

# RECEIPT

DATE

3/16/26

No.

635896

RECEIVED FROM

Delaware Dumpster Rentals, LLC

\$650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1822

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

169

TO

BY

M.M.



RECEIVED

MAR 16 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:

**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- 1822 Expiration Date 3/31/2024

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 Delaware Dumpster Rentals LLC

Location Address:	Mailing Address:
<u>414 Hawks Nest Ct Middletown DE 19709</u>	<u>414 Hawks Nest Ct Middletown DE 19709</u>

Contact: Cindy Rozmarzynski Title: office manager

Business Phone: 302-463-9000 Fax: \_\_\_\_\_

E-mail: delaware dumpster rentals@hotmail.com

24 hr Emergency Contact Phone: 302-463-9000

**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: DE
- 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 1A

(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

100% owned by  
4 Seasons Property Maintenance LLC  
414 Hawks Nest Ct  
Middletown, DE 19709

**5. Company locations in Delaware**

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

- Attachment → 414 Hawks Nest Ct  
 No Delaware locations Middletown, DE 19709 1 location

**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 4 Seasons Property Maintenance LLC  
owns Delaware Dumpster Rentals 100%  
landscape company - designs + installs

**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 We are a dumpster rental company

(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) 2A
- 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) 3A
- Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment \_\_\_\_\_
- Not applicable-No transporter permit required for these solid waste types in our home state.

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

- Attachment \_\_\_\_\_
- No transporter permits in other states

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

DOT# 3201854 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.

MC # not needed as our trucks are not for hire

**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 checked="" type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 checked="" 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 5A

### 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 \_\_\_\_\_

Joseph Rozmarzynski owner operator w/ CDL B for 20 yrs with a clean driving record. 7 years driving roll off dumpsters.

**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 *See Attachment 4A*

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 *Bradley R.* Date *3/4/2026*  
Print Name *Bradley Rozmarowski* Title *owner President*

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



## Attachment

1A Bradley Rozmarynoski, President  
414 Hawks Nest Ct  
Middletown DE 19709

DOB [REDACTED]  
100% owner Delaware Dumpster Rentals LLC  
95% owner 4 Seasons Property Maintenance LLC

Joseph Rozmarynoski Vice President  
414 Hawks Nest Ct  
Middletown, DE 19709

DOB [REDACTED]  
5% owner 4 Seasons Property Maintenance LLC

2A DSWA

Cherry Island Landfill  
Sandtown Landfill  
Pine tree transfer station

3A Revolution Recovery Lambson Lane New Castle

4A Vehicle operator Joseph Rozmarynoski

5A

## Spill Control & Safety Checklist

### For Roll-Off Dumpster Operations – Delaware

#### 1. Spill Prevention Procedures

Before delivering or servicing dumpsters:

- Inspect truck hydraulic systems for leaks (hoses, cylinders, fittings).
- Check dumpsters for holes, cracks, or structural damage.
- Ensure tarps are functional to prevent debris from blowing or falling.
- Confirm dumpsters are **not placed near storm drains, waterways, or wetlands**.
- Ask customers about the **type of waste being disposed** (construction, household, roofing, etc.).
- Verify that **no prohibited materials** will be loaded.

#### Prohibited Materials (Common Examples)

Do **not allow disposal of:**

- Hazardous chemicals
- Paints, solvents, thinners
- Automotive fluids (oil, antifreeze, transmission fluid)
- Batteries
- Pesticides or herbicides
- Medical waste
- Asbestos
- Fuel tanks or propane tanks

#### 2. Required Spill Response Supplies (In Each Truck)

Drivers should carry a **basic spill kit** including:

- Oil absorbent pads
- Absorbent granules (kitty litter style)
- Oil absorbent socks/booms
- Disposable gloves
- Safety goggles
- Heavy-duty trash bags
- Shovel
- Broom
- Warning cones
- Plastic containment sheeting

### **3. Driver Spill Response Procedure**

If a spill occurs:

#### **Step 1 – Stop the Source**

- Shut down equipment if safe.
- Close valves or hydraulic controls.
- Upright containers if possible.

#### **Step 2 – Contain the Spill**

- Place absorbent socks around spill.
- Prevent runoff toward **storm drains or waterways**.
- Use absorbent pads or granules.

#### **Step 3 – Protect the Area**

- Place safety cones.
- Keep pedestrians and vehicles away.

#### **Step 4 – Clean Up**

- Absorb liquid fully.
- Sweep up contaminated absorbent material.
- Place waste in sealed bags or container.

