

RECEIPT

DATE

2/9/26

No.

635868

RECEIVED FROM

Dakota Transport LLC

\$ 350.00

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

DOLLARS

 FOR RENT FOR

New DE-SW-2189

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY ORDER CREDIT CARD

FROM

1000150011

TO

BY

M.M.



RECEIVED

FEB 09 2026

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

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

IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to [8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*](#).

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.

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 Dakota Transport LLC

Location Address:	Mailing Address:
1108 Picasso CT, Williamstown NJ 08094	1108 Picasso CT, Williamstown NJ 08094

Contact: Julian Perez Title: Owner

Business Phone: 609-805-3126 Fax: _____

E-mail: jdakotatransport@gmail.com

24 hr Emergency Contact Phone: 609-805-3126

4. Company Ownership Information

(a). Please indicate the company type:

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

City: _____ State: _____ Date: _____

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: New Jersey
- Other: (must specify) _____

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

Attachment _____

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

Attachment _____

No parent company

5. Company locations in Delaware

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

- Attachment _____
 No Delaware locations

6. Company Affiliates

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

- Attachment _____
 No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

- Delaware Solid Waste Authority locations: (attachment) _____
- Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
- Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
- Other in-state solid waste facilities, including private facilities: (attachment) _____
- Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)

- Attachment _____
- Not applicable-No transporter permit required for these solid waste types in our home state.

- (b). List solid waste transporter permits held in other states.

- Attachment PA
- No transporter permits in other states

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

DOT# 4478766 MC# 1768626

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Ash	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Infectious Waste	\$1,000,000.00 + MCS-90 <input type="checkbox"/>	\$750,000.00 + MCS-90 <input type="checkbox"/>
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

Spill Control Plan: Attachment _____

12. Driver Training

IN SUMMARY OR OUTLINE FORM, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

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

✓ Driver Training, attachment _____

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
- Form 1099-Misc
- Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
- No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature _____ Date _____
Print Name Julian Perez Title Owner

****A legal owner or corporate officer must sign 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 tarped to prevent accidental discharge of the waste during transport to the disposal facility.

- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 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.



DAKOTA TRANSPORT LLC
1108 Picasso Ct
Williamstown, NJ 08094
Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Owner / Officer Information

The following information is provided in accordance with the application requirement to list all owners, partners, or corporate officers of Dakota Transport LLC, including ownership interests greater than five percent (5%). Dakota Transport LLC is a single-member limited liability company.

Name	Title	Mailing Address	Date of Birth	% Ownership
Julian Perez	Owner / Managing Member	1108 Picasso Ct, Williamstown, NJ 08094	[REDACTED]	100%

There are no additional owners, partners, corporate officers, or shareholders of Dakota Transport LLC with an ownership interest greater than five percent (5%). Any future changes will be reported in accordance with applicable permit and regulatory requirements.

Dakota Transport LLC
Julian Perez
Owner / Managing Member
Date: _____



DAKOTA TRANSPORT LLC

1108 Picasso Ct

Williamstown, NJ 08094

Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Vehicle Identification List

Truck No.	Make	Model	Year	VIN / Serial No.	License Plate	State	GVWR	Ownership
001	Kenworth	T880 Dump Truck	2022	1NKZX4TX8NJ496099	D951AA	NJ	80,000 lbs	Julian Perez

Dakota Transport LLC will notify CAPS in writing of any changes to the vehicle information contained herein, including additions or deletions of vehicles, in accordance with the conditions of the issued permit.

Dakota Transport LLC

Julian Perez

Owner / Managing Member

Date: _____



DAKOTA TRANSPORT LLC

1108 Picasso Ct

Williamstown, NJ 08094

Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Vehicle Operator List

Operator Name	Role	CDL Status	Employment / Tax Status
Julian Perez	Owner / Vehicle Operator	Valid NJ CDL	Owner-Operator

Dakota Transport LLC currently operates as a single owner-operator business. No employees or independent contractor drivers are utilized at this time. Any future changes to vehicle operators will be reported in accordance with permit requirements.

