

**RECEIPT**

DATE

1/16/26

**No.**

635849

RECEIVED FROM

Gitiwaste, LLC

\$ 350.00

 FOR RENT  
 FOR

New DE-SW-2183

DOLLARS

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

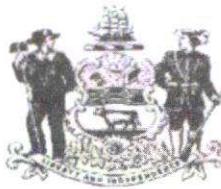
FROM

108167

TO

M.M.

BY



RECEIVED

JAN 16 2026

DNREC - WHS

89 KINGS HIGHWAY  
DOVER, DELAWARE 19901

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

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 Citiwaste, LLC.

Location Address:	Mailing Address:
	1038 New Holland Ave
	Lancaster, PA 17601

Contact: Jason Folker Title: Fleet Logistics Manager

Business Phone: 717-951-2901 Fax: \_\_\_\_\_

E-mail: jfolker@sharpsmws.com

24 hr Emergency Contact Phone: 800-772-5657

**4. Company Ownership Information**

(a). Please indicate the company type:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_  
 Municipality  
 Public institution  
 Limited Liability Corporation (LLC) State: \_\_\_\_\_  
 Other: (must specify) \_\_\_\_\_

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

Attachment 2

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

Attachment 1  
 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 2 \_\_\_\_\_  
 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) 3 \_\_\_\_\_

## 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 4 \_\_\_\_\_

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 5 \_\_\_\_\_

No transporter permits in other states

(c). Indicate your Federal DOT number and Motor Carrier number:

DOT# 1495330 MC# \_\_\_\_\_

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

## 10. Proof of Financial Responsibility

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

(a). Are you for-hire in interstate commerce?  Yes  No (For-Hire means you are in the business of transporting, for compensation or payment, wastes generated by a company other than your own.)

(b). Do you transport in the State of Delaware Only (Intrastate)?  Yes  No

(c). Do you transport Interstate?  Yes  No

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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
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 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 checked="" 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 6

## 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 7

### 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

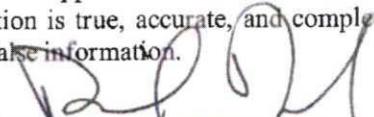
List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the 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 7  
 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

1/15/2026

Print Name Daniel Durski

Title Cheif Financial Officer

**\*\*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.

## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

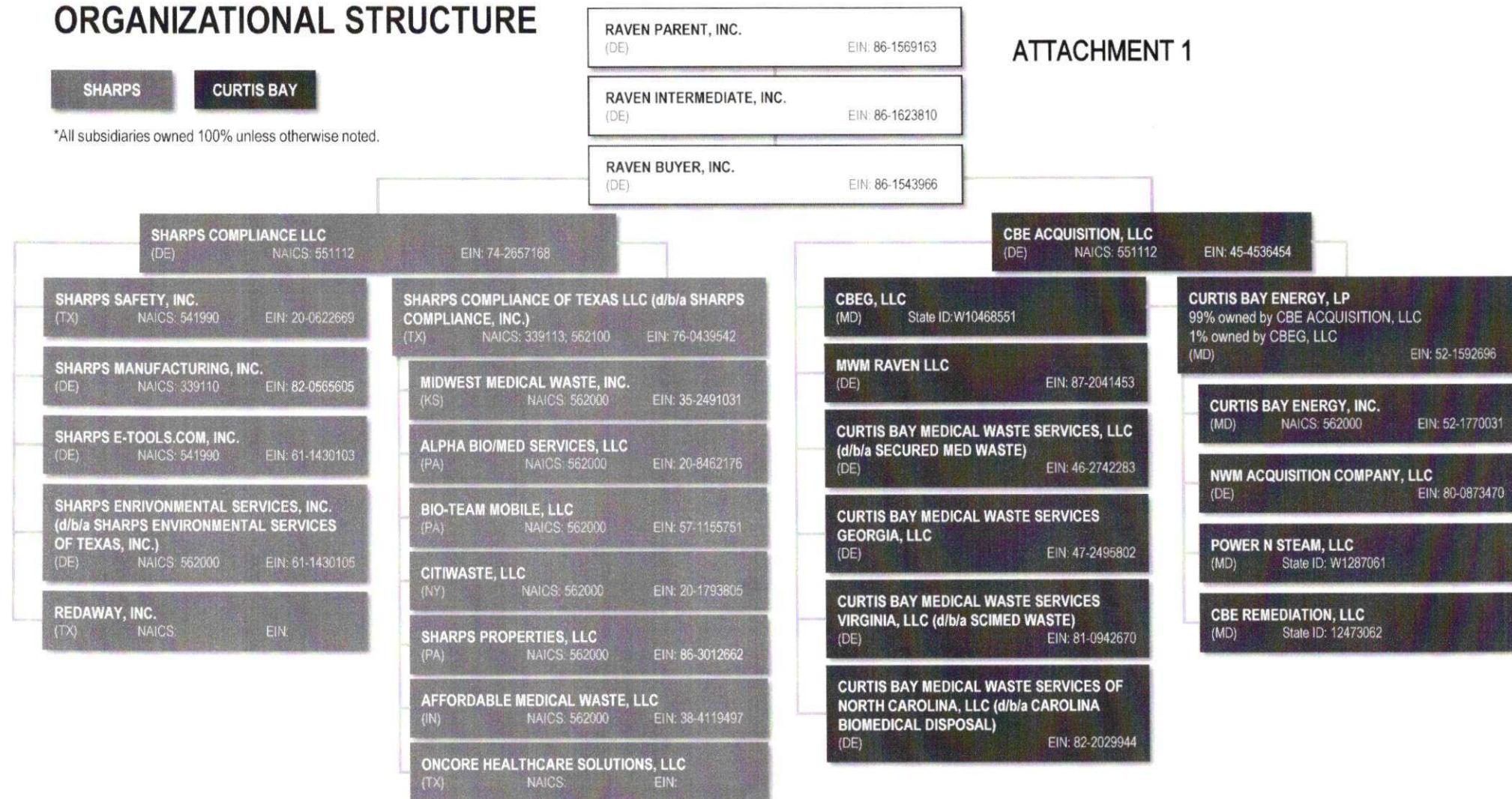
- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarpred to prevent accidental discharge of the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

## ORGANIZATIONAL STRUCTURE

## SHARPS

## CURTIS BAY

\*All subsidiaries owned 100% unless otherwise noted.



## ATTACHMENT 2

### **4b. List of Company Officers - Citiwaste, LLC.**

Kerry Jones – CEO

9220 Kirby Drive Suite 500 Houston TX 77054

Daniel Durski – CFO

9220 Kirby Drive Suite 500 Houston TX 77054

### **6. Company Affiliations**

Curtis Bay Energy Inc.

Sharps Environmental Services, Inc.

MWM Raven Inc.

Oncore Healthcare

## Attachment 3

### **8b. Treatment, Storage, and Disposal Facilities**

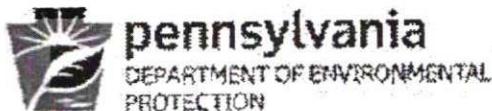
Alpha Bio/ Med Services Inc.  
600 Industrial Drive  
Nesquehoning, PA 18240

Curtis Bay Medical Waste  
3200 Hawkins Point Rd  
Baltimore, MD 21226

### **14. Vehicle Operator Information**



## Attachment 4



November 05, 2025

Jason Folker  
Citiwaste, LLC  
2730 Reed Rd  
STE 200  
Houston, TX 77051

Dear Jason Folker:

We have renewed your regulated medical and chemotherapeutic waste License No. PA-HC 0243 (issued pursuant to Section 2(D) of Act 93 of 1988 (P.L. 525, No. 93), 35 P.S. Sections 6019.1 et seq. and to Act 97, The Pennsylvania Solid Waste Management Act (1980), 35 P.S. Sections 6018.101 et seq.). I have enclosed 15 copies of your license.

