

# RECEIPT

DATE

2/17/25

No.

635822

RECEIVED FROM

DE Carvalho Corp

\$

350.00

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

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1520

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY  
ORDER☐ CREDIT  
CARD

FROM

35225

TO

BY



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

RECEIVED  
DEC 17 2025  
DNREC - WHS

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- 1520 Expiration Date 03-31-2027

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 DE CARVALHO CORP

Location Address:	Mailing Address:
<u>148 Boxwood Ln</u>	<u>95 Renaissance Dr.</u>
<u>Cinnaminson NJ 08077</u>	<u>Cherry Hill NJ 08003</u>

Contact: Jerusa De Carvalho Title: President

Business Phone: 267-228-0840 Fax: 484-278-4072

E-mail: Jerusa\_MARTINS@HOTMAIL.COM

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

4. Company Ownership Information

(a). Please indicate the company type:

☐ Proprietorship

☐ Partnership

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

City: CINNAMINSON State: NJ Date: \_\_\_\_\_

☐ Municipality

☐ Public institution

☐ Limited Liability Corporation (LLC) State: \_\_\_\_\_

☒ Other: (must specify) Private

(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. 100%. President.

☐ Attachment \_\_\_\_\_

Jerusa De Carvalho  
95 Renaissance Dr  
Cherry Hill NJ 08003

(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 \_\_\_\_\_  
☒ 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) \_\_\_\_\_
  - ☐ 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# 2155364 MC# 746645

- ☐ 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	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Contaminated Soils	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	(For Hire & Private)	
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

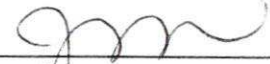
### 15. Environmental Record

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 12/11/25  
Print Name Johna DeCarmine Title President

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

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

[illegible]



# SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

## EMERGENCY CONTACTS

### COMPANY COORDINATOR(S)

Name	Telephone Number
Jerusa De Carvalho	[REDACTED]

Name	Telephone Number

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

Name	Telephone Number
Fabio De Carvalho	[REDACTED]

Name	Telephone Number

### REPORTING A RELEASE OR SPILL IN DELAWARE

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

### ADDITIONAL COMPANY CONTACTS

Name	Telephone Number

# 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.

Call in company representative trained to  
perform the activity and available to  
immediately respond


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 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). *A vehicle will avoid to mine that all waste is securely contained*
  - 2). *General vehicle property inspection (tires, wipers, lights etc) control*
- (4) If there is an accident or other emergency which causes a spill of the waste to be spilled, the driver, if uninjured, will contact the following designated person:  
Name: *JENNA DE CARVALHO* Phone: 
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 *(Other numbers may be listed as follows, however, the listed Delaware numbers must be included in the spill control plan.)*  
**Maryland:**  
**New Jersey:**
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

Delaware Dept of Natural Resources and Environmental Control

I am writing to inform you that De Cavalho Corp provides a safety training weekly with all the drivers. We talk about their safety and the safety of others on the highway, we inspect each and every truck. We make sure that they use their safety shirt everyday to work and they are following the rules of DOT.

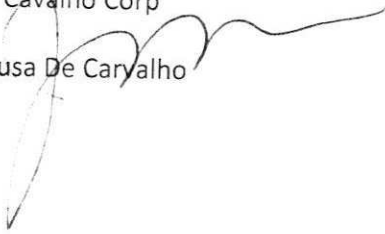
We are also part of true Rainbow( DOT) and we follow their rules and regulation. We frequently have drug test and alcohol level done, and also have our drivers license checked frequently.

If you have any questions, please feel to contact me@ 267-228-0840.

