrier state or province)

Dated at 06/26/2025 on this \_\_\_\_\_ day of \_\_\_\_\_

Amending Policy Number: CAL16853-01 Effective Date: 06/26/2025

Name of Insurance Company: American Millennium Insurance Company

Countersigned by:   
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by for the limits shown (check only one):

[ X ] This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.

[ ] This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 973-628-6060.

Cancellation of this endorsement may be effected by the company of the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

(continued on next page)



## DEFINITIONS AS USED IN THIS ENDORSEMENT

**Accident** includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

**Motor Vehicle** means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

**Bodily Injury** means injury to the body, sickness, or disease to any person, including death resulting from any of these.

**Property Damage** means damage to or loss of use of tangible property.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon,

**Environmental Restoration** means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

**Public Liability** means liability for bodily injury, property damage, and environmental restoration.

or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
--

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Hazardous substances, as defined in <b>49 CFR 171.8</b> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <b>49 CFR 173.403</b> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,000 or more pounds).	Oil listed in <b>49 CFR 172.101</b> ; hazardous waste, hazardous materials, and hazardous substances defined in <b>49 CFR 171.8</b> and listed in <b>49 CFR 172.101</b> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,000 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <b>49 CFR 173.403</b> .	\$5,000,000

\* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

## POLLUTION LIABILITY – BROADENED COVERAGE FOR COVERED AUTOS – BUSINESS AUTO AND MOTOR CARRIER COVERAGE FORMS

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

**A. Covered Autos Liability Coverage** is changed as follows:

1. Paragraph a. of the **Pollution** Exclusion applies only to liability assumed under a contract or agreement.
2. With respect to the coverage afforded by Paragraph **A.1.** above, Exclusion **B.6. Care, Custody Or Control** does not apply.

**B. Changes In Definitions**

For the purposes of this endorsement, Paragraph **D.** of the **Definitions** Section is replaced by the following:

- D.** "Covered pollution cost or expense" means any cost or expense arising out of:
1. Any request, demand, order or statutory or regulatory requirement that any "insured" or others test for, monitor, clean up, remove, contain, treat, detoxify or neutralize, or in any way respond to, or assess the effects of "pollutants"; or
  2. Any claim or "suit" by or on behalf of a governmental authority for damages because of testing for, monitoring, cleaning up, removing, containing, treating, detoxifying or neutralizing, or in any way responding to or assessing the effects of "pollutants".

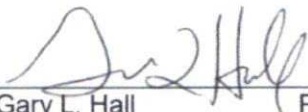
"Covered pollution cost or expense" does not include any cost or expense arising out of the actual, alleged or threatened discharge, dispersal, seepage, migration, release or escape of "pollutants":

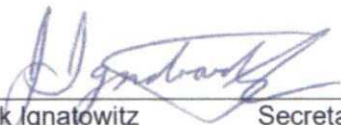
- a. Before the "pollutants" or any property in which the "pollutants" are contained are moved from the place where they are accepted by the "insured" for movement into or onto the covered "auto"; or
- b. After the "pollutants" or any property in which the "pollutants" are contained are moved from the covered "auto" to the place where they are finally delivered, disposed of or abandoned by the "insured".

Paragraphs **a.** and **b.** above do not apply to "accidents" that occur away from premises owned by or rented to an "insured" with respect to "pollutants" not in or upon a covered "auto" if:

- (1) The "pollutants" or any property in which the "pollutants" are contained are upset, overturned or damaged as a result of the maintenance or use of a covered "auto"; and
- (2) The discharge, dispersal, seepage, migration, release or escape of the "pollutants" is caused directly by such upset, overturn or damage.

**IN WITNESS WHEREOF**, the Company has caused this policy to be signed by its President and Secretary, but the same shall not be binding unless countersigned on the Declaration Page by a duly authorized agent of the Company.