Transporting regulated medical and chemotherapeutic waste in Pennsylvania carries the following responsibilities:

- You must comply with: (1) the conditions specified in your license, (2) all applicable provisions of law (Act 97 of 1980, The Solid Waste Management Act and Act 93 of 1988) and (3) the Department of Environmental Protection's (DEP) "Municipal Waste Management Rules and Regulations" (Pa. Code, Title 25).
- Only you and your employees may use this license. It is nontransferable and nonassignable (Section 284.623 of DEP's Municipal Waste Management Rules and Regulations). An employee is any person to whom you pay a salary or wages in exchange for services performed under your direction, and for whom you withhold payroll taxes and provide worker's compensation.
- Any individuals or businesses who will be using your license under a lease or subcontract must be named in a current affidavit and approved by DEP. Our written acceptance of lessees or subcontractors named in an affidavit authorizes them to operate under your license. Contact me if you need blank affidavits.
- You are required to submit an Annual Report by the last day of March as described in Section 284.634 of DEP's Municipal Waste Management Rules and Regulations. The Annual Report lists all regulated medical and chemotherapeutic wastes transported for the previous calendar year. If multiple transporters handle the same wastes, only the first transporter needs to report the waste transported.

Any person aggrieved by this action may appeal, pursuant to Section 4 of the Environmental Hearing Board Act, 35 P.S. Section 7514, and the Administrative Agency Law, 2 Pa. C.S. Chapter 5A, to the Environmental Hearing Board, Second Floor, Rachel Carson State Office Building, 400 Market Street, P.O. Box 8457, Harrisburg, PA 17105-8457, 717.787.3483. TDD

Bureau of Waste Management

Rachel Carson State Office Building | P.O. Box 69170 | Harrisburg, PA 17106-9170 | 717.787.6239 | [www.dep.pa.gov](http://www.dep.pa.gov)

users may contact the Board through the Pennsylvania Relay Service, 800.654.5984. Appeals must be filed with the Environmental Hearing Board within 30 days of receipt of written notice of this action unless the appropriate statute provides a different time period. Copies of the appeal form and the Board's rules of practice and procedure may be obtained from the Board. The appeal form and the Board's rules of practice and procedure are also available in braille or on audiotape from the Secretary to the Board at 717.787.3483. This paragraph does not, in and of itself, create any right of appeal beyond that permitted by applicable statutes and decisional law.

IF YOU WANT TO CHALLENGE THIS ACTION, YOUR APPEAL MUST REACH THE BOARD WITHIN 30 DAYS. YOU DO NOT NEED A LAWYER TO FILE AN APPEAL WITH THE BOARD.

IMPORTANT LEGAL RIGHTS ARE AT STAKE, HOWEVER, SO YOU SHOULD SHOW THIS DOCUMENT TO A LAWYER AT ONCE. IF YOU CANNOT AFFORD A LAWYER, YOU MAY QUALIFY FOR FREE PRO BONO REPRESENTATION. CALL THE SECRETARY TO THE BOARD 717.787.3483 FOR MORE INFORMATION.

If you have any questions, please contact me at 717.787.7561 . If you have intentions of transporting municipal or residual waste, please call 717.783.9258 for additional information.

Sincerely,



Jonathan Adams  
Solid Waste Program Specialist  
Compliance and Monitoring Section  
Division of Hazardous Waste Management

Enclosure: Licenses

**Attachment 5**

Facility	State / County / Region	Agency	Description	Permit/Auth. #	Expiration Date
Brooklyn	Connecticut	CT DEEP	HW Transporter Permit	CT-HW-925	6/30/2027
Brooklyn	Connecticut	CT DEEP	MW Transporter Permit	CT-BMW-061	6/30/2026
Brooklyn	Federal	DOT	Common Carrier Certificate	MC-1341874-C	None
Brooklyn	Federal	DOT PHMSA	HazMat Registration	060719550061BD	6/30/2026
Brooklyn	Federal	DOT	US DOT #	1495330	
Brooklyn	Federal	EPA	EPA ID #	NYR000139295	
Brooklyn	Massachusetts	MA DEP	HW Transporter Permit	HW05-MA-0604	12/6/2025
Brooklyn	Massachusetts	DPU	MGLc 159B Cert Of Compliance	None	None
Brooklyn	Town of Natick, MA	BoH	MW Tranporter Permit	24-19	12/31/2025
Brooklyn	Maine	DEP	HW Transporter Permit	H548	3/12/2026
Brooklyn	Maine	DEP	MW Transporter Permit	B514	3/12/2026
Brooklyn	New Hampshire	NH DES	HW Transporter Registration	TNH-0475	6/30/2026
Brooklyn	New Jersey	NJ DEP	A901 MW Transporter License	004481	6/30/2026
Brooklyn	New Jersey	NJ DEP	A901 MW Transporter License	32792	6/30/2026
Brooklyn	New York	NYS DEC	HW MW Transporter Permit	2A-538	5/18/2026
Brooklyn	New York	NYS DEC	MW Transfer Facility	2-6105-00889-00001	8/18/2026
Brooklyn	Pennsylvania	PA DEP	HW Transporter Permit	PA-AH0870	9/30/2026
Brooklyn	Pennsylvania	PA DEP	MW Transporter Permit	PA-HC0243	1/31/2026
Brooklyn	Pennsylvania	PA DEP	Municipal & Residual Waste Transporter	WH11183	2/28/2026
Brooklyn	Rhode Island	RI DEM	HW Transporter Permit	RI-968	6/30/2026
Brooklyn	Rhode Island	RI DEM	MW Transporter Permit	RI-937	6/30/2026
Brooklyn	Vermont	VT DEC	HW MW Transporter Permit	2220	6/30/2026

Attachment 6



## Transportation Management Plan

Rev. I – 7.30.2025

For All Sharps MWS companies.

Curtis Bay Energy, Inc.  
Citiwaste LLC  
Medical Waste Management Raven  
Oncore Healthcare  
Sharps Environmental Services, Inc.

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11. Emergency and Incident Response
12. Spill Containment Kits
13. Appendices: State-Specific Regulations, and State Agency Emergency Contacts numbers

## **1.0 Introduction**

Sharps MWS is a provider of comprehensive medical waste management services, offering transportation and disposal solutions to small, medium, and large quantity generators across various healthcare and research sectors. This Transportation Management Plan (TMP) applies to all Sharps-affiliated companies, including Curtis Bay Energy, Citiwaste LLC, Medical Waste Management Raven, Oncore Healthcare, and Sharps Environmental Services, Inc. The plan outlines the procedures and regulatory requirements for the safe and compliant collection, transportation, and delivery of regulated medical waste, including pathological waste, non-hazardous pharmaceutical waste, and trace chemotherapy waste.

The TMP was developed to ensure compliance with applicable federal, state, and local regulations and to minimize exposure to employees, the public, and the environment during the handling and transport of biohazardous medical waste. It also establishes emergency response protocols to manage incidents such as spills, accidents, and vehicle breakdowns.

A copy of this TMP is maintained in each transport vehicle for reference. This plan will be reviewed periodically and revised as necessary to reflect changes in operational practices, regulatory requirements, or business structure. Revisions will be submitted for approval when required by applicable laws and regulations.

## **2.0 Materials Managed**

The following types of waste are appropriate for Sharps MWS to collect and transport:

- Regulated Medical Wastes – UN3291
- Pathological Waste
- Non-Hazardous Pharmaceutical Wastes
- Trace Chemotherapy Wastes

## **3.0 Excluded Materials**

The following types of waste are not appropriate for Sharps MWS collect, transport, or store:

- Radioactive waste
- Industrial and Commercial process wastes
- Bulk chemotherapy wastes

## 4.0 Packaging Requirements

Packaging – Medical waste generators are legally responsible for packaging their waste as follows:

Step 1 Line the container with the red bag prior to use.

Step 2 Tie the bag when the container is full, each bag must be hand-tied by gathering and twisting the neck of the bag. Larger containers such as 96, and 200 gallons are not lined.

**Reminder:** In accordance with OSHA and CDC best practices, if there is any likelihood of leakage (e.g., wet waste, soaked materials), a **second red biohazard bag should be used to double-bag** the contents before closure to minimize risk of exposure and cross-contamination.

Step 3 Make sure all closure and/or locking mechanisms are engaged.

Step 4 Ensure that federal markings (biohazard symbol, this side up arrows, regulated medical waste, N.O.S., and UN number) are present. Apply to customer labels and barcode if provided.

## 5.0 Segregation and Handling

When filled, all sharps' containers and red bags shall be sealed properly by the generator. Biohazardous medical waste will not be accepted for transport unless it has been properly segregated, packaged, and labeled by the generator.

No transfer of biohazardous medical waste from one transport vehicle to another is allowed unless the transfer occurs at a permitted storage, transfer, or treatment facility. Intermodal transfers of biohazardous medical waste are allowed provided transport shipping seals remain intact.