#### **Step 5 – Dispose Properly**

- Dispose of contaminated materials according to DNREC regulations.

### **4. Spill Reporting Requirements (Delaware)**

Spills must be reported if they:

- Enter storm drains
- Reach waterways
- Contaminate soil significantly
- Exceed reportable quantities

Report to:

#### **Delaware Environmental Hotline**

(Managed by Delaware Department of Natural Resources and Environmental Control)

**Phone:** 1-800-662-8802

Drivers should also notify **company management immediately**.

## 5. Dumpster Placement Safety

When placing a roll-off container:

- Use **wood boards under rollers** to protect pavement.
- Ensure container is on **stable, level ground**.
- Maintain safe distance from:
  - Fire hydrants
  - Utility boxes
  - Drainage structures
- Avoid blocking:
  - Sidewalks
  - Emergency access routes
  - Traffic lanes

## 6. Transport Safety

Before leaving the job site:

- Secure tarp over load.
- Ensure debris does **not exceed container height**.
- Verify rear door is locked.
- Check mirrors and camera systems.
- Confirm weight limits are not exceeded.

## 7. Employee Safety Practices

Drivers and workers should:

- Wear **high-visibility safety vests**
- Use **steel-toe boots**
- Wear **gloves when handling containers**
- Use **hard hats on construction sites**
- Maintain **three-point contact** when climbing.

## 8. Customer Education

Provide customers with a **short prohibited materials list** when renting dumpsters. This prevents:

- Hazardous spills
- Environmental violations
- Disposal surcharges



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/11/2026

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).

<b>PRODUCER</b> S.T. Good Insurance, Inc. 11215 N. Community House Rd Suite 100 Charlotte NC 28277		<b>CONTACT NAME:</b> Robin Perry <b>PHONE (A/C, No, Ext):</b> (302) 328-1888 <b>FAX (A/C, No):</b> (302) 328-1431 <b>E-MAIL ADDRESS:</b> robin.perry@relationinsurance.com	
<b>INSURED</b> 4 Seasons Property Maintenance LLC 414 Hawks Nest Ct Middletown DE 19709		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Pennsylvania National Mutual Casualty Ins Co NAIC # 14990 <b>INSURER B:</b> Penn National Security 32441 <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b> <b>INSURER F:</b>	

**COVERAGES** CERTIFICATE NUMBER: CL262593255 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CL9 2042203	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<input checked="" type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY			AX92042203	09/12/2025	09/12/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UL92042203	01/21/2026	09/12/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

<b>CERTIFICATE HOLDER</b>		<b>CANCELLATION</b>	
DSWA 601 Energy Lane Dover DE 19901		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 	

© 1988-2015 ACORD CORPORATION. All rights reserved.

## Davis, DaQuan (DNREC)

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 5:07 PM  
**To:** WHStransporters; Davis, DaQuan (DNREC)  
**Subject:** Fw: Delaware Solid Waste Transporter Permit Application  
**Attachments:** Department of Natural Resources and Environment, 89 Kings HWY, Dover, DE, 19901.pdf

Attached is the certificate of insurance for 4 Seasons Property Maintenance transponder permit. Thank you!

[Get Outlook for iOS](#)

---

**From:** Robin Perry <robin.perry@relationinsurance.com>  
**Sent:** Tuesday, March 17, 2026 5:04 PM  
**To:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application

Hi Brad, please find attached certificate.

Do you need me to email it to them directly or did you want to handle on your end.

Thanks, Robin



**Robin Perry**

COMMERCIAL LINES ACCOUNT MANAGER

**Relation Insurance Services**

100 Christiana Medical Center, Newark, DE 19702

office (302) 328-1888 / direct (302) 221-3129

fax (302) 329-1431 / direct fax (302) 221-3129

[Robin.Perry@relationinsurance.com](mailto:Robin.Perry@relationinsurance.com) / [relationinsurance.com](http://relationinsurance.com)

DE License # 153081

**Please be advised you cannot bind or make changes via this email message.**

PERSONAL & CONFIDENTIAL. THIS E-MAIL MESSAGE (INCLUDING ANY ATTACHMENTS) FROM THIS SENDER IS FOR THE SOLE USE OF THE INTENDED RECIPIENT(S) AND MAY CONTAIN CONFIDENTIAL AND PRIVILEGED INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, UNAUTHORIZED REVIEW, USE OR DISCLOSURE OF THIS E-MAIL IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US, BY RETURNING THE ORIGINAL MESSAGE TO THE SENDER AND DELETE ANY COPIES FROM YOUR SYSTEM. THANK YOU.