  
\_\_\_\_\_  
Gary L. Hall      President

  
\_\_\_\_\_  
Jack Ignatowitz      Secretary



attachment # 2

Majo Construction & Excavation LLC

**SPILL CONTROL PLAN FOR SOLID WASTE HAULERS**

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). **Attached daily pre-post trip inspection form**
  - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: **Luisa F Mejia Salazar** Phone: **(201)737-2554**
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*  
Maryland:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

# DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

TRACTOR/  
TRUCK NO. \_\_\_\_\_ ODOMETER READING \_\_\_\_\_

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Air Compressor     | <input type="checkbox"/> Front Axle       | <input type="checkbox"/> Safety Equipment      |
| <input type="checkbox"/> Air Lines          | <input type="checkbox"/> Fuel Tanks       | <input type="checkbox"/> Fire Extinguisher     |
| <input type="checkbox"/> Battery            | <input type="checkbox"/> Horn             | <input type="checkbox"/> Flags/Flares/Fusees   |
| <input type="checkbox"/> Belts and Hoses    | <input type="checkbox"/> Lights           | <input type="checkbox"/> Reflective Triangles  |
| <input type="checkbox"/> Body               | <input type="checkbox"/> Head/Stop        | <input type="checkbox"/> Spare Bulbs and Fuses |
| <input type="checkbox"/> Brake Accessories  | <input type="checkbox"/> Tail/Dash        | <input type="checkbox"/> Spare Seal Beam       |
| <input type="checkbox"/> Brakes, Parking    | <input type="checkbox"/> Turn Indicators  | <input type="checkbox"/> Starter               |
| <input type="checkbox"/> Brakes, Service    | <input type="checkbox"/> Clearance/Marker | <input type="checkbox"/> Steering              |
| <input type="checkbox"/> Clutch             | <input type="checkbox"/> Mirrors          | <input type="checkbox"/> Suspension System     |
| <input type="checkbox"/> Coupling Devices   | <input type="checkbox"/> Muffler          | <input type="checkbox"/> Tire Chains           |
| <input type="checkbox"/> Defroster/Heater   | <input type="checkbox"/> Oil Pressure     | <input type="checkbox"/> Tires                 |
| <input type="checkbox"/> Drive Line         | <input type="checkbox"/> Radiator         | <input type="checkbox"/> Transmission          |
| <input type="checkbox"/> Engine             | <input type="checkbox"/> Rear End         | <input type="checkbox"/> Trip Recorder         |
| <input type="checkbox"/> Exhaust            | <input type="checkbox"/> Reflectors       | <input type="checkbox"/> Wheels and Rims       |
| <input type="checkbox"/> Fifth Wheel        |   | <input type="checkbox"/> Windows               |
| <input type="checkbox"/> Fluid Levels       |   | <input type="checkbox"/> Windshield Wipers     |
| <input type="checkbox"/> Frame and Assembly |   | <input type="checkbox"/> Other                 |

TRAILER(S) NO.(S) \_\_\_\_\_

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Brake Connections   | <input type="checkbox"/> Hitch                      | <input type="checkbox"/> Suspension System |
| <input type="checkbox"/> Brakes              | <input type="checkbox"/> Landing Gear               | <input type="checkbox"/> Tarpaulin         |
| <input type="checkbox"/> Coupling Devices    | <input type="checkbox"/> Lights - All               | <input type="checkbox"/> Tires             |
| <input type="checkbox"/> Coupling (King) Pin | <input type="checkbox"/> Reflectors/Reflective Tape | <input type="checkbox"/> Wheels and Rims   |
| <input type="checkbox"/> Doors               | <input type="checkbox"/> Roof                       | <input type="checkbox"/> Other             |

Remarks: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY

DRIVER'S SIGNATURE: \_\_\_\_\_

☐ ABOVE DEFECTS CORRECTED

☐ ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ORIGINAL

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

MAJO CONSTRUCTION & EXCAVATION LLC  
LUISA F MEJIA SALAZAR (201)737-2554

Spill Reporting Phone Numbers:

Phone Number:

USDOT National Response Center	201-874-1175
Center for Disease Control	404-633-5313
USCG National Response Center	202-426-2675
	800-424-8802
Delaware DNREC 24-hour Hotline	302-739-9401
(in state only)	800-662-8802
New Jersey DEP 24-hour Hotline	609-292-7172
New York State DEC 24-hour Hotline	518-457-7362
	800-457-7362
Pennsylvania DEP 24-hour Answering Service	717-787-4343
PS Emergency Management Agency	717-783-8150(24-hr)
Region 1 (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport) (9am-5pm)	717-327-3646
(24-hour)	717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA local Police and Fire Departments	911or (0) Operator
Maryland DEP 24-hour Answering Service	866-633-4686

#3.

**SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS****ALL PERMITTED TRANSPORTERS MUST PREPARE  
AND  
CARRY A SPILL CONTROL PLAN IN EACH VEHICLE**

**At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.**

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

√	Safety Equipment in the Vehicle	√	Safety Equipment in the Vehicle, continued
	Emergency reflective triangles and/or flares		
	Fire extinguisher		
	First aid kit		
	Wheel Chocks		
	Gloves		
	Reflective Vest		
	Hard hat		
	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

---

spill control plan and emergency protocol attached

---



---



---



---



---



Spill Control Plan for Non-Hazardous Solid Waste Transporters  
Page 2 of 2

7. Measures to contain releases will be performed by:

- ☐ The driver, who is familiar with and appropriately trained to perform the activity.
- ☐ The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- ☐ A regional third-party contractor identified under "EMERGENCY CONTACTS; CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."

8. The transporter acknowledges should additional clean-up services be required to address releases, including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.

9. If the accident results in a release/spill exceeding a Delaware Reportable Quantity as included in the regulations of 7 Del. Admin. Code 1203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team, by calling one of the numbers included under "EMERGENCY CONTACTS, REPORTING A RELEASE OR SPILL IN DELAWARE."

# **SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS**

## **EMERGENCY CONTACTS**

### **COMPANY COORDINATOR(S)**

<b>Name</b>	<b>Telephone Number</b>
Luisa F Mejia Salazar	(201)737-2554

<b>Name</b>	<b>Telephone Number</b>

### **CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS**

<b>Name</b>	<b>Telephone Number</b>

<b>Name</b>	<b>Telephone Number</b>

### **REPORTING A RELEASE OR SPILL IN DELAWARE**

**911**  
**(302) 739-9401**  
**(800) 662-8802**

### **ADDITIONAL COMPANY CONTACTS**

<b>Name</b>	<b>Telephone Number</b>

attachment #3.

## Majo Construction & Excavation LLC

### DRIVER TRAINING

All drivers will have Class A or Class B CDL license. All drivers review the FMCSA share the road safely truck and bus driver tips annually and sign and date the documents as a read and acknowledge. Documents are stored in the cab of the vehicle as well. Drivers shall review the DOT Motor Carrier Safety Regulations. FMCSA will also conduct safety audits.

I work with my insurance carrier to verify driving records. If a driver were to obtain a moving violation there would be a formal meeting held with the driver reviewing the incident and written warning which the driver and president of the company will sign stating if a second violation is received they will be terminated from the company. They are responsible for making payment on the violation as well and attending a motor vehicle training class.

Driver(s) will ensure vehicle transporting solid waste is covered to prevent discharge or release of solid waste to the environment. Waste will be disposed of at approved facilities as in attached facility list. The driver(s) shall maintain a log of shipments which will also be utilized for annual reporting to Delaware. The driver(s) shall coordinate the schedule for truck arrival and material deliveries at the facility. The delivery shall be compatible with the availability of equipment and personnel for material handling operations at the job site. The driver(s) shall inspect all vehicles leaving the site to ensure that contaminated soils adhering to the wheels or undercarriage are removed prior to the vehicle leaving the site. The driver(s) shall not deliver waste to any facility other than the disposal facility(ies) listed on the shipping manifest. The driver(s) shall ensure that trucks are protected against contamination by properly covering and lining them with compatible material or by decontaminating them prior to any use other than hauling contaminated materials.

All drivers review the spill control plan, sign and date as training records of a read and acknowledge training session. Spill control plan is retained in the cab of the vehicle. In addition, all vehicles will carry safety equipment as per Motor Carrier Safety Regulations DOT 49 CFR.

Driver(s) will review the 1301 Regulations Governing Solid Waste to ensure familiarity with conditions of permit.

# **MAJO CONSTRUCTION & EXCAVATION LLC**

## **Driver Training:**

1-All drivers are trained in the proper pre-tripping of vehicles which includes,

- Check all tires
- Lights and signals
- Tailgate is secured

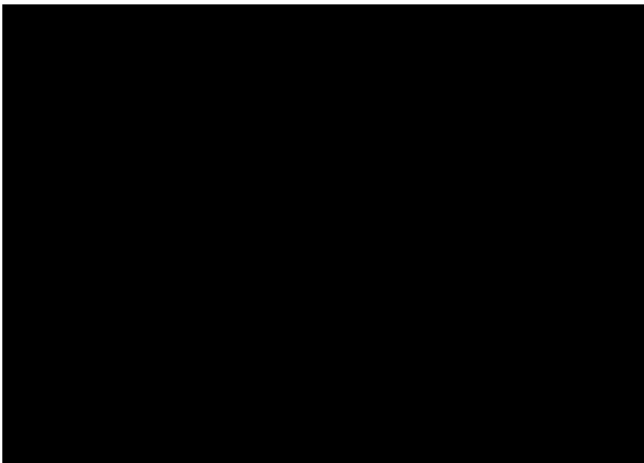
2-All drivers are made familiar with all FMSCA regulations pertaining to the transport and disposal of material provided by 49CFR Parts 383,390,390-399

3-All drivers are familiar with spill control plans.