If hazardous or radioactive waste is found when being prepared to treat, mixing biohazardous medical waste with hazardous waste shall be managed as a hazardous waste. Mixing biohazardous medical waste with radioactive waste shall be managed as a radioactive waste. All solid waste, other than hazardous and radioactive, mixed with biohazardous medical waste, shall be managed as biohazardous medical waste.

## **6.0 Tracking Requirements**

Sharps MWS drivers/transporters are given guidance to properly utilize shipping paper documentation. All records are kept for at least 3 years and shall be available for review by state regulators as required.

Each generator will be provided with a receipt of the pickup (manifest), either by a hardcopy or an electronic manifest.

All records regarding generator, transfer/storage, treatment, weights, and manifests are located at the following:

Sharps MWS  
9220 Kirby Drive Suite 500  
Houston, TX 77054

## **7.0 Delivery and Disposal Requirements**

Sharps Environmental Services will deliver all regulated medical waste to an approved medical waste storage, transfer, or treatment facility collection within the state's required time regulations. unless stricter requirements are imposed by specific states or regions, in which case the stricter requirements will be adhered to.

The biohazardous medical waste will not be unloaded, reloaded, or transferred to another vehicle in any location other than an approved facility except in an emergency. Combination vehicles or trailers may be uncoupled and coupled to another cargo vehicle or truck trailer if the biohazardous waste is not removed from the cargo compartment.

## **8.0 CONTINGENCY PLANS**

Sharps Environmental Services is prepared in the event of a vehicle breakdown by preparing backup units to cover routes. In the event a backup vehicle is not available, Sharps can arrange for a rental unit in emergency situations.

Sharps MWS also has agreements with backup treatment facilities to provide capacity relief or to cover complete treatment if an emergency or natural disaster occurs. Further, we have partnerships with other permitted transport companies to service our customers if the need should arise during an emergency or natural disaster.

## **9.0 TRANSPORT VEHICLE(S) AND SECURITY**

1. Vehicles used to transport regulated medical waste meet the following requirements:
  - a. The vehicle shall have a fully enclosed, leak-resistant cargo-carrying body.
  - b. Sharps shall maintain the cargo-carrying body in good sanitary condition
  - c. The cargo-carrying body shall be secured if left unattended; and
  - d. The regulated medical waste shall not be subject to mechanical stress or compaction during loading and unloading or during transit.
2. Vehicles used to transport regulated medical waste shall have the following identification in letters no less than three inches in height on both sides and the back of the cargo-carrying body:
  - a. The name of the transporter.
  - b. The transporter's Regulated Medical Waste Transporter Permit number: and the internationally recognized biohazard sign and/or the following words imprinted:
    - (i) MEDICAL WASTE: or (B) REGULATED MEDICAL WASTE; or (C) CAUTION: MEDICAL WASTE
3. Sharps shall not transport regulated medical waste in the same container as other solid waste unless the transporter manages both as regulated medical waste in compliance with these regulations; and
4. The vehicles do not use the cargo-carrying compartment of the vehicle to transport anything except waste and supplies for transportation of waste.
5. Security.
  - a. Vehicles are padlocked and always secured unless they are loading or unloading the cargo compartment. Each vehicle is equipped with a padlock that the driver maintains the key for. The driver should ensure that the locking mechanisms are in proper working order prior to leaving the shipping location.

## **10.0 VEHICLE OPERATOR SAFETY TRAINING**

All (Sharps) employees engaged in over-the-road transportation activities of regulated medical waste, shall receive training in accordance with federal, state, and local laws

including the following:

- Proper wearing and purpose of personal protective equipment.
- Medical waste acceptance (identification of materials allowed and materials not allowed);
- Proper segregation, packaging, labeling of materials.
- Emergency response and incident reporting.
- Proper handling, transporting, storage, and treatment of materials.
- Bloodborne pathogens exposure control in accordance with OSHA Standard 29 CFR 1910.1030, Bloodborne Pathogens.

This training will be completed prior to the employee being given an over-the- road assignment, and retraining will occur on an annual basis. Employees will also be trained on the contents of this Medical Waste TMP. All training documents are located our main address; 9220 Kirby Drive Suite 500 Houston, TX 77054.

## **11.0                   EMERGENCY & INCIDENT RESPONSE INFORMATION**

### **1. Emergency Response**

For large spills or emergencies requiring HazMat Emergency Response:

Call 911 to report the emergency if necessary.

- i. Contact your direct Manager, and report the incident using the company's QR code notification,
- ii. Sharps MWS EH&S Team will contact State specific Agencies and/or Spill Response if needed. See Appendix for State Specific Agency Contact information.
- iii. Sharps MWS EH&S Department will Call the Center for Disease Control (CDC) at (404) 633-5313 to report the incident and follow CDC recommendations.
- iv. Make the immediate telephone notice, if applicable, to the U.S. Department of Transportation at (800) 424-8802; and/or
- v. Complete and submit a copy of Form 5800 to:
  1. U.S. Department of Transportation within 30 days (original and one copy).
  2. The collection company (if other than Sharps Environmental Services, Inc.) that collected the shipment.
  3. The collection company representative assigned to the applicable customer who will then communicate to the customer.

### **2. First aid:**

- i. Move injured victims to a safe area, away from the incident location.
- ii. Call 911 for emergency medical care, if necessary, or prepare to take the victim to the emergency room at a community hospital or closest emergency room if an incident occurs outside of that service area.

- iii. If the victim is not in immediate danger, remove and isolate any contaminated clothing and shoes.
- iv. In the event of **contact with biohazardous waste**, immediately flush affected skin and/or eyes with water.

**Eye Exposure Protocol:**

If contaminants come into contact with the eyes:

- Begin flushing immediately using clean, running water or eyewash solution.
- **Continue flushing both eyes for no less than 20 consecutive minutes.**
- After the initial flush, seek medical attention immediately. If more flushing is required per medical guidance, proceed to an eyewash station or emergency room.
- Inform medical personnel of the material involved and ensure they use proper precautions.

## **12.0 SPILL RESPONSE**

Each vehicle will be equipped with a Spill Kit containing appropriate emergency and spill response items. A detailed listing of the Spill Kit contents is provided below.

Spill Kit location will vary with the configuration of each vehicle used; however, the Spill Kit will be located such that it is readily accessible in the event of an emergency. This may mean that the Spill Kit location will change within the vehicle as it makes its daily routes.

1. Basic Description and Technical Name
  - a. U.S. DOT Shipping Name: Regulated Medical Waste
  - b. Hazard Class or Division: 6.2
  - c. UN Identification number: 3291
  - d. Packing Group: II
2. Potential Health Hazards
  - a. Inhalation or contact may cause infection, disease, or death; and
  - b. Runoff from fire control may cause pollution
3. Risk from Fire or Explosion
  - a. Some of the waste may burn, but none ignites readily.
4. Immediate Precautions
  - a. Assess the extent of the incident and/or spill
  - b. Isolate spills from unauthorized personnel using the yellow caution tape provided in the Spill Kit
  - c. If applicable, stop continual leakage from containers by using

- absorbent, or additional liners and additional containers
- d. Contain spill within an appropriate area, using absorbent and supplied rags as needed; and
- e. If necessary, call 1-800-688-4005 for an Emergency Response

5. Immediate Methods for handling Fires

- a. Small Fires
  - i. Use the ABC dry chemical fire extinguisher provided in the vehicle
- b. Large Fires
  - i. Call 911; call Emergency Response at 1-800-688-4005

6. Spill Response Procedures

- a. Biohazardous Medical Waste Spill
  - i. Personnel (Drivers)
    - 1. If a person has direct contact with untreated biohazardous medical waste, first remove any contaminated clothing and shower thoroughly or wash area with a germicidal soap.
    - 2. Prior to conducting the following clean-up procedures, utilize the following personal protective equipment (PPE):
      - a. Tyvek suit and booties (for liquid spills only);
      - b. Impermeable gloves (i.e., latex, polyethylene, etc.); and
      - c. Safety glasses or face shield
  - ii. Surfaces Coming in Contact with the Spill:
    - 1. The driver that becomes aware of the spill must inform the appropriate Supervisor, via telephone or other communication device, as soon as possible and cordon off the spill area using safety cones and caution tape from the Spill Kit.
    - 2. The employee(s) cleaning up the spill must wear PPE as specified above.
    - 3. Place an appropriate red plastic bag, meeting ASTM D 1709-97 and 1922-94a, inside a fiberboard box or reusable plastic container at the Packing Group II level.
    - 4. Initially, shovel the solid portion of the spilled material into the previously prepared fiberboard box or reusable container.
    - 5. Spray the contaminated area with an EPA-approved disinfectant.
    - 6. Spread absorbent on the contaminated area and wait at least 10 minutes.