Dakota Transport LLC

Julian Perez

Owner / Managing Member

Date: _____



DAKOTA TRANSPORT LLC
1108 Picasso Ct
Williamstown, NJ 08094
Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

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 and hard hat
- 5) Flashlight
- 6) Absorbent spill pads and cleanup materials

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:

- 1) Inspection of vehicle fluids, tires, brakes, lights, and steering components
- 2) Inspection of load securement, tarp systems, and container integrity

(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: Julian Perez
Phone: 609-805-3126

(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, the following emergency response numbers will be used:

Delaware: 911, (302) 739-9401, or 1-800-662-8802
Maryland: As applicable based on location
New Jersey: 911 or appropriate state emergency authorities

(6) Cleanup services will be coordinated as needed. Dakota Transport LLC will utilize approved cleanup contractors or facility-directed services when required.

(7) This spill control plan will be carried in all vehicles, along with the applicable solid waste transportation permit.

Dakota Transport LLC

Julian Perez

Owner / Managing Member

Date: _____



DAKOTA TRANSPORT LLC

1108 Picasso Ct

Williamstown, NJ 08094

Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Spill Control and Safety Plan

1. Spill Control and Safety Equipment Carried on Each Vehicle

Each Dakota Transport LLC vehicle will carry the following spill control and safety equipment as applicable:

- Absorbent spill pads and absorbent material
- Shovel and broom
- Heavy-duty trash bags
- Safety cones or reflective warning triangles
- Fire extinguisher
- Personal protective equipment (gloves, eye protection)
- First aid kit
- Vehicle-mounted spill kit (as applicable)

2. Driver Preventive Measures

Drivers will conduct pre-trip and post-trip inspections, ensure loads are properly secured, verify container integrity, and follow all applicable safety and transportation regulations to prevent spills or releases during transport.

3. Driver Immediate Corrective Actions

In the event of a spill or release, the driver will immediately stop operations when safe to do so, secure the area, deploy spill control materials as appropriate, and notify company management and emergency services if required.

4. Company Internal Communications

Drivers will immediately notify Dakota Transport LLC management of any spill, incident, or safety concern. Internal communication will be maintained to ensure timely response and documentation.

5. Emergency External Communications

In the event of an emergency, the following agencies will be contacted as required:

- Delaware Emergency Response: 1-800-662-8802
- Delaware Department of Natural Resources and Environmental Control (DNREC): 302-739-9401

6. Cleanup and Decontamination Measures

Cleanup activities will be conducted using appropriate spill response materials. Recovered materials will be managed in accordance with applicable regulations and disposed of at permitted facilities as directed by the receiving facility and regulatory authorities.

Dakota Transport LLC
Julian Perez
Owner / Managing Member
Date: _____



DAKOTA TRANSPORT LLC

1108 Picasso Ct

Williamstown, NJ 08094

Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Driver Training, Safety, and Competency Procedures

This document outlines the procedures Dakota Transport LLC follows to ensure that all company drivers are qualified, safe, and competent to operate commercial motor vehicles and transport solid waste in accordance with applicable regulations. Dakota Transport LLC currently operates as a small owner-operator business.

(a) Driver Licensing and Training Requirements

All drivers operating company vehicles are required to hold a valid Commercial Driver's License (CDL) appropriate for the vehicle being operated. Any required endorsements must be maintained in good standing. Drivers must comply with all applicable federal and state motor carrier regulations. Ongoing training is conducted as needed to remain current with regulatory, safety, and operational requirements.

(b) Driver Record Monitoring and Discipline

Driver motor vehicle records are reviewed periodically to monitor for moving violations or other safety concerns. Any violations are addressed promptly through counseling and corrective action to ensure continued safe operation. Progressive discipline is applied when necessary to maintain compliance and safety standards.

(c) Driver Instruction and Operational Knowledge

(i) Proper Handling Procedures: Drivers are instructed on proper loading, securing, and transportation procedures for the type of solid waste being transported, including adherence to facility-specific requirements.

(ii) Accidental Discharge Containment: Drivers are trained and familiar with the company's Spill Control and Safety Plan and understand procedures for responding to accidental discharges or releases.

(iii) Permit Conditions: Drivers are instructed on and familiar with the conditions and limitations outlined in the company's solid waste transportation permits and are required to operate within those conditions at all times.

Dakota Transport LLC
Julian Perez
Owner / Managing Member
Date: _____



DAKOTA TRANSPORT LLC

1108 Picasso Ct

Williamstown, NJ 08094

Phone: 609-805-3126 | Email: jdakotatransport@gmail.com

Attachment – Solid Waste Disposal Facilities

This attachment identifies the solid waste treatment, storage, disposal, and transfer facilities to which waste transported by Dakota Transport LLC will be delivered.