Sincerely,

De Cavalho Corp

Jerusa De Caryalho



12/11/2025



## Trailers DE CAVALHO CORP. (12/02/2025)

	Vehicle #	Year	Make	Body Type	VIN	License Plate #	Weight	Ownership
1	1	2005	Mack	Trailer	5MAMN48285C008586	K91TAD - NJ	80000 lbs	De Cavalho
2	3	2005	Mack	Trailer	5MAMN48215C008574	TVY92A - NJ	80000 lbs	De Cavalho
3	4	2001	East	Trailer	1E1UX28X1RK30476	TLY14A - NJ	80000 lbs	De Cavalho
4	5	2005	East	Trailer	1E1U1X28X5RD36516	TNC84J - NJ	80000 lbs	De Cavalho
5	7	1998	East	Trailer	1E1U1X281WRG23454	TJS24W - NJ	80000 lbs	De Cavalho
6	8	2000	East	Trailer	1E1U1X285YRH27837	TPG72S - NJ	80000 lbs	De Cavalho
7	9	2000	East	Trailer	5MAMN45224C007761	TUY37H - NJ	80000 lbs	De Cavalho
8	10	2005	EAST	Trailer	1E1U1Y2895RG35168	TRN25C - NJ	80000 lbs	De Cavalho
9	12	2004	Man	Trailer	2M532137046097914	TRV31X - NJ	80000 lbs	De Cavalho
10	14	2000	East	Trailer	1E1U1Y283YRC29527	TNC51H - NJ	80000 lbs	De Cavalho
11	15	2000	East	Trailer	1E1U1X283YRC29113	TLJ27Z - NJ	80000 lbs	De Cavalho
12	16	1996	East	Trailer	1E1U1Y288TRC20993	TZW38J - NJ	80000 lbs	De Cavalho
13	17	1966	East	Trailer	1E1U1Y28XTRC20994	T97TBG - NJ	80000 lbs	De Cavalho
14	18	2000	East	Trailer	1E1UY28XYRK28177	TRW65A - NJ	80000 lbs	De Cavalho
15	19	2004	Eam	Trailer	1E1U1X2834RM34105	TTE81F - NJ	80000 lbs	De Cavalho
16	20	2006	East	Trailer	1E1Z2X28X6RC39384	C52REA - NJ	80000 lbs	De Cavalho
17	21	1998	East	Trailer	1E1U1X288WRB24876	TPG85U - NJ	80000 lbs	De Cavalho
18	22	2003	East	Trailer	1E1U1X2883RK32469	TPG86U - NJ	80000 lbs	De Cavalho
19	23	2000	JJ	Trailer	1S94A482XYM006587	TTE74F - NJ	80000 lbs	De Cavalho
20	24	2001	East	Trailer	1E1U1Y2811RB31036	T99TBG - NJ	80000 lbs	De Cavalho
21	25	2002	Mack	Trailer	5MATN45222C005565	TSK31A - NJ	80000 lbs	De Cavalho
22	26	2003	Mack	Trailer	5MAMN45293C005830	TSK30A - NJ	80000 lbs	De Cavalho
23	27	2002	Mack	Trailer	5MATN45202C005564	TSK25A - NJ	80000 lbs	De Cavalho
24	28	2002	Mack	Trailer	5MAMN45273C005972	TSK24A - NJ	80000 lbs	De Cavalho
25	29	2003	Mack	Trailer	5MAMN45253C005971	TSK23A - NJ	80000 lbs	De Cavalho
26	30	2003	Mack	Trailer	5MAMN45213C006065	TSK22A - NJ	80000 lbs	De Cavalho
27	31	2002	Mack	Trailer	5MATN452X2C005328	TSK26A - NJ	80000 lbs	De Cavalho
28	32	2002	Mack	Trailer	5MATN45232C005283	TSK27A - NJ	80000 lbs	De Cavalho
29	33	2005	East	Trailer	1E1U1X2855RD36519	K90TAD - NJ	80000 lbs	De Cavalho
30	34	2002	Mac	Trailer	5MATN48262C005306	T98TBG - NJ	80000 lbs	De Cavalho
31	35	2003	Mac	Trailer	5MAMN45263C006062	TSK29A - NJ	80000 lbs	De Cavalho
32	55	2003	Mac	Trailer	5MAMN452X3C006064	TSK28A - NJ	80000 lbs	De Cavalho

33	37	2004	East	Trailer	1TKHA48234B046518	TUP75A - NJ	80000 lbs	De Cavalho
34	38	2005	East	Trailer	1E1Z1Y2815RK35780	TTM72J - NJ	80000 lbs	De Cavalho
35	39	2005	EAST	Trailer	1E1U1Y2872RC31854	TTM21H - NJ	80000 lbs	De Cavalho
36	40	2005	Mac	Trailer	5MAMN48295C009486	TTM20H - NJ	80000 lbs	De Cavalho
37	41	2002	Mac	Trailer	1E1U1X2822RH31432	TUP79B - NJ	80000 lbs	De Cavalho
38	42	2002	East	Trailer	1E1Z1Y2835RK35781	TUP85B - NJ	80000 lbs	De Cavalho
39	44	2000	East	Trailer	1E1U1Y285YRD29533	TTE26G - NJ	80000 lbs	De Cavalho
40	45	2004	East	Trailer	1E1U1Y28X4RL33987	TTE18K - NJ	80000 lbs	De Cavalho
41	46	1996	East	Trailer	1E1U1X286TRC20999	TSW32U - NJ	80000 lbs	De Cavalho
42	48	2005	East	Trailer	1E1U1Y28X5RJ35257	TUP76A - NJ	80000 lbs	De Cavalho
43	49	2005	East	Trailer	1E1Z1Y2805RK35785	TUP84B - NJ	80000 lbs	De Cavalho
44	50	2005	East	Trailer	1E1Z1Y2855RK35782	TUP82B - NJ	80000 lbs	De Cavalho
45	51	2000	East	Trailer	1E1U2Y289YRF29750	TUP76B - NJ	80000 lbs	De Cavalho
46	52	2000	East	Trailer	1E1Z1Y2855RK35779	TUP83B - NJ	80000 lbs	De Cavalho
47	60	1999	East	Trailer	1E1U1X283XRL26572	TUP78B - NJ	80000 lbs	De Cavalho
48	61	2002	East	Trailer	1E1U1X2812RK31646	TUP81B - NJ	80000 lbs	De Cavalho
49	238	2012	East	Trailer	1E1U2Y280CRL47120	TXB26G - NJ	80000 lbs	De Cavalho
50	59	2005	EAMC	Trailer	1E1Z2Y2835RC36680	TYW80G - NJ	80000 lbs	De Cavalho
51	63	2001	EAST	Trailer	1E1U1Y2831RC31106	TYW81G - NJ	80000 lbs	De Cavalho
52	58	2007	EAMC	Trailer	1E1Z2Y2887RJ37876	TYW79G - NJ	80000 lbs	De Cavalho