## SPILL KIT CONTENTS

- Broom and dustpan
- Heavy-duty latex exam gloves or disposable Nitrile gloves
- Two pairs of puncture-resistant heavy rubber gloves
- Full face shield
- Safety glasses
- Steel-toed rubber boots or other protective foot covering
- One small container of anti-bacterial skin cleanser (alcohol-based hand sanitizer product)
- One bar of germicidal soap
- Two gallons of water for emergency first-aid and skin and eye contact
- Flashlight and batteries
- Emergency blanket
- One bag of rags
- One roll of duct tape
- One roll of caution tape
- A secondary container for spill cleanup, such as red biohazardous bags for biohazardous medical waste
- Scissors
- Tongs or forceps to pick up broken or sharp items.
- First aid kit:
  - Antiseptic towelettes
  - Antiseptic ointment
  - Adhesive tape
  - Roller gauze and gauze pads
  - Two quart-size eye wash containers
  - Band-Aids in assorted sizes
  - Cold pack
- Paper towels
- Plastic garbage bags
- Markers, labels, and pens
- Tyvek suits (x 2)
- 10 pounds of absorbent (kitty-litter or equivalent)
- Respiratory mask
- One warning triangle, flare kit, and barrier tape
- One ABC-rated fire extinguisher (carried in the truck cab)
- 1:10 bleach disinfectant solution/wipes(Using a product containing between 4 – 8% Sodium Hypochlorite per the manufacturing label)

## Section 13

## Appendices: State-Specific Regulations

### Delaware

- Emergency Notification:  
In case of a spill, driver will contact Delaware DNREC Emergency Reporting Line at: 1-800-662-8802 or 302-739-9401,

### Rhode Island

Citiwaste Services, LLC. "Citiwaste" Medical Waste Transportation Management Plan "TMP" is written to comply with the requirements of STATE of Rhode Island Department of Environmental Management Regulation Medical Waste "RMW" in compliance with DEM-OWM-MW. The TMP includes procedures used to minimize the exposure to employees and the general public to medical waste throughout the process of collecting, transporting and handling waste generated by another person.

A copy of the TMP must be kept in the driver's cab of the medical waste vehicle.

#### 2. DEFINITIONS

RMW means a special category of solid waste (including solid, semisolid, or liquid materials) that includes specific types of medical waste subject to the handling and tracking requirements of these regulations. A regulated medical waste is any waste, as defined in these regulations, generated in the diagnosis (including testing and laboratory analysis), treatment, (e.g., provision of medical services), or immunization of human beings or animals, in research pertaining thereto, or in the preparation of human remains for burial or cremation, or in the production or testing of biologicals, or in the development of pharmaceuticals, that is listed in this Section but is not excluded or exempted in Section 2.4 of these regulations. Regulated medical waste should also include certain waste, as listed in this section that is generated in any process where it is likely to have come in contact with human blood or body fluids. Regulated medical wastes mixed with non-hazardous solid wastes shall be considered regulated medical wastes.

Waste Class	Waste Description
Cultures and Stock	Cultures and stocks of infectious agents and Stocks associated biologicals, including cultures from medical and pathological laboratories; cultures and stocks of infectious agents from research and industrial laboratories; wastes from the production of biologicals; discarded live and attenuated vaccines; and culture dishes and devices used to transfer, inoculate, and mix cultures.
Pathological Wastes	Pathological Human pathological wastes, including tissues, organs, Wastes and body party and body fluids that are removed during surgery or autopsy, or other medical procedures, and specimens of body fluids and their containers.
Human Blood and Blood Products	Human Blood Liquid waste human blood; blood; items and Blood Products saturated and/or dripping with human blood; or items that were saturated and/or dripping with human blood that are now caked with dried human blood; including serum, plasma, and other blood components, and their containers, which were used or intended for use in either patient care, testing and laboratory

	analysis or the development of pharmaceuticals. Intravenous bags (only if they have come into contact with blood or other regulated body fluid), soft plastic pipettes and plastic blood vials are also included in this category.
Sharps	Sharps that were used in animal or human patient care or treatment or in medical research, or industrial laboratories, including sharp, or potentially sharp if broken, items such as, but not limited to, hypodermic needles, all syringes to which a needle can be attached (with or without the attached needle) and their components, including those from manufacturing research, manufacturing and marketing, Pasteur pipettes, scalpel blades, blood vials, carpules, needles with attached tubing, acupuncture needles and culture dishes (regardless of presence of infectious agents). Also included are other types of broken or unbroken glassware that were in contact with infectious agents, such as used slides and cover slips.
Animal Waste	Contaminated animal carcasses, body parts, and bedding of animals that were known to have been exposed to infectious agents during research (including research in veterinary hospitals), production of biologicals, or testing of pharmaceuticals. Carcasses that are not known to have been exposed to agents infectious to humans are considered Waste Type ID 25, and, therefore, are not included in this class.
Isolation Biological	Waste and discarded materials contaminated Wastes with blood, excretion, exudates, or secretions from humans who are isolated to protect others from certain highly communicable diseases, or isolated animals known to be infected with highly communicable diseases. 7. Unused Sharps The following unused, discarded sharps, that were intended to be used: hypoder- mic needles, suture needles, syringes, and scalpel blades.

2.1 Treated RMW means RMW that has been treated to substantially reduce or eliminate its potential for causing disease but has not yet been destroyed.

2.2 Destroyed RMW means RMW that is no longer generally recognizable as RMW because all components of the waste have been ruined, torn apart, or mutilated to produce unrecognizable and unusable pieces smaller than three-quarters of an inch, except that all sharps must be smaller than one-half inch. It does not mean compaction or encapsulation except through:

- Processes such as thermal treatment or melting, during which treatment and destruction occur.
- Processes such as shredding, grinding, tearing, or breaking, during which only destruction takes place; or
- Processes that melt plastics and fully encapsulate metallic or other sharps in the melted plastic and, in addition, the resulting metal plastic mass must be completely sealed in a secondary puncture-proof container that will not be opened or penetrated by undestroyed sharps in any circumstance of handling.

2.3 Collection Facility means a facility where individual shipments of packaged, tracked regulated medical waste are assembled and/or consolidated, or transferred between vehicles, but are not opened or unpackaged prior to transport off site for disposal.

2.4 Destination Facility means the disposal facility, the incineration facility, or the facility that both treats and destroys regulated medical waste, to which a consignment of such is

intended to be shipped, as specified in Box 8 of the Medical Waste Tracking Form.  
2.5 Transporter means a person engaged in the off-site transportation of RMW by highway.

2.6 Transfer facility means any transportation-related facility including loading docks, parking areas, storage areas, and other similar areas where shipments of RMW are held (come to rest), during transportation for a period not to exceed 24 hours and are not transferred to other vehicles during transportation. A transfer facility is a “transporter”. The location at which RMW is transferred directly between two vehicles is not a transfer facility but is considered a transfer station and must be permitted.

## **9. REPORTING**

A transporter that accepts regulated medical waste generated in Rhode Island shall submit reports describing the source and disposition of the waste. In addition, transporters that accept regulated medical waste generated in another state shall submit reports describing the source and disposition of the waste if such waste is being transported to a destination facility, intermediate handler, or transfer facility located in Rhode Island.

The reports shall be submitted in electronic format using the specifications in Appendix III of these regulations.

- a. One copy of the report described in Section 14.13(c) of these regulations shall be submitted to: Rhode Island Department of Environmental Management Office of Waste Management 235 Promenade Street Providence, Rhode Island 02908.
- b. Each report shall contain the following information in the format provided by Appendix III:
  - (1) The transporters name, address, and RI Regulated Medical Waste Transporter Permit number;
  - (2) The name and telephone number of a contact person;
  - (3) Total number of generators from whom the transporter accepted regulated medical waste;
  - (4) The name, addresses, and type of each generator from whom the transporter accepted regulated medical waste;
  - (5) The amount, unit of measure and waste category (i.e., untreated or treated) of regulated medical waste accepted from each generator;
  - (6) The total quantity and waste category, of regulated medical waste from all generators in Rhode Island that the transporter delivered to an intermediate handler or to a destination facility;

(7) The total and waste category, of regulated medical waste from all generators in Rhode Island that the transporter delivered to a second transporter or to a transfer facility; and

(8) The certification signed by the owner or operator, or his authorized representative.

c. Transporters that transport or deliver regulated medical waste to an intermediate handler or to a destination facility shall also provide the following information:

(1) The name and address of each intermediate handler and destination facility to which waste from Rhode Island was delivered;

(2) The amount, by waste category, that was delivered;

(3) The total number of intermediate handlers and destination facilities to which waste was delivered.

(e) The transporter shall submit reports for the periods of January 1 to June 30 and July 1 to December 31 of each year.

d. Transporters shall submit the reports required in Section 14.13(e) on or before the date forty-five (45) days after the end of the reporting period. (g) Each transporter that initiates a tracking form shall meet the requirements of Section 13.6 of these regulations (Exception Reporting), except that the thirty-five (35) and forty-five (45) day periods commence on the day the transporter accepted the waste from the generator.

## **Tracking Form (Manifest)**

### **INSTRUCTIONS FOR COMPLETING THE MEDICAL WASTE TRACKING FORM**

Generator completes Items 1-15.

Transporter and/or intermediate handlers complete Items 16-21, and

Owner or operator of the destination facility complete Items 22-23.

The transporter may assist the generator in completing any of the items, but the generator is responsible for ensuring the accuracy of information entered on the form and shall sign Item 15 after Items 1-14 are completed.

**Item 1.** Generator's Name and Mailing Address. Enter the name and mailing address of the generator. The mailing address shall be for the location where the generator's tracking forms will be handled for purposes of recordkeeping and exception reporting (e.g., the generator's billing office, corporate headquarters, or the actual site of generation). While the address entered here need not identify the particular site of generation, the generator shall maintain its records so that each shipment of regulated medical waste, as defined by a unique Tracking Form Number, can be associated with the actual sites of generations.

**Item 2.** Tracking Form Number. This is the unique number that the generator must assign to each shipment of regulated medical waste. It will ensure that each individual shipment can be identified and independently tracked from the site of generation.

**Item 3.** Telephone Number. Enter the telephone number for the generator representative who can provide additional information about the shipment in the event of an emergency, or in the event the transporter, intermediate handler or destination facility requires it for other reasons (e.g., to inform the generator that an alternative disposal facility must be used).

**Item 4** RI Regulated Medical Waste Generator Registration Number. This is the unique Registration Number assigned to a generator of Regulated Medical Waste pursuant to Section 16.0 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment Management and Disposal of Regulated Medical Waste in Rhode Island. A Generator is not permitted to ship regulated medical waste generated in Rhode Island without a current valid Regulated Medical Waste Generator Registration Number.

**Item 5.** Transporter's Name and Mailing Address. Enter the name and address of the regulated medical waste transporter who will be the first transporter of the waste listed on the tracking form. The mailing address shall be the business mailing address of the transporter.

**Item 6.** Telephone Number. Enter the telephone number of the transporter that the generator, intermediate handler or destination facility may call to obtain information regarding medical waste shipments.

**Item 7.** RI Regulated Medical Waste Transporter Permit Number. Enter the RI Medical Waste Transporter Permit Number issued to the Transporter by the RI Department of Environmental Management. A Transporter is not permitted to carry regulated medical waste generated in Rhode Island without a current valid Regulated Medical Waste Transporter Permit.

**Item 8.** Destination Facility Name and Address. The generator shall enter the name and site address of the off-site destination facility (i.e., treatment and destruction or disposal facility) that the generator has specified to receive the regulated medical waste. If the generator does not have this information, the transporter may complete this section, but only before the generator signs the form. Transfer facilities, other temporary storage facilities used by transporters for storage of waste during ordinary transport, and/or intermediate handlers used by the generator or transporter to either treat or destroy the waste (but not both) shall not be listed as the destination facility.

**Item 9.** Telephone Number. Enter the destination facility's telephone number which a generator or transporter may call to obtain information regarding the status of a shipment.

**Item 10.** State Permit or ID Number. This Item is only completed if the destination facility is located in Rhode Island. Otherwise enter "N/A".

**Item 11.** Waste Description. All regulated medical waste shall be categorized as Regulated Medical Waste (Untreated) [Item 11(a)] or Regulated Medical Waste (Treated) [Item 11(b)]. Definitions of untreated and treated regulated medical waste are contained in Section 5.0 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island. The generator shall determine the category of all regulated medical waste being offered for transport before completing

**Items 12 and 13.** **Item 12.** Total Number Containers. Enter the total number of containers (e.g., bags, boxes, pails, drums, etc.) for each of the applicable waste categories in the corresponding space. An entry is required for each space. Enter "NONE" if necessary.

**Item 13.** Total Quantity and units. Enter the total quantity of the waste by applicable waste category in the corresponding space. If the waste is oversized and is not packaged in a standard container, a volumetric measure may be used. However, the unit of measure shall be noted in that space as well. An entry is required for each space. Enter "NONE" if necessary.

**Item 14.** Special Handling Instructions and Additional Information. Generators may use this space to indicate special transportation, treatment, storage, or disposal information or Bill of Lading information, including alternative treatment and/or disposal facility information, if necessary. Generators may also include in this box a written request for the destination facility to certify disposal of the regulated medical waste through signature and dating within this box. (Note: The signature in the Destination Facility Certification Item (Item 22) is only to be used to certify receipt of the waste at the time of delivery to the facility.) For international shipments, generators shall enter in this space the point of departure City and State for those wastes destined for treatment and destruction, or disposal outside the United States. This space may also be used if there is need to identify an intermediate handler and/or a third transporter. This space should also be used to provide special instructions or additional information regarding oversized regulated medical waste that cannot be easily packaged in plastic bags or standard containers. In these instances, enter a description of the waste including whether the waste is untreated or treated, the number of pieces, and the approximate total quantity.

**Item 15.** Generator's Certification. The generator must read, sign by hand, date this certification statement and enter the name of the generator into the certification statement. The person signing the statement must be authorized to make the required declarations, in writing, by the person in charge of the generator's operations. The generator must make certain that Items 1-14 are completed prior to signing the form.

**Item 16.** Transporter 1 Certification of Receipt. The first transporter is required to acknowledge the acceptance of the waste shipment from the generator by signing the form in this space and recording the date of acceptance. Any discrepancies or other related information should be noted in the Discrepancy Item (Item 23) of the tracking form before signing it. In those instances when a transporter initiates a tracking form, he must complete Items 1-15 and must also certify receipt as transporter 1, if he is also the first transporter as identified in Item 5 (Transporter's Name and Mailing Address).

**Item 17.** Transporter 2 or Intermediate Handler Certification of Receipt. A secondary transporter or intermediate handler is required to certify acceptance of the waste shipment by printing or typing the name of the person accepting the waste, recording the date of acceptance, and signing the form. Any discrepancies or other related information shall be noted in the Discrepancy Item (Item 23) of the tracking form before signing this box.

**Item 18.** New Tracking Form Number. If the regulated medical waste shipment is consolidated or reassigned to a new tracking form, the new tracking form number must be recorded in this box on the original generator's form.

**Item 19.** Destination Facility. The authorized representative of the destination facility certifies receipt and acceptance of the shipment on behalf of the owner of the facility by completing this box. If no discrepancies are noted, the authorized representative should place a checkmark before the statement "received in accordance with Items 11, 12, and 13," print or type his name, record the date of acceptance, and sign the box.

If there are any discrepancies he should not place a check there. He should, instead, note the discrepancies in Item 23. If for some reason the regulated medical waste was delivered to a facility other than that indicated in Item 8, then the authorized representative of the facility that accepted the waste completes Item 14 by entering the name, address, telephone number and the facility permit or identification number, if any, of the facility accepting the waste.

**Item 20.** Discrepancy Item. The authorized representative of the destination (or alternate) facility, on behalf of the owner or operator, shall note any discrepancy between the waste described on the tracking form and the waste actually received at the facility. All discrepancies shall be noted by inclusion in Item 23. Owners and operators of facilities who cannot resolve discrepancies within fifteen (15) days of receiving a waste shipment shall file a discrepancy report, as required in Section 15.4 of the Rules and Regulations Governing the Generation, Transportation, Storage, Treatment, Management and Disposal of Regulated Medical Waste in Rhode Island. Discrepancy reports shall be submitted to: Rhode Island Department of Environmental Management Office of Waste Management 235 Promenade Street Providence, RI 02908

### **Tracking Form Sample:**

<b>MEDICAL WASTE TRACKING FORM</b>			RHODE ISLAND DEPT OF ENVIRONMENTAL MANAGEMENT OFFICE OF WASTE MANAGEMENT 235 PROMENADE ST, PROVIDENCE, RI 02908-5767 Telephone: (401) 222-2797		
<b>GENERATOR</b>	1. Generator Name and Mailing Address	2. Tracking Form Number		<b>INSTRUCTIONS</b> INSTRUCTIONS FOR COMPLETING MEDICAL WASTE TRACKING FORM COPY 1- GENERATOR COPY. Mailed by Destination Facility to Generator COPY 2- DESTINATION FACILITY COPY. Retained by Dest. Facility Copy 3- Transporter Copy. Retained by Transporter Copy 4- Generator Copy. Retained by Generator As required under RIDEM Rules and Regulations for Medical Waste 1. This multi-copy (4 page) shipping document must accompany each shipment of regulated medical waste being transported within Rhode Island. 2. Item numbers 1-14 must be completed before the generator can sign the certification. Item 22 must be completed by destination facility	
	3. Telephone Number ( )	4. RI Generator Reg. No.			
	5. Transporter's name and Mailing Address:	6. Telephone Number ( )			
		7. RI Transporter Permit # RI-_____			
	8. Destination Facility Name and Address	9. Telephone Number ( )			
		10. State Permit or ID #			
		11. Waste Description	12. Total Containers		Total Weight
	a. Reg. Medical Waste (untreated)				<b>TRANSPORTER</b> Printed/typed Name _____ Signature _____ Date _____ 16. Transporter 1 (certification of receipt of regulated medical waste as described in items 11,12 & 13) Printed/typed Name _____ Signature _____ Date _____ 17. Transporter 2 (certification of receipt of regulated medical waste as described in items 11,12 & 13). Printed/typed Name _____ Signature _____ Date _____ 18. New Tracking Form # (for consolidated or re-manifested waste) Printed/typed Name _____ Signature _____ Date _____ 19. Destination Facility (certification of receipt of regulated medical waste as described in items 11,12 & 13). Printed/typed Name _____ Signature _____ Date _____ 20. Discrepancy Box (Any discrepancies should be noted by items # and initials).
	b. Regulated Medical Waste (treated)				
	14. Special Handling Instruction and Additional Information				
	15. Generator's Certification Under penalty of civil or administrative action for the making or certification of false statements, representation, or omissions. I declare on behalf of the generator _____ that the contents of this consignment are fully and accurately described above and are classified, packaged, marked and labeled in accordance with all applicable state and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.				
	Printed/ Typed Name _____		Signature _____		
			Date _____		

## Florida

Transporter Name: Sharps Environmental Services, Inc. 4-Digit State Identification Number: 7825

Registration Original Issue Date: 7/19/2018 Date Plan Implemented: 07/15/2015.  
Date Plan Last Updated/Reviewed: 2/1/2024.

### Policy

Biomedical waste will be managed and transported in compliance with Section 381.0098, F.S. and Chapter 64E-16, Florida Administrative Code (F.A.C.).

### Definitions

**1. Biomedical Waste (BMW):** Any solid or liquid waste which may present a threat of infection to humans. The term includes, but is not limited to, nonliquid human tissue and body parts, discarded sharps, human blood, human blood products, laboratory waste which contain human disease-causing agents, and body fluids. The following are also included:

- a. Used absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood products that have dried. Absorbent material includes items such as bandages, gauze, and sponges.
- b. Non-absorbent disposable devices that have been contaminated with blood, body fluids, or blood-contaminated secretions or excretions and have not been sterilized or disinfected by an approved method.

**2. Body Fluids:** Those fluids which have the potential to harbor pathogens such as human immunodeficiency virus and hepatitis B virus and include lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, pericardial, and amniotic fluids. Body excretions such as nasal discharges, saliva, sweat, tears, urine, and vomitus shall not be treated as BMW unless visibly contaminated with blood.

**3. Sharps:** Biomedical wastes which because of their physical characteristics are capable of puncturing, lacerating, or otherwise breaking the skin when handled.

### 4. Types and sizes of containers to be transported:

- 4.3 cubic ft. corrugated transportation box
- 28-gallon reusable transportation bin
- 31 gallon reusable transportation bin
- 96 gallon reusable tote

## B. Labeling

1. BMW shall be labeled **prior** to transport off-site at the generating facility. Labeling should be securely attached or permanently printed on each bag and sharps container and be clearly legible and easily readable. The following information shall be included in the labeling:
  - a. Facility name and address
  - b. The international biological hazard symbol. Symbol diameter must be at least 6 inches for bags 19" x 14" and larger, and at least an inch in diameter on all bags smaller than 19" x 14" and on all sharps containers.
  - c. The phrase "biomedical waste", "infectious waste", biohazardous waste", "biohazard", or "infectious waste".
2. If a bag or sharps container is placed into a larger bag prior to transport, the label for the exterior bag shall comply with paragraph 1. The inner bags and containers are exempt from paragraph 1a.
3. The exterior of each transport container shall be labeled with the transporter's name, address, 4-digit state registration number, a 24-hour telephone number, and placards showing "Regulated Medical Waste," or "Caution: Medical Waste." and international biological hazard symbol. The symbol must be at least 6 inches in diameter.
4. All transport vehicles containing BMW shall be visibly identified with the business name, 4-digit state registration number, a 24-hour telephone number, and placards showing the "Regulated Medical Waste," or "Caution: Medical Waste." and international biological hazard symbol. The symbol must be at least 6 inches in diameter.

**C. Procedures for Spills**

1. The County Health Department shall be notified within one working day by telephone and a follow-up report shall be submitted to the CHD within 10 days in writing, if there is an accident that results in a spill of BMW.

**D. Storage of BMW**

1. Without a storage permit, there is a 72-hour storage requirement as outlined in Chapter 64E-16, Florida Administrative Code (F.A.C.).
2. No registered transporter shall knowingly deliver BMW for storage or treatment to a facility which does not have a valid permit issued by the County Health Department and/or DEP if located in the State of Florida, or by the designated department of the state if outside of Florida.
3. All transport vehicles containing BMW shall be fully enclosed and secured (locked) when unattended.

**E. Contingency Plan for Emergencies**

1. If we are unable to serve our customers directly, we have partnerships with other state permitted transporters to provide service as needed.
2. If one of the treatment facilities is unable to take the BMW, then the other sites can provide the necessary backup to process and treat the BMW.
3. In the event of a natural disaster (i.e. hurricane), Sharps MWS will make every attempt at servicing our customers beforehand and remove the vehicles with the waste out of the affected areas of the disaster. Once the event has occurred, it should be noted that we will make contact with our customers to address any immediate needs they most likely will require and provide those services as needed.
4. All transport vehicles containing BMW shall be fully enclosed and secured (locked) when unattended.

## **State Emergency Response Commission Contacts / SERC Contacts**

### **National Response Center NRC**

**800-424-8802**

### **Veolia Emergency Response**

**1-800-688-4005**

### **Alabama – ADEM**

1-800-843-0699

<http://adem.alabama.gov/MoreInfo/emergencyResponse.cnt>

### **Arkansas – ADEM**

501-683-6700

<https://dps.arkansas.gov/emergency-management/adem/>

### **Connecticut – SERC Contact**

860-424-3420

### **Delaware – DEMA**

800-662-8802

<https://dema.delaware.gov/serc/>

### **District of Columbia**

202-727-6161

<https://hsema.dc.gov/>

### **Florida – SERT**

850-815-4000

<https://www.floridadisaster.org/HazMat>

### **Georgia – GEMA**

800-879-4362

<https://gema.georgia.gov/>

**Idaho – SERC**

208-258-6584

<https://ioem.idaho.gov/hazardous-materials/tier-ii-reporting/>

**Illinois - SERC Contact**

Alicia Tate Nadeau

217-782-7860

**Indiana –**

317-232-222

[https://www.in.gov/dhs/boards-and-commissions/#tab-657930-4-Indiana\\_Emergency\\_Response\\_Commission](https://www.in.gov/dhs/boards-and-commissions/#tab-657930-4-Indiana_Emergency_Response_Commission)

**Iowa – SERC Contact**

Joseph Ascherl

515-725-3297

**Kansas – SERC Contact**

785-296-1500

<https://www.kdhe.ks.gov/1129/Right-to-Know-Regulations-Reporting%C2%A0>

**Kentucky – LEPC**

502-607-5732

<https://kyem.ky.gov/programs/Pages/LEPC.aspx>

**Louisiana – GOHSEP**

225-925-7520

<https://gohsep.la.gov/>

**Maine – SERC Contact**

800-4528735

<https://www.maine.gov/mema/hazards/serc>

**Maryland – SERC Contact**

Patricia Williams

410-537-3800

patricia.williams1@maryland.gov

**Massachusetts – MEMA**

508-820-2000

<https://www.mass.gov/orgs/massachusetts-emergency-management-agency>

**Michigan – SERC Contact**

Captain Kevin Sweeney

517-333-4987

<http://www.michigan.gov/emhsd>

**Mississippi – MEMA**

1-800-222-6362

<https://www.msema.org/>

**Missouri – SEMA**

573-526-9100

<https://sema.dps.mo.gov/about/merc.php>

**New Hampshire – HSEM**

1-800-735-2964

<https://www.nh.gov/safety/divisions/hsem/HazardousMaterials/index.html>

**New Jersey – SERC Contact**

Emergency Management Email: [njeoc@njsp.gov](mailto:njeoc@njsp.gov)

609-882-2000

**New York - SERC Contact**

518-292-2200

<https://www.dhses.ny.gov/state-emergency-response-commission-serc>

**North Carolina – SERC Contact**

919-825-2500

<https://www.ncdps.gov/About-DPS/Boards-Commissions/State-Emergency-Response-Commission>

**Ohio – SERC Contacts**

David Zeller

614-728-1341

**Oklahoma – SERC**

405-702-5137

<https://www.deq.ok.gov/land-protection-division/chemical-reporting-and-preparedness/>

**Pennsylvania – PEMA**

<https://www.pema.pa.gov/Pages/default.aspx>

**Rhode Island – SERC Contact**

401-946-9996

<http://www.riema.ri.gov/>

**South Carolina -SCEMD**

803-737-8500

<https://www.scemd.org/>

**Tennessee – TEMA**

<https://www.tn.gov/tema/>

**Texas – TDEM**

737-529-1644

<https://tdem.texas.gov/>

**Vermont – SERC Contact**

802-244-8727

<https://vem.vermont.gov/programs/serc>

**Virginia – DEQ**

804-624-8327

**West Virginia – SERC Contact**

1-800-642-3074

<https://emd.wv.gov/Pages/default.aspx>

# Attachment 7

	Non-CDL Driver Training Record (DTR)		
	Document Number	SMWS-EHS30001	
	Revision	A	
	Page	1 of 2	

Name of Trainee:	Trainee Job Title:	
<b>Attendee Acknowledgement:</b> By entering your initials below, you are acknowledging the completion of training for the material described on this form and that you understand the material, your responsibility, and will abide by the requirements.		
Description	Trainee Initials	Date Completed
SMWS - Bloodborne Pathogens		
SMWS - Hazardous Communication (OSHA)		
SMWS - HIPAA		
Non-CDL Driver Training: Vehicle Inspection Basics (61085)		
Non-CDL Driver Training: Roadside Inspections (61106)		
CSA: Know the Basics (27679)		
Hours of Service Training Module 1: Basics (61324)		
Non-CDL Training: Backing and Parking		
Non-CDL Driver Training: Defensive Driving; Distracted Driving (61098)		
Non-CDL Driver Training: Defensive Driving; Speed and Space Management (61099)		
Non-CDL Driver Training: Defensive Driving; Visual Search (61096)		
Non-CDL Driver Training: Fatigue and Wellness (61111)		
Distracted Driving Prevention (63581)		
Non-CDL Driver Training: Post-Crash Procedures (61112)		
Drug and Alcohol Testing (74866)		
Injury Prevention for CMV Drivers (48454)		
Hazmat Training: General Awareness (67853)		
Regulated Medical Waste Segregation Training (See Manager)		
AMCS-Tower Training (See Manager)		
RMW Manifest Training (See Manager)		
Slip, Trip and Fall Prevention		

## 1. MANAGER REVIEW AND APPROVAL

PRINTED NAME	TITLE	SIGNATURE & DATE

## 2. REVISION HISTORY

REV	DATE ISSUED	DESCRIPTION OF CHANGE	AUTHOR
A	7/29/2025	Initial Release	JK/JF



## Non-CDL Driver Training Record (DTR) - Page 2

Driver Name: _____	Driver Job Title: _____	Utilized CDL: <input type="checkbox"/> Yes <input type="checkbox"/> No
Direct Supervisor: _____	Dispatch Location: _____	RSTHW: <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Classroom Training (at least 2 days)</b>		
<b>EE Sup Date</b>		
<input type="checkbox"/>	Driver has completed all assigned HR onboarding in Paylocity	
<input type="checkbox"/>	Driver has received information pertaining to time off requests, holiday, sick, and vacation	
<input type="checkbox"/>	Driver has signed the policies on distracted driving, drug testing, and securing vehicles in Paylocity	
<input type="checkbox"/>	Driver has reviewed and understands the Safety Disciplinary Policy and Site Safety Business Plan	
<input type="checkbox"/>	Driver has been issued Cell Phone	
<input type="checkbox"/>	Driver has been issued Company Uniform and PPE approved by EH&S (boots, gloves, etc)	
<input type="checkbox"/>	Driver has been issued Samsara login, Tower login, and personalized Fuel Pin	
<input type="checkbox"/>	Driver has reviewed site specific guidelines including emergencies, PPE, and State regulations	
<input type="checkbox"/>	Driver knows where to obtain new supplies (reusables, boxes, red bags, sharps containers)	
<input type="checkbox"/>	Driver completed HOS training and understands the 30 minute rest break requirement by the 8th hour	
<input type="checkbox"/>	Driver understands non-conformance of waste and the reporting requirements	
<input type="checkbox"/>	Driver understands reporting requirements for Injuries and Accidents	
<input type="checkbox"/>	Driver has completed all assigned EH&S training assigned in Paylocity	
<input type="checkbox"/>	DQ files have been reviewed and deficiencies corrected	
<b>On road training (3 days minimum, 10 days maximum)</b>		
<b>Pre-Road Training Review (must be completed prior to starting road test)</b>		
<b>EE Sup Date</b>		
<input type="checkbox"/>	A route ride using the JJ Keller form is completed, signed, and uploaded into the Datasense platform	
<input type="checkbox"/>	Spill kits have been placed in vehicle and reviewed with driver (RMW/HAZ)	
<input type="checkbox"/>	Load securement tools and supplies (load bars and eTrac straps) are in vehicle	
<input type="checkbox"/>	Driver verified Truck Permit Binder is in the vehicle and the information current (TMP and QR Code)	
<b>On-Road Training Skills Review</b>		
<input type="checkbox"/>	Driver is able to correctly complete a QR Code for incident notification	
<input type="checkbox"/>	Driver has been trained on proper use and operation of lift gate	
<input type="checkbox"/>	Driver has been trained on entry and exit requirements for both cab and cargo area (3 pts contact)	
<input type="checkbox"/>	Driver has been trained on proper operation of hand cart	
<input type="checkbox"/>	Driver understands Samsara log-in requirements	
<input type="checkbox"/>	Driver understands, demonstrates, and documents the DVIR pre and post trip inspections in Samsara	
<input type="checkbox"/>	Driver understands and properly demonstrates load securement using load bars and eTrac straps	
<input type="checkbox"/>	Driver understands and properly demonstrates using company lock to secure cargo bay	
<input type="checkbox"/>	Driver understands no packaging of customer waste can occur	
<input type="checkbox"/>	Driver properly demonstrates lifting and handling techniques and proper PPE use	
<b><u>Driver DTR (SMWS-EHS30001) must be completed, signed, and sent to ehs@sharpsmws.com within 15 Days of Start Date</u></b>		
Employee Signature: _____	Dates of Classroom training (From - To): _____	
Supervisor Signature: _____	Dates of on road training (From - To): _____	

**Driver DTR (SMWS-EHS30001) must be completed, signed, and sent to ehs@sharpsmws.com within 30 days of the date of the incident.**

### **15 Days of Start Date**

Employee Signature: \_\_\_\_\_  
Supervisor Signature: \_\_\_\_\_

Dates of Classroom training (From - To): \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

7/1/2026

DATE (MM/DD/YYYY)