4-All drivers are trained in the proper handling of the various types of waste to be transported included.

- Manifest system
- Handling procedures
- Safe vehicle operation

5-All drivers are familiar with the conditions of the solid waste transporter's permit.





## MAJO CONSTRUCTION & EXCAVATION



### 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

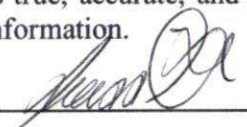
### 15. Environmental Record

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 11.24.2025  
Print Name Luisa F Mejia Salazar Title Owner

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

VEHICLE INFORMATION - See Item 13 of the application.

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

[illegible]

## AGREEMENT

- **Lessor:** TMF CARRIERS LLC located at: 56 Adult Drive Moonachie, NJ 07074
- **Lessee:** Majo Construction & Excavation LLC located at: 3316 The Plaza Tenafly, NJ 07670

I Julian Andres Trejos, owner of TMF Carriers LLC, authorized Majo Construction & Excavation LLC to operate the following units:

Vehicle Type: Dump Truck  
Vin No: 1NKZX4TXXNJ490756  
Issued by the State of: New Jersey  
License No: AX368H

Vehicle Type: Dump Truck  
Vin No: 1NKZX4EX5MJ441377  
Issued by the State of: New Jersey  
License No: AY688S


Vehicle Type: Dump Truck  
Vin No: 1NPXX4EX5KD613596  
Issued by the State of: New Jersey  
License No: AZ838P

## 2. Responsibility for Safety:

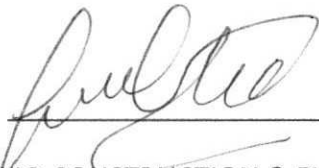
- **Lessee's Responsibilities:**
  - **Inspection:** The lessee should be responsible for regularly inspecting the dump truck for any potential safety issues.
  - **Maintenance:** Specify who is responsible for routine maintenance and repairs, including things like tire pressure, oil changes, and other necessary upkeep.
  - **Safety Equipment:** Ensure that the dump truck has and maintains all required safety equipment, such as seatbelts, backup alarms, and emergency lights.
  - **Driver Responsibilities:** The lessee is responsible for ensuring that the driver operating the truck is properly trained and licensed.
  - **Compliance:** The lessee must adhere to all relevant safety regulations and laws, both federal and state, regarding the operation of dump trucks.
  -
- **Lessor Responsibilities:**



- **Initial Inspection:** The lessor might be responsible for ensuring the truck is in good working order and meets safety standards at the beginning of the lease.
- **Maintenance and Repair:** If the lessor is responsible for major repairs, specify the process and payment for those repairs.
- **Documentation:** The lessor should provide the lessee with any relevant documentation, such as inspection reports or maintenance records.

A handwritten signature in black ink, consisting of a stylized 'T' and 'M' followed by a horizontal line, positioned above a solid horizontal line.

TMF CARRIERS LLC

A handwritten signature in black ink, appearing to read 'Paul Stio', positioned above a solid horizontal line.

MAJO CONSTRUCTION & EXCAVATION LLC

EXPIRES: 08/31/2026

# NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE  
NUMBER:

AX368H

UNIT NO. <b>02</b>	YEAR <b>2022</b>	MAKE <b>KEN</b>	ACCOUNT NUMBER <b>NJ-64691</b>	
VEHICLE IDENTIFICATION NUMBER <b>1NKZX4TXXNJ490756</b>		FLEET NO. <b>002</b>	SUPP. NO. <b>0000</b>	REG. CODE <b>11</b>
TYPE <b>TK</b>	AXLES <b>4</b>	GROSS WEIGHT <b>80000</b>	FUEL <b>D</b>	REGISTRATION DATE <b>09/01/2025</b>
		DESCRIPTION <b>COMMERCIAL TRUCK</b>		TRANS ID # <b>IU202664691002000</b>
OWNER <b>T M F CARRIERS LLC</b>				

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
NY 080000	OH 080000	OK 080000	OR 080000
PA 080000	RI 080000	SC 080000	SD 080000
TN 080000	TX 080000	UT 080000	VA 080000
VT 080000	WA 080000	WI 080000	WV 080000
WY 080000	AB 036281	BC 036281	MB 036281
NB 036281	NL 036281	NS 036281	ON 036281
PE 036281	QC 04 AXL	SK 036281	** *****
** *****	** *****	** *****	** *****
** *****	** *****	** *****	** *****

REGISTRANT

**T M F CARRIERS LLC**  
**JULIAN ANDRES TREJOS**  
**56 ADULT DRIVE**  
**MOONACHIE, NJ 07074**

THE VEHICLE DESCRIBED HEREIN HAS BEEN  
 PROPORTIONALLY REGISTERED BETWEEN THE  
 STATE OF NEW JERSEY AND THE ABOVE  
 JURISDICTIONS.

000006692

Motor Carrier Responsible for Safety

USDOT Number: 4096462

**MAJO CONSTRUCTION & EXCAVATION LLC**  
**3316 THE PLZ**  
**TENAFLY, NJ 07670-1051**



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 178, Trenton, NJ 08611-0178, within thirty(30) days.

**Remember: Compulsory vehicle insurance is the law in New Jersey.**



New Jersey Motor Vehicle Commission  
 Acting Chair and Chief Administrator

EXPIRES: 09/30/2026

# NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE  
NUMBER:

AY688S

UNIT NO. <b>03</b>	YEAR <b>2021</b>	MAKE <b>KEN</b>	ACCOUNT NUMBER <b>NJ-64691</b>	
VEHICLE IDENTIFICATION NUMBER <b>1NKZX4EX5MJ441377</b>		FLEET NO. <b>004</b>	SUPP. NO. <b>0000</b>	REG. CODE <b>11</b>
TYPE <b>TK</b>	AXLES <b>4</b>	GROSS WEIGHT <b>80000</b>	FUEL <b>D</b>	REGISTRATION DATE <b>10/01/2025</b>
		DESCRIPTION <b>COMMERCIAL TRUCK</b>	TRANS ID # <b>IU202664691004000</b>	
OWNER <b>T M F CARRIERS LLC</b>				
REGISTRANT <b>T M F CARRIERS LLC JULIAN ANDRES TREJOS 56 ADULT DRIVE MOONACHIE, NJ 07074</b>				

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
NY 080000	OH 080000	OK 080000	OR 080000
PA 080000	RI 080000	SC 080000	SD 080000
TN 080000	TX 080000	UT 080000	VA 080000
VT 080000	WA 080000	WI 080000	WV 080000
WY 080000	AB 036281	BC 036281	MB 036281
NB 036281	NL 036281	NS 036281	ON 036281
PE 036281	QC 04 AXL	SK 036281	** *****
** *****	** *****	** *****	** *****
** *****	** *****	** *****	** *****

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000000326

Motor Carrier Responsible for Safety

USDOT Number: 4096462

**MAJO CONSTRUCTION & EXCAVATION LLC**  
**3316 THE PLZ**  
**TENAFLY, NJ 07670-1051**



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 133, Trenton, NJ 08666-0133, within thirty(30) days.

**Remember: Compulsory vehicle insurance is the law in New Jersey.**



New Jersey Motor Vehicle Commission  
Acting Chair and Chief Administrator



EXPIRES: 09/30/2026

**NEW JERSEY APPORTIONED CAB CARD**  
 KEEP THIS CERTIFICATE IN YOUR VEHICLE
PLATE  
NUMBER:

AZ838P

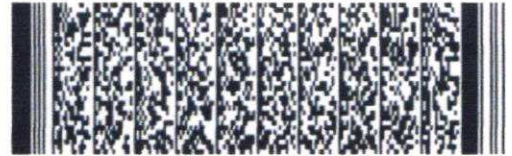
UNIT NO. 4	YEAR 2019	MAKE PET	ACCOUNT NUMBER NJ-64691		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NPXX4EX5KD613596				FLEET NO. 004	SUPP. NO. 0000	CO 080000	CT 080000	DC 080000
REG. CODE 11				TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 10/01/2025
DESCRIPTION COMMERCIAL TRUCK				TRANS ID # IU202664691004000		DE 080000	FL 080000	GA 080000
OWNER T M F CARRIERS LLC				ID 080000		IL 080000	IN 080000	KS 080000
REGISTRANT T M F CARRIERS LLC JULIAN ANDRES TREJOS 56 ADULT DRIVE MOONACHIE, NJ 07074				KY 080000		LA 080000	MA 080000	MD 080000
				ME 080000		MI 080000	MN 080000	MO 080000
				MS 080000		MT 080000	NC 080000	ND 080000
				NE 080000		NH 080000	NM 080000	NV 080000
				NY 080000		OH 080000	OK 080000	OR 080000
				PA 080000		RI 080000	SC 080000	SD 080000
				TN 080000		TX 080000	UT 080000	VA 080000
				VT 080000		WA 080000	WI 080000	WV 080000
				WY 080000		AB 036281	BC 036281	MB 036281
				NB 036281		NL 036281	NS 036281	ON 036281
				PE 036281		QC 04 AXL	SK 036281	** *****
				** *****		** *****	** *****	** *****
				** *****		** *****	** *****	** *****

 THE VEHICLE DESCRIBED HEREIN HAS BEEN  
 PROPORTIONALLY REGISTERED BETWEEN THE  
 STATE OF NEW JERSEY AND THE ABOVE  
 JURISDICTIONS.

0000000325

Motor Carrier Responsible for Safety

USDOT Number: 4096462

 MAJO CONSTRUCTION & EXCAVATION LLC  
 3316 THE PLZ  
 TENAFLY, NJ 07670-1051


This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 133, Trenton, NJ 08666-0133, within thirty(30) days.

**Remember: Compulsory vehicle insurance is the law in New Jersey.**


 New Jersey Motor Vehicle Commission  
 Acting Chair and Chief Administrator

# **MAJO CONSTRUCTION & EXCAVATION LLC**

## **COMPANY DRIVER POLICY**

## GENERAL GUIDELINES

All employees of the company must sign and comply with the requirements listed below:

- Employees must meet DOT requirements and learn about the FMCSA regulations.
- Employees are required to pass a pre-employment drug and alcohol test and random tests any time they are selected
- Employees are responsible for pre/post vehicle inspections and hand in DVIR if there are any mechanical problems
- Drivers must ensure that the trip tickets are correct and signed
- Drivers must hand in all tickets received for each load
- Drivers must hand in any tickets and vehicle inspection reports received IMMEDIATELY
- In case of an accident, drivers must immediately call (Julio Pozo). Always remember to take many pictures of the damages, and collect information of all the parties involved, including name, phone number, insurance policy information, copy of registration, copy of driver's license, and if it is a commercial motor vehicle, take a picture of the company name( usually placed at the driver's side door. You must wait for Safety's instructions on whether you need a Post Drug and Alcohol test immediately. You must complete a Driver's Statement and provide any citations, and the Incident Report slip received from the police, if any. If police arrive to the scene, you must never leave the scene of an accident without their release
- If a driver receives a ticket for unsafe driving, the company will give him a first verbal warning, second a fine of \$100 per violation, and third a week's suspension (no pay)
- If any employee does not wish to continue working for the company, we ask that they give us 2 week notice as a courtesy

(This document is subject to changes at any time)

I have read, understood and agree the conditions mentioned above to be a driver of the company

-----  
Full Name

-----  
Employee Signature

## Mandatory Safety Gear Policy

Attention ALL Drivers of **MAJO CONSTRUCTION & EXCAVATION LLC.**

You must come to work prepared, and be dressed accordingly. If our clients find that our Drivers are careless, this will decrease better runs for all of you. It is mandatory to

wear your safety gear at all times while you are operating our trucks!

You are the faces of our company, and you must respect it by wearing your safety gear every day.

It is mandatory for ALL of you to wear the following upon entering your truck:

- Reflective Safety Vest
- Hard Hat
- Safety Goggles
- Steel Toe Boots
- Pants (no shorts allowed)
- Long Sleeve Shirt
- Bluetooth
- Shovel (for snow)