*Our Service Vision is to create memorable lifelong relationships by delivering Legendary Service every day to every client. **How did we do?***

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 4:57 PM

**To:** Robin Perry <robin.perry@relationinsurance.com>; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>; Delaware Dumpster Rentals <delawaredumpsterrentals@hotmail.com>  
**Subject:** Fw: Delaware Solid Waste Transporter Permit Application

! [EXTERNAL]

Hi Robin,  
Can you reply all with an updated COI with:

Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

Get Outlook for iOS

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

**Sent:** Tuesday, March 17, 2026 4:33 PM

**To:** delawaredumpsterrentals@hotmail.com <delawaredumpsterrentals@hotmail.com>

**Subject:** Delaware Solid Waste Transporter Permit Application

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(c)**- Please provide a DOT # for Delaware Dumpster Rentals, LLC. The one submitted is for the Parent company **4 SEASONS PROPERTY MAINTENANCE LLC**. If you like to make this parent company permit let me know.
- **Section 10**- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 13**-Are all the vehicles registered in the state of Delaware ?

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)



### Disclaimer

PLEASE NOTE: The information contained in this e-mail, including all attachments, may be confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited and may be unlawful. If you are not the intended recipient of this e-mail, please immediately notify Relation Insurance Services at the phone number or e-mail address listed above and destroy all copies of this e-mail and any attachments without further disseminating the information contained herein.

## Davis, DaQuan (DNREC)

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 5:07 PM  
**To:** WHStransporters; Davis, DaQuan (DNREC)  
**Subject:** Fw: Delaware Solid Waste Transporter Permit Application  
**Attachments:** Department of Natural Resources and Environment, 89 Kings HWY, Dover, DE, 19901.pdf

Attached is the certificate of insurance for 4 Seasons Property Maintenance transponder permit. Thank you!

Get [Outlook for iOS](#)

---

**From:** Robin Perry <robin.perry@relationinsurance.com>  
**Sent:** Tuesday, March 17, 2026 5:04 PM  
**To:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>  
**Subject:** RE: Delaware Solid Waste Transporter Permit Application

Hi Brad, please find attached certificate.

Do you need me to email it to them directly or did you want to handle on your end.

Thanks, Robin



**Robin Perry**

COMMERCIAL LINES ACCOUNT MANAGER

**Relation Insurance Services**

100 Christiana Medical Center, Newark, DE 19702

office (302) 328-1888 / direct (302) 221-3129

fax (302) 329-1431 / direct fax (302) 221-3129

[Robin.Perry@relationinsurance.com](mailto:Robin.Perry@relationinsurance.com) / relationinsurance.com

DE License # 153081

**Please be advised you cannot bind or make changes via this email message.**

PERSONAL & CONFIDENTIAL. THIS E-MAIL MESSAGE (INCLUDING ANY ATTACHMENTS) FROM THIS SENDER IS FOR THE SOLE USE OF THE INTENDED RECIPIENT(S) AND MAY CONTAIN CONFIDENTIAL AND PRIVILEGED INFORMATION. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION, UNAUTHORIZED REVIEW, USE OR DISCLOSURE OF THIS E-MAIL IS PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE IMMEDIATELY NOTIFY US, BY RETURNING THE ORIGINAL MESSAGE TO THE SENDER AND DELETE ANY COPIES FROM YOUR SYSTEM. THANK YOU.

*Our Service Vision is to create memorable lifelong relationships by delivering **Legendary Service** every day to every client. **How did we do?***

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 4:57 PM

**To:** Robin Perry <robin.perry@relationinsurance.com>; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>; Delaware Dumpster Rentals <delawaredumpsterrentals@hotmail.com>  
**Subject:** Fw: Delaware Solid Waste Transporter Permit Application

⚠ [EXTERNAL]

Hi Robin,  
Can you reply all with an updated COI with:

Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

Get [Outlook for iOS](#)

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>

**Sent:** Tuesday, March 17, 2026 4:33 PM

**To:** [delawaredumpsterrentals@hotmail.com](mailto:delawaredumpsterrentals@hotmail.com) <[delawaredumpsterrentals@hotmail.com](mailto:delawaredumpsterrentals@hotmail.com)>

**Subject:** Delaware Solid Waste Transporter Permit Application

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(c)**- Please provide a DOT # for Delaware Dumpster Rentals, LLC. The one submitted is for the Parent company **4 SEASONS PROPERTY MAINTENANCE LLC**. If you like to make this parent company permit let me know.
- **Section 10**- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 13**-Are all the vehicles registered in the state of Delaware ?