1/14/2026

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

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

PRODUCER	Lockton Companies, LLC DBA Lockton Insurance Brokers, LLC in CA CA license #0F15767 8110 E Union Ave., Ste. 100 Denver CO 80237 denver-certs@lockton.com	CONTACT NAME:		
		PHONE (A/C, No. Ext.):	FAX (A/C, No.):	
		E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE		
		INSURER A: Valley Forge Insurance Company	NAIC # 20508	
		INSURER B: National Fire Insurance Co of Hartford	20478	
		INSURER C: The Continental Insurance Company	35289	
		INSURER D: Continental Casualty Company	20443	
		INSURER E: Fireman's Fund Indemnity Corporation	11380	
		INSURER F:		

**COVERAGES**      **CERTIFICATE NUMBER:** 22910292      **REVISION NUMBER:** XXXXXXXX

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A X	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	N N	8033043386	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Excluded OTHER: \$
B	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N N	8033040018	7/1/2025	7/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
C X	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE	N N	8033057840	7/1/2025	7/1/2026	EACH OCCURRENCE \$ 9,000,000 AGGREGATE \$ 9,000,000 \$ XXXXXXXX
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input checked="" type="checkbox"/> N If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	8033040262	7/1/2025	7/1/2026	X PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D E	Products Liability Pollution Liability	N N	ADT 7039847946 USL02901925	7/1/2025 8/1/2025	7/1/2026 7/1/2027	Policy Agg: \$10M Each Incident/Agg: \$10M

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

The Automobile policy includes the MCS-90 endorsement for Citiwaste LLC subject to policy terms, conditions, and exclusions.

**CERTIFICATE HOLDER**

**CANCELLATION** See Attachment

22910292

Department of Natural Resources  
& Environmental Control  
Solid & Hazardous Waste Management Branch  
89 Kings Highway  
Dover DE 19901

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

AUTHORIZED REPRESENTATIVE

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For FMCSA Use Date Received: \_\_\_\_\_

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration, Financial Responsibility Filings Division.

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** CITIWASTE, LLC  
(Motor Carrier name) **of** Texas  
(Motor Carrier state or province) **Dated at** 12:00 noon **on this** 24th **day of** July **2025**  
(USDOT Number)

Amending Policy Number: 8033040018 Effective Date: 07/01/2025

**Name of Insurance Company:** National Fire Insurance Company of Hartford

**Countersigned by:** Carol Kelly  
(authorized company representative)

Digitally signed by Carol Kelly  
Date: 2025.07.24 11:45:11 -04'00'

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

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 1000000.00 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: 877-574-0540.

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, DC).

**Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.**

*(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.

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

(continued on next page)

## SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 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 10,001 or more pounds).	Hazardous substances, as defined in <a href="#">49 CFR 171.8</a> , 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 <a href="#">49 CFR 173.403</a> .	\$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 10,001 or more pounds).	Oil listed in <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , 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 10,001 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 <a href="#">49 CFR 173.403</a> .	\$5,000,000

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

## Davis, DaQuan (DNREC)

---

**From:** Jason Folker <jfolker@sharpsmws.com>  
**Sent:** Wednesday, January 21, 2026 3:47 PM  
**To:** WHStransporters  
**Subject:** RE: Unapproved- Delaware Solid Waste Transporter Permit Application (Citiwaste, LLC)  
**Attachments:** Certificate of Lease\_Unit 429984 Citiwaste.pdf; Certificate of Lease\_Unit 831362 Citiwaste.pdf; Certificate of Lease\_Unit 427206 Citiwaste.pdf

Hello –

Section 13 – Ryder lease agreements attached.

Section 15 – Below are the only notices of violation on file under Citiwaste.

Date	Facility	Location	Permit	Issuing Agency	Type of Action	
5/4/2023	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Idling o
2/28/2023	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Idling o
9/12/2024	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Failure

Thank you,

### Jason Folker

Fleet Manager

717-951-2901

<https://sharpscomplianceinc.sharepoint.com/sites/TeamEHS>



---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> **On Behalf Of** WHStransporters  
**Sent:** Wednesday, January 21, 2026 11:02 AM  
**To:** Jason Folker <jfolker@sharpsmws.com>  
**Subject:** Unapproved- Delaware Solid Waste Transporter Permit Application (Citiwaste, LLC)

Hello,

Thank you for submitting your application for your Delaware solid waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 13**-Please provide the Ryder lease agreements.
- **Section 15**-Please provide environmental violations.

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  
[WHStransporters@delaware.gov](mailto:WHStransporters@delaware.gov)  
89 Kings Hwy SW, Dover, DE 19901  
[dnrec.delaware.gov](http://dnrec.delaware.gov)





### CERTIFICATE OF LEASE

This is to certify that Vehicle(s) described below has/have been leased by:

#### Citiwaste, LLC

(hereinafter shall be referred to as the "Lessee") from Ryder Truck rental, Inc. d/b/a Ryder Transportation Services, a Florida Corporation whose principal place of business is located at 2333 Ponce de Leon #700 Coral Gables, Fla 33134 (hereinafter shall be referred to as the "Lessor").

The below listed vehicle(s) is leased from Lessor to lessee pursuant to a Truck Lease and Service Agreement for the term indicated below:

RYDER UNIT #	MAKE/MODEL	LEASE TERM	VIN	BEGINNING OF TERM
429984	Chevy LCF 4500HD	48 months	JALCDW167P7013237	09/21/23

This document has been executed solely for the purpose of documenting the existence of a lease agreement. In the event, of any conflict or inconsistency between the terms of this certificate and the actual lease agreement shall be resolved by reference to the terms of the lease agreement.

RYDER TRANSPORTATION SERVICES, INC.

By: Jeremy Culp

Title: Director, National Accts

Date: 01/21/2026



## CERTIFICATE OF LEASE

This is to certify that Vehicle(s) described below has/have been leased by:

### Citiwaste, LLC

(hereinafter shall be referred to as the "Lessee") from Ryder Truck rental, Inc. d/b/a Ryder Transportation Services, a Florida Corporation whose principal place of business is located at 2333 Ponce de Leon #700 Coral Gables, Fla 33134 (hereinafter shall be referred to as the "Lessor").

The below listed vehicle(s) is leased from Lessor to lessee pursuant to a Truck Lease and Service Agreement for the term indicated below:

RYDER UNIT #	MAKE/MODEL	LEASE TERM	VIN	BEGINNING OF TERM
831362	FRTL M2 106MD S/A ST Trk	36 months	3ALACWFC5KDKM9702	09/06/23

This document has been executed solely for the purpose of documenting the existence of a lease agreement. In the event, of any conflict or inconsistency between the terms of this certificate and the actual lease agreement shall be resolved by reference to the terms of the lease agreement.

RYDER TRANSPORTATION SERVICES, INC.

By: Jeremy Culp

Title: Director, National Accts

Date: 01/21/2026



### CERTIFICATE OF LEASE

This is to certify that Vehicle(s) described below has/have been leased by:

#### Citiwaste, LLC

(hereinafter shall be referred to as the "Lessee") from Ryder Truck rental, Inc. d/b/a Ryder Transportation Services, a Florida Corporation whose principal place of business is located at 2333 Ponce de Leon #700 Coral Gables, Fla 33134 (hereinafter shall be referred to as the "Lessor").

The below listed vehicle(s) is leased from Lessor to lessee pursuant to a Truck Lease and Service Agreement for the term indicated below:

RYDER UNIT #	MAKE/MODEL	LEASE TERM	VIN	BEGINNING OF TERM
427206	FRTL M2 106MD S/A ST Trk	72 months	1FVACWFCOPHUH8124	02/06/23

This document has been executed solely for the purpose of documenting the existence of a lease agreement. In the event, of any conflict or inconsistency between the terms of this certificate and the actual lease agreement shall be resolved by reference to the terms of the lease agreement.

RYDER TRANSPORTATION SERVICES, INC.

By: Jeremy Culp

Title: Director, National Accts

Date: 01/21/2026

Section 13 – Ryder lease agreements attached.

Section 15 – Below are the only notices of violation on file under Citiwaste.

Date	Facility	Location	Permit	Issuing Agency	Type of Action	Description, (Nature of Violation)	Disposition
5/4/2023	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Idling of motor vehicle for more than three minutes	Closed
2/28/2023	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Idling of motor vehicle for more than three minutes	Closed
9/12/2024	Citiwaste, LLC	893 Shepherd Ave Brooklyn, NY 11208	2A-538	NYC DEP	Notice of Violation	Failure to be able to provide inspection reports during a vehicle inspection.	Closed

Thank you,

**Jason Folker**