-----  
Date

-----  
Employee Signature

**Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.**



# Majo Construction & Excavation LLC

## Safe Driving Performance Expectations

- Seat belts must be used while driving.
- Keys must never be left in the vehicle. Spare keys are to be kept in the office or at your home.
- Drivers are responsible for the security of vehicles and cargo.
- Always lock an unattended vehicle.
- Observe posted speed limits and rules of the road.
- Maintain company vehicles in accordance with our company policy and specifications. You will be responsible for damage to company vehicles resulting from reckless or abusive handling or operation.
- Be courteous to other drivers and pedestrians. Observation reports may be utilized to identify your driving habits and will be used in your evaluation.
- Do not use controlled substances or alcohol prior to or when operating a motor vehicle. Be aware of possible adverse effects of prescription drugs and do not operate a motor vehicle when ability is impaired.
- Only the assigned driver or other company personnel engaged in the course of their employment are permitted to drive company vehicles.
- Keep windows clean inside and out to reduce glare.
- Remove snow accumulation prior to driving. Removal includes snow from on top of the vehicle and all windows and lights, so visibility is maximized.
- Maintain 4 seconds of following distance between your vehicle and other vehicles (passenger vehicles), 5 to 8 seconds in heavy/long combination vehicles and move slightly slower than the flow of traffic in heavy traffic.
- Maintain awareness of what is in front of your vehicle, on both sides and behind it to reduce the need for sudden stops or quick lane changes which can make it more likely other vehicles will strike your vehicle.
- Do not drive when fatigued and plan trips to avoid fatigue.

---

Driver Signature

---

Company Fleet Coordinator

---

Company Name

---

Date

# DRIVING HOURS POLICY

## SCOPE OF POLICY

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

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

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

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

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

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

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

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

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

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

## **DRIVER LOG DISCIPLINARY POLICY DRIVER RECEIPT**

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

-----

Date

-----

Employee Signature

**Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.**



# **DRIVING AND TRAFFIC VIOLATION POLICY**

We deeply value the safety well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, **MAJO CONSTRUCTION & EXCAVATION LLC.** has instituted a safety driving policy any rules. This safety policy applies to all employees who operate a motor vehicle on company business and/or company time, whether operating a company vehicle or personal vehicle.

## **Safety Rules**

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.
  - a) If a vehicle does not pass inspection, immediately notify company staff.
  - b) Vehicles are not be operated unless in a safe operating condition.
2. Drivers must be physically and mentally able to drive safely. Fatigue, medications, and physical injuries can affect an employee's ability to safely operate a vehicle.
3. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.
4. Seat belts must be worn whenever a vehicle is in motion. **MAJO CONSTRUCTION & EXCAVATION LLC.** recognizes that seat belts are extremely effective in preventing injuries and loss of life. It is a simple fact that wearing your seat belt can reduce your risk of dying in a traffic crash by as much as 60 percent in a truck. We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented using seat belts. Therefore, all employees of **MAJO CONSTRUCTION & EXCAVATION LLC.** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.
5. Cell phone usage, including texting, is prohibited while driving for company purposes.
6. Use of radar detectors is forbidden in all vehicles owned or used by the company.
7. Hitchhikers and passengers other than company employees are not permitted.
8. Cargo should be secured, and all doors should be locked, both when the vehicle is on route and when it is parked.
9. Respect the rights of other drivers and pedestrians.
10. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.
11. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day. CDL drivers will also be required to complete a violation review form.
12. **J AROCAS SERVICES LLC** will review motor vehicle reports annually.

13. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee's file.

14. Employees are responsible for maintaining a valid driver's license.

#### **Safety Rules Enforcement**

Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

#### **Accidents**

Any employee who is involved in an accident while driving for company purposes will be required to complete an accident report on the same day to review the information to make sure it is complete. The employee must go for his or her post-accident drug and alcohol analysis at one of our designated facilities. The employee may also be required to discuss the accident with Human Resources or the safety manager.

Management will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring

#### **Motor Vehicle Report (MVR)-Standards**

MVRs will be checked annually for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges at **MAJO CONSTRUCTION & EXCAVATION LLC**.

2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.

3. Any of the following violations incurred in the previous three years:

a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)

b. Any violation less than three years old for an alcohol- or controlled substance-related driving offense

c. Refusing to take a breathalyzer test

d. Careless or reckless driving that results in injury to persons or property

e. Passing a stopped school bus.

f. Leaving the scene of an accident without stopping to file a report

g. Racing

4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

## **POLICY DRIVER RECEIPT**

I acknowledge receipt of the **MAJO CONSTRUCTION & EXCAVATION LLC**. Driving & Traffic Violation Policy.

I have read, understand, and agree to the terms set forth in this Driving and Traffic Violation policy .

-----

Date

-----

Employee Signature

**Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.**