

RECEIPT

DATE 3/20/26

No. 932512

RECEIVED FROM Mesa Trucking LLC

\$ 900.00

Nine hundred fifty and $\frac{00}{100}$ DOLLARS

FOR RENT
 FOR DE-SW-1981

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 2193 TO _____

BY M.M.



RECEIVED

MAR 20 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

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- 1981 Expiration Date 06/30/2026

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

ALL OTHERS

- One Year - \$75.00
- Two Years - \$125.00
- Three Years - \$175.00
- Four Years - \$225.00
- Five Years - \$275.00

- 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 Mesa Trucking LLC

Location Address:	Mailing Address:
441 River Rd Bogota, NJ 07603	441 River Rd Bogota, NJ 07603

Contact: Maikel Mesa Title: Owner

Business Phone: (201) 681-8386 Fax: _____

E-mail: mesatruckingllc@gmail.com

24 hr Emergency Contact Phone: (201) 681-8386

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: NJ
- 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 _____
 - No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 2798841 MC# 938225
- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input 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 checked="" type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input checked="" 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 03/16/2026

Print Name Maikel Mesa Title Owner

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

MESA TRUCKING LLC

441 River Rd
Bogota, NJ 07603

March 16, 2026

To whom it may concern,

This letter is to confirm ownership for Mesa Trucking LLC, and Maikel Mesa owns 100% of the mentioned company. Mailing address is 441 River Rd, Bogota, NJ 07603. Date of birth is September 24, 1984.

If there are any questions, please feel free to contact me on my cell (201) 705- 0039 or via email mesatruckingllc@gmail.com.

Thank you,



Maikel Mesa, Owner



MESA TRUCKING LLC
Driver Safety and Competency Program

Our company maintains procedures to ensure that all drivers are safe, properly licensed, trained, and competent to operate commercial dump trucks.

(a) Licensing, Training, and Safety Programs

- A valid Commercial Driver's License (CDL) appropriate for the vehicle being operated
- Required endorsements as applicable (e.g., air brakes, tanker, hazardous materials if required)
- Valid Medical Examiner's Certificate (DOT physical)
- Acceptable Motor Vehicle Record (MVR) at time of hire

New drivers receive orientation and training that includes:

- Company safety policies and defensive driving practices
- Proper vehicle inspection procedures (pre-trip and post-trip)
- Load securement and safe dumping procedures
- Spill prevention and response training
- Solid waste handling procedures specific to materials transported

Ongoing safety programs include:

- Annual driver safety training and refresher courses
- Periodic safety meetings conducted by management
- Review of accident prevention practices
- Training on updates to DOT, FMCSA, and environmental regulations

All training is documented and maintained in driver qualification files.

(b) Periodic Review of Driver Records and Progressive Discipline

The company conducts periodic Motor Vehicle Record (MVR) checks to monitor moving violations and driver performance.

- At time of hire
- At least annually, or more frequently if needed
- After any preventable accident or serious violation

The company maintains a progressive counseling and discipline policy, which may include:

- Verbal warning and safety counseling
- Written warning and retraining

- Suspension from driving duties
- Termination of employment for repeated or serious violations

Drivers involved in accidents or violations may be required to complete additional safety training before returning to duty.

(c) Driver Instruction Requirements

(i) Proper Handling of Solid Waste

- Safe loading, transport, and dumping procedures
- Preventing material spillage during transport
- Securing tailgates, tarping loads, and avoiding overloading
- Recognizing potentially contaminated or prohibited materials

(ii) Familiarity with Accidental Discharge Containment Plan (Spill Control Plan)

- Immediate spill response procedures
- Use of spill kits and containment materials
- Protection of storm drains, waterways, and public areas
- Required notification and reporting procedures

Each vehicle is equipped with a spill response kit, and drivers are instructed to follow emergency response steps.

(iii) Familiarity with Solid Waste Transporter Permit Conditions

- Approved disposal facilities and routes
- Load covering requirements
- Weight limitations and compliance with DOT regulations
- Recordkeeping requirements such as manifests, tickets, or logs

Drivers are expected to operate vehicles in full compliance with all permit conditions and environmental regulations.

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.

MESA TRUCKING LLC
Spill Control and Safety Plan

Effective Date: 01/01/2026

Reviewed By: Maikel Mesa

1. Purpose

This Spill Control and Safety Plan establishes procedures to safely manage and report spills involving fuel, oil, hydraulic fluid, coolant, transported materials, or other hazardous substances in accordance with DOT, OSHA, and environmental regulations.

2. Scope

This plan applies to all dump truck drivers, mechanics, yard personnel, supervisors, dispatch personnel, and all company-owned or leased vehicles.

3. Types of Potential Spills

Diesel fuel, engine oil, hydraulic fluid, coolant/antifreeze, transmission fluid, and transported materials.

4. Required Spill Kit in Each Truck

- Absorbent pads
- Absorbent socks / booms
- Oil-only absorbent material
- Heavy-duty disposal bags
- Nitrile gloves
- Safety goggles
- Small shovel or scoop
- Reflective safety vest
- Traffic cones or warning triangles

Drivers must inspect spill kits weekly.

5. Spill Response Procedures

Step 1 — Ensure Safety First

Stop the vehicle safely, turn on hazard lights, put on PPE, evaluate fire/traffic hazards, and call 911 if there is injury, fire, or roadway hazard.

Step 2 — Stop the Source

If safe, shut off the engine, close valves or upright containers, and use absorbent socks or dirt/sand to block flow.

Step 3 — Contain the Spill

Prevent spill from reaching storm drains or waterways. Surround spill with absorbent materials or build containment barrier.

Step 4 — Notify the Company

The driver must immediately notify the dispatcher or supervisor with location, material spilled, estimated quantity, and risk level.

Step 5 — Reporting Requirements

Management will determine required reporting to local authorities, state environmental agencies, National Response Center, or DOT/FMCSA.

Step 6 — Cleanup and Disposal

Only trained personnel or approved contractors perform major cleanup. The spill report must be completed within 24 hours.

6. Training

All drivers receive annual spill response training, hazard communication awareness, proper spill kit use, and reporting procedures.

7. Prevention Measures

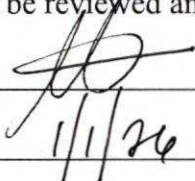
- Daily vehicle inspections for leaks
- Secure loads properly
- Do not overfill fuel tanks
- Maintain hydraulic systems
- Follow safe driving practices

8. Plan Review

This plan will be reviewed annually or after any spill incident.

Signature: _____

Date: _____

Handwritten signature and date: 1/1/26

MESA TRUCKING LLC
Spill / Incident Report Form

Company Information

Company Name: _____

USDOT #: _____

Report Completed By: _____

Date Report Completed: _____

Driver Information

Driver Name: _____

Phone Number: _____

CDL Number: _____

Vehicle Information

Truck Number: _____

Trailer Number: _____

License Plate #: _____

Vehicle Condition After Incident: _____

Incident Details

Date of Incident: _____

Time of Incident: _____

Exact Location (City/State/Road): _____

Weather Conditions: _____

Road Conditions: _____

Type of Incident

- Fuel Spill
- Oil / Hydraulic Spill
- Coolant Spill
- Load Spill
- Crash
- Property Damage

- Injury
- Other: _____

Material Spilled

Type of Material: _____

Estimated Quantity: _____

Did spill reach drain / water / soil? _____

Description of What Happened

Actions Taken by Driver

Emergency Services / Authorities Notified

Police: Yes / No

Fire Department: Yes / No

Environmental Agency: Yes / No

Dispatcher Notified Time: _____

Injuries or Property Damage

Photos Taken

Yes / No

Driver Signature

Signature: _____ Date: _____

SPILL RESPONSE – DRIVER QUICK STEPS

1. STOP AND STAY SAFE

Pull over safely, turn on hazard lights, put on a safety vest and gloves. Call 911 if there is fire, injury, or major traffic hazard.

2. STOP THE LEAK (If Safe)

Shut off engine, close valves or upright container, use spill kit absorbent socks or dirt/sand.

3. CONTAIN THE SPILL

Keep spill away from storm drains and waterways. Surround spill with absorbent pads or dirt. Use the shovel to build a barrier.

4. CALL DISPATCH / SUPERVISOR IMMEDIATELY

Report the exact location, what spilled, estimated amount, and whether the roadway or environment is affected.

5. DO NOT LEAVE SCENE

Stay until instructed. Cooperate with police or emergency responders.

6. USE SPILL KIT

Absorb spill and place used materials in a disposal bag. Do not throw materials in regular trash.

REMEMBER

- Safety first
- Protect drains and waterways
- Report immediately
- Document incident



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 J.S. Braddock Agency 22 N. Main Street Medford NJ 08055	CONTACT NAME: Michele Forgash PHONE (A/C, No, Ext): (609) 654-5800 E-MAIL ADDRESS: mforbash@braddockinsurance.com	FAX (A/C, No): (609) 953-9721
	INSURER(S) AFFORDING COVERAGE	
INSURED Mesa Trucking LLC 441 River Road Bogota NJ 07603	INSURER A : LM Insurance Corporation	NAIC # 33600
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 25-26 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input 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						COMBINED SINGLE LIMIT (Ea accident) \$ 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 DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	WC533S371663015	11/18/2025	11/18/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Sect 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 <i>Michele Forgash</i>

Davis, DaQuan (DNREC)

From: Maikel Mesa <mesatruckingllc@gmail.com>
Sent: Tuesday, March 24, 2026 10:05 PM
To: WHStransporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: Mesa_Form MCS90.pdf; Revised Delaware Solid Waste Transporter Permit Application.pdf

Hello,

Attached you will find the MCS-90 and a revised permit application . We are not applying to transport asbestos-containing waste at this time. It was a mistake on my part. I apologize for the inconvenience. If more information is needed please let me know.

Thank you

On Tue, Mar 24, 2026 at 11:03 AM WHStransporters <WHStransporters@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 8(b)**- Please provide all solid waste Treatment, Storage, and disposal facilities for Asbestos.
- **Section 10**- Please provide an MCS-90 endorsement form (policy number CAR29000026170).

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

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



USDOT Number: 2798841 Date Received: 06/28/2025

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, Registration 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**

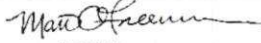
FORM MCS-90

Issued to MESA TRUCKING LLC of New Jersey
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:30 AM on this 23 day of July, 2025

Amending Policy Number: CAR2900002617-0 Effective Date: 06/28/2025

Name of Insurance Company: NATIONAL SPECIALTY INSURANCE COMPANY

Countersigned by: 
President
(authorized company representative)

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 \$ 1500000.00 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: 855-224-2247.

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://portal.fmcsa.dot.gov/UrsRegistrationWizard/>.

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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.

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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