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

Thank you,

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist

**Division of Waste and Hazardous  
Substances**

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



### Disclaimer

PLEASE NOTE: The information contained in this e-mail, including all attachments, may be confidential, private, proprietary, or otherwise privileged and is intended only for the use of the addressee. Unauthorized use, disclosure, distribution, or copying is strictly prohibited and may be unlawful. If you are not the intended recipient of this e-mail, please immediately notify Relation Insurance Services at the phone number or e-mail address listed above and destroy all copies of this e-mail and any attachments without further disseminating the information contained herein.

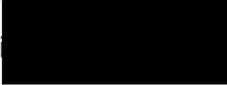
## Davis, DaQuan (DNREC)

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 4:57 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application

Section 9C: Yes please make the permit for the Parent Company 4 Seasons Property Maintenance LLC.

Section 10 Robin will forward in a separate email the updated COI.

Section 11 Spill plan has been updated with emergency contact Cindy Rozmarynoski 

Section 13: all vehicles are registered in Delaware.

Best regards,  
Cindy Rozmarynoski  
Delaware Dumpster Rentals / 4 Seasons Property Maintenance LLC  
(302)463-9000

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>  
**Sent:** Tuesday, March 17, 2026 4:33 PM  
**To:** delawaredumpsterrentals@hotmail.com <delawaredumpsterrentals@hotmail.com>  
**Subject:** Delaware Solid Waste Transporter Permit Application

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(c)**- Please provide a DOT # for Delaware Dumpster Rentals, LLC. The one submitted is for the Parent company **4 SEASONS PROPERTY MAINTENANCE LLC**. If you like to make this parent company permit let me know.
- **Section 10**- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 13**-Are all the vehicles registered in the state of Delaware ?

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

Thank you,

DaQuan Davis



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

📞 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



**Davis, DaQuan (DNREC)**

---

**From:** Bradley Rozmarynoski <delawaredumpsterrentals@hotmail.com>  
**Sent:** Tuesday, March 17, 2026 4:57 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application

Section 9C: Yes please make the permit for the Parent Company 4 Seasons Property Maintenance LLC.

Section 10 Robin will forward in a separate email the updated COI.

Section 11 Spill plan has been updated with emergency contact Cindy Rozmarynoski 302-463-9000.

Section 13: all vehicles are registered in Delaware.

Best regards,  
Cindy Rozmarynoski  
Delaware Dumpster Rentals / 4 Seasons Property Maintenance LLC  
(302)463-9000

---

**From:** Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> on behalf of WHStranporters <WHStranporters@delaware.gov>  
**Sent:** Tuesday, March 17, 2026 4:33 PM  
**To:** delawaredumpsterrentals@hotmail.com <delawaredumpsterrentals@hotmail.com>  
**Subject:** Delaware Solid Waste Transporter Permit Application

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(c)**- Please provide a DOT # for Delaware Dumpster Rentals, LLC. The one submitted is for the Parent company **4 SEASONS PROPERTY MAINTENANCE LLC**. If you like to make this parent company permit let me know.
- **Section 10**- Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 11**-The spill control plan is missing an emergency contact (name and phone number). Please update this plan, add the contact information.
- **Section 13**-Are all the vehicles registered in the state of Delaware ?

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

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

📍 89 Kings Hwy SW, Dover, DE 19901

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





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/17/2026

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 S.T. Good Insurance, Inc. 11215 N. Community House Rd Suite 100 Charlotte NC 28277	CONTACT NAME: Robin Perry	FAX (A/C, No): (302) 328-1431	
	PHONE (A/C, No, Ext): (302) 328-1888	E-MAIL ADDRESS: robin.perry@relationinsurance.com	
INSURED 4 Seasons Property Maintenance LLC 414 Hawks Nest Ct Middletown DE 19709	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A : Pennsylvania National Mutual Casualty Ins Co		14990
	INSURER B : Penn National Security		32441
	INSURER C :		
	INSURER D :		
	INSURER E :		

**COVERAGES** CERTIFICATE NUMBER: CL262593255 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			CL9 2042203	09/15/2025	09/15/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			AX92042203	09/12/2025	09/12/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			UL92042203	01/21/2026	09/12/2026	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

### CERTIFICATE HOLDER

### CANCELLATION

Department of Natural Resources and Environment 89 Kings HWY  Dover DE 19901	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
---	---

© 1988-2015 ACORD CORPORATION. All rights reserved.