All industrial solid waste transported by Dakota Transport LLC will be delivered to **Delaware Recyclable Products, Inc. (DRPI)**, operated by Waste Management, a permitted solid waste transfer and disposal facility located in the State of Delaware, as designated by the waste generator and accepted by the receiving facility.

Dakota Transport LLC will only transport waste streams that are authorized for acceptance by the receiving facility and permitted under applicable state regulations.

Dakota Transport LLC

Julian Perez

Owner / Managing Member

Date: _____

Davis, DaQuan (DNREC)

From: Julian Perez <jdakotatransport@gmail.com>
Sent: Friday, February 13, 2026 2:36 PM
To: WHStranporters
Subject: Re: Missing Info-DE SW Transporter Permit Application
Attachments: SIGNED APP FORM.pdf

Hello!

Here's the signed application form, let me know if anything else is needed! Thanks!!

Julian

Owner | Dakota Transport

On Fri, Feb 13, 2026 at 08:47 WHStranporters <WHStranporters@delaware.gov> wrote:

Thank you! I'll await your signature page..



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

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

 dnrec.delaware.gov



From: Julian Perez <jdakotatransport@gmail.com>
Sent: Friday, February 13, 2026 7:50 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Missing Info-DE SW Transporter Permit Application

Hello! Thank you for the update I'll send over the signed form once I get home everything else should be attached to this email.

My apologies for the missing articles, hope you have a great weekend!

Julian

Owner | Dakota Transport

On Wed, Feb 11, 2026 at 16:25 WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

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

- **Section 9(b)**- Do you have any other state solid waste transporter permits? If so, please provide each permit's number.
- **Section 10**-You did not submit a certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance, and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is [89 Kings Highway, Dover, DE 19901](#).
- **Section 10**- Please provide an MCS-90 endorsement form with your automobile liability insurance number.

- **Section 16**- Please have the owners hand sign and date the application.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous
Substances

 302-739-9403

 WHStranporters@delaware.gov

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

 dnrec.delaware.gov



13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

What tax form do you submit to the IRS for your vehicle operators?

- Form W-2
 Form 1099-Misc
 Other

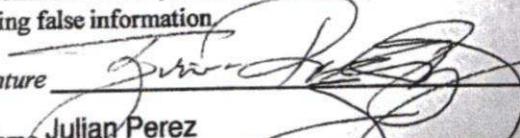
15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- Attachment _____
 No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 02-13-86
Print Name Julian Perez Title Owner

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

02/12/2026

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 Arceri Insurance Agency LLC 284 Lakeview Ave Clifton, NJ 07011 License #: 20491910	CONTACT NAME: Josue Goenaga PHONE (A/C, No, Ext): (973)753-6828 E-MAIL ADDRESS: coi@arceri-ins.com	FAX (A/C, No): (973)200-7642
	INSURER(S) AFFORDING COVERAGE	
INSURED Dakota Transport LLC 1108 Picasso Court Williamstown, NJ 08094	INSURER A : American Millennium Insurance Company	NAIC # 26140
	INSURER B : Highlander Specialty Insurance Company	NAIC # 16777
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 00000624-251117123939** **REVISION NUMBER: 21**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		CAL17350	11/17/2025	11/17/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y / <input checked="" type="checkbox"/> N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Auto Physical Damage		CM92CT01-APD-108454	11/17/2025	11/17/2026	\$2,500 Ded \$140,000

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

2022 KENWORTH VIN#1NKZX4TX8NJ496099 Stated Amount \$140,000

CERTIFICATE HOLDER Department of Natural Resources and Environmental Control 89 Kings Highway Dover, DE 19901	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE  (JAI)
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USDOT Number: 4478766

Date Received: 10/08/2025

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.



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 Dakota Transport of NJ (Motor Carrier name) (Motor Carrier state or province)

Dated at 11/17/2025 on this day of

Amending Policy Number: CAL17350-01 Effective Date: 11/17/2025

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: [Signature] (authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by for the limits shown (check only one): [X] This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident. [] This insurance is excess and the company shall not be liable for amounts in excess of \$ for each accident in excess of the underlying limit of \$ for each accident.