Trucks DE CAVALHO CORP. (12/02/2025)

	Vehicle #	Year	Make	Body Type	VIN	License Plate #	Weight	Ownership
1	10	2002	Freightliner	Truck-Tractor	1FUJBBCG82LJ54999	AY915M - NJ	80000 lbs	De Cavalho
2	12	2003	Freightliner	Truck-Tractor	1FUBAHCG93LL07482	AT217E - NJ	80000 lbs	De Cavalho
3	24	2007	Freightliner	Truck-Tractor	1FUJA6CK87LX24277	AX961Y - NJ	80000 lbs	De Cavalho
4	28	2006	Freightliner	Truck-Tractor	1FUJA6CV76LV66152	AW675P - NJ	80000 lbs	De Cavalho
5	32	2004	Freightliner	Truck-Tractor	1FUJA6CV64LM39065	AX128R - NJ	80000 lbs	De Cavalho

Motoristas DE CAVALHO CORR. (12/02/2025)

	Driver Name
1	Valdemiro D Conceicao
2	Dennis Martel
3	Miguel Sanchez
4	Wilmar Lopez
5	Armando Saul M Luna

POLICY NUMBER: ZV1456

**ENDORSEMENT FOR MOTOR CARRIER POLICIES OF INSURANCE FOR  
PUBLIC LIABILITY UNDER SECTIONS 29 AND 30 OF THE MOTOR CARRIER  
ACT OF 1980 (MCS-90)**

CA-7100(8-17)

Issued to

DE CAVALHO CORP  
95 RENAISSANCE DR  
CHERRY HILL NJ 08003

Dated at SHEBOYGAN, WISCONSIN on APRIL 21, 2025

Amending Policy No. ZV1456 Effective Date APRIL 22, 2025

Name of Insurance Company ACUITY, A MUTUAL INSURANCE COMPANY

Countersigned by



VP - Commercial Insurance

This insurance is primary and the company shall not be liable for amounts in excess of \$750,000 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: 920-458-9131.

Cancellation of this endorsement may be effected by the company or 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, D.C.).

**DEFINITIONS AS USED IN THIS ENDORSEMENT**

**Accident** includes continuous or repeated exposure to conditions 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.

**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.

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, 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 any one accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

THE SCHEDULE OF LIMITS SHOWN BELOW DOES NOT PROVIDE COVERAGE. The limits shown in the schedule are for information purposes only.

#### SCHEDULE OF LIMITS - PUBLIC LIABILITY

Type of Carriage	Commodity Transported	Minimum Insurance
(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 49 CFR 171.8, 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 49 CFR 173.403.	\$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 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, 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 1, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	\$5,000,000



## TRUCKERS' ENHANCEMENTS

CA-7260(11-15)

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM  
MOTOR CARRIER COVERAGE FORM

### A. Temporary Substitute Vehicle Physical Damage

The following is added to item C Certain Trailers, Mobile Equipment and Temporary Substitute Autos under Section I - Covered Autos:

If Physical Damage Coverage is provided by this Coverage Form, any *auto* you do not own while used with permission of its owner as a temporary substitute for a covered *auto* you own that is out of service because of its breakdown, repair, servicing, loss or destruction is a covered *auto* for Physical Damage Coverage.

### B. Who Is an Insured

The following are added to Who Is an Insured under Section II - Liability Coverage:

#### 1. Newly Acquired Organizations

Any organization you newly acquire or form, other than a partnership, joint venture or limited liability company, and over which you maintain ownership or majority interest, will qualify as a Named Insured if there is no other similar insurance available to that organization. However:

- a. Coverage under this provision is afforded only until the 180th day after you acquire or form the organization or the end of the policy period, whichever is earlier;
- b. This coverage does not apply to *bodily injury* or *property damage* that occurred before you acquired or formed the organization;
- c. No person or organization is an *insured* with respect to the conduct of any current or past partnership, joint venture or limited liability company that is not shown as a Named Insured in the Declarations.

#### 2. Employees as Insureds

Any *employee* of yours is an *insured* while using a covered *auto* you do not own, hire or borrow in your business or your personal affairs.

### C. Increased Supplementary Payments

1. The limit shown in paragraph A2a(2) of Section II - Liability Coverage is increased to \$3,000.
2. The limit shown in paragraph A2a(4) of Section II - Liability Coverage is increased to \$300.

### D. Fellow Employee Coverage

The Fellow Employee Exclusion contained in Section II - Liability Coverage does not apply.

### E. Towing for Covered Autos after Covered Losses

The following is added to paragraph A4 Coverage Extensions of Section III - Physical Damage Coverage in the Business Auto Coverage Form and to paragraph - A4 Coverage Extension under Section IV - Physical Damage Coverage in the Motor Carrier Coverage Form and the Towing Coverage endorsement, if it applies to the policy:

If a covered *loss* to a covered *auto* renders the vehicle undriveable, we will pay for reasonable and necessary costs to tow the vehicle to the nearest service or salvage facility. This coverage only applies to a covered *auto* insured for Comprehensive or Collision coverage. Such payments will not reduce the limits of insurance described in C Limit of Insurance.

### F. Transportation Expenses

The Transportation Expenses Coverage Extension is replaced by the following:

We will also pay up to \$75 per day to a maximum of \$1,500 for temporary transportation expense incurred by you because of the total theft of a covered *auto* of the private passenger or *light truck* type. We will pay only for those covered *autos* for which you carry either Comprehensive or Specified Causes of Loss Coverage. We will pay for temporary transportation expenses incurred during the period beginning 48 hours after the theft and ending, regardless of the policy's expiration, when the covered *auto* is returned to use or we pay for its loss.

### G. Increased Sub-limit for Audio, Visual and Data Electronic Equipment Coverage

The sub-limit shown in paragraph C2 of the Limit of Insurance Provision of Section III - Physical Damage Coverage in the Business Auto Coverage Form is increased to \$3,000.

### H. The following are added to Coverage Extensions under Section III - Physical Damage Coverage of the Business Auto Coverage Form and to Section IV - Physical Damage Coverage in the Motor Carrier Coverage Form:

#### 1. Accidental Airbag Discharge

We will pay to replace an airbag that deploys without the car being involved in an accident. This coverage applies only to a covered *auto* which you own.

#### 2. Loan/Lease Gap Coverage

##### a. Private Passenger or Light Truck Types



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/11/2025

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> Cottingham & Butler 800 Main St. Dubuque IA 52001	<b>CONTACT NAME:</b> To Request a Certificate	
	<b>PHONE (A/C, No, Ext):</b> 888-785-4677	<b>FAX (A/C, No):</b> 563-587-5990
<b>INSURED</b> De Cavalho Corp 400 River Road Conshohocken PA 19428 DECAVAL-01	<b>E-MAIL ADDRESS:</b> certificates@cottinghambutler.com	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> ACUIITY, A Mutual Insurance Company	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 14184		

**COVERAGES****CERTIFICATE NUMBER****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			ZV1456	4/22/2025	4/22/2026	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 - COM/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			ZV1456	4/22/2025	4/22/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE <b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>						EACH OCCURRENCE \$ AGGREGATE \$ \$
	<b>WORKER'S 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	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo			ZV1456	4/22/2025	4/22/2026	Limit Deductible \$30,000 \$2,500

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

**CERTIFICATE HOLDER****CANCELLATION**

State of Delaware Dept of Natural Resources Enrolment 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 
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## Davis, DaQuan (DNREC)

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**From:** Jerusa Carvalho <jerusa\_martins@hotmail.com>  
**Sent:** Sunday, December 21, 2025 1:37 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit

The company affiliated with De Cavalho is J M Transportation.  
Thank you

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**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>  
**Sent:** 19 December 2025 10:16  
**To:** Jerusa Carvalho <jerusa\_martins@hotmail.com>  
**Subject:** Delaware Solid Waste Transporter Permit

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 item listed below:

- **Section 6-** You indicated that DE Carvalho Corp. has affiliated companies. Please provide the names of your company's affiliates.

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

Thank you,

DaQuan Davis



**DaQuan L. Davis**  
Environmental Scientist  
Division of Waste and Hazardous  
Substances

✓ 302-739-9403  
✉ [WHStranporters@delaware.gov](mailto:WHStranporters@delaware.gov)  
📍 89 Kings Hwy SW, Dover, DE 19901  
🌐 [dnrec.delaware.gov](http://dnrec.delaware.gov)