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

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

(continued on next page)

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

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

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

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

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

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

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

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

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

(continued on next page)

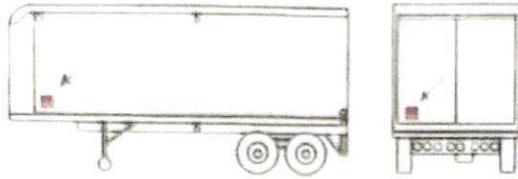
SCHEDULE OF LIMITS — PUBLIC LIABILITY
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Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,000 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire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

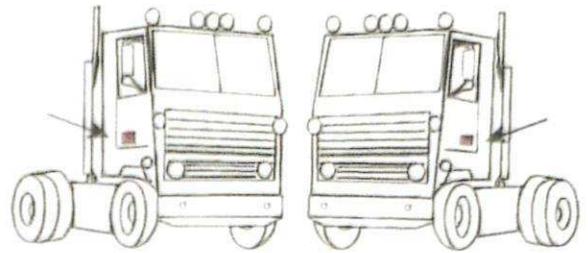
* The schedule of limits shown does not provide coverage. The limits shown in the schedule are for information purposes only.

Waste Trailers

Apply stickers to a clean, dry surface. It may take 24 hours for adhesive to reach full tack. Do not remove stickers once they are applied.



Trucks and Truck Tractors



Each qualified waste vehicle is issued two (2) stickers. Place the stickers on the vehicle as shown in the diagram.

THIS DOCUMENT INCLUDES PRINTED WATERMARK ON REVERSE. HOLD AT ANGLE TO VIEW.



COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

5436260991

Phone No. (609)-805-3126

VIN# 1NKZX4TX8NJ496099
WH25436
Expires Dec 2026

DAKOTA TRANSPORT
JULIAN PEREZ
1108 PICASSO CT
WILLIAMSTOWN, NJ 08094-6318

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE WASTE TRANSPORTATION VEHICLE AT ALL TIMES. If lost or damaged contact DEP immediately at 717-783-9258. A replacement fee is required. Duplication or Photocopies of this original documentation are not valid.

DOCUMENT SECURITY BACKGROUND IS PRINTED IN BLUE INK ON WHITE PAPER & INCLUDES PINK THERMO-INK KEYSTONE AT RIGHT.

CAUTION! REMOVE STICKERS CAREFULLY.

Applied stickers take 24 hours to reach full tack



APPLICATION INSTRUCTIONS

1. Clean Surface To Which Sticker Will be Applied of Dirt, Grease or Oily Substances.
2. Remove Sticker From Carrier Sheet.
3. Position Sticker, Then Press Firmly Until Tightly Affixed To Surface.



EXPIRES: 12/31/2026

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE NUMBER: **D951AA**

UNIT NO. 001	YEAR 2022	MAKE KEN	ACCOUNT NUMBER NJ-82146		NJ 080000	AL 080000	AR 080000	AZ 080000																																																							
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX8NJ496099				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000	CT 080000	DC 080000	DE 080000	FL 080000	GA 080000	IA 080000	IL 080000	IN 080000	KS 080000	LA 080000	MA 080000	MD 080000	ME 080000	MI 080000	MN 080000	MO 080000	MS 080000	MT 080000	NC 080000	ND 080000	NE 080000	NH 080000	NM 080000	NV 080000	NY 080000	OH 080000	OK 080000	OR 080000	PA 080000	RI 080000	SC 080000	SD 080000	TN 080000	TX 080000	UT 080000	VA 080000	VT 080000	WA 080000	WI 080000	WV 080000	WY 080000	AB 036281	BC 036281	MB 036281	NB 036281	NL 036281	NS 036281	ON 036281	PE 036281	QC 03 AXL	SK 036281	** *****	** *****	** *****	** *****
TYPE TK	AXLES 3	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 12/11/2025		DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202682146001000																																																							
OWNER NORTH MILL CREDIT TRUST										THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.																																																					

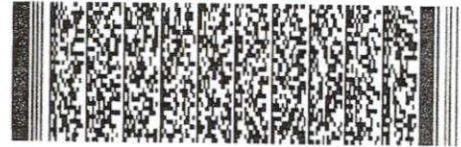
REGISTRANT
DAKOTA TRANSPORT LLC
1108 PICASSO CT
WILLIAMSTOWN, NJ 08094

000006957

Motor Carrier Responsible for Safety

USDOT Number: 4478766

DAKOTA TRANSPORT
1108 PICASSO CT
WILLIAMSTOWN, NJ 08094-6318



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

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

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

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



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator