

RECEIPT

DATE 3/30/26

No. 932540

RECEIVED FROM Roll-Off Revolution LLC

\$ 350.00

Three hundred fifty and 00/100 DOLLARS

FOR RENT
 FOR New DE-SW-2208

| | |
|----------|--|
| ACCOUNT | |
| PAYMENT | |
| BAL. DUE | |

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 99 TO _____

BY M.M.



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

89 KINGS HIGHWAY
 DOVER, DELAWARE 19901

RECEIVED

MAR 30 2026

DNREC - WHS

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

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 Roll-Off Revolution LLC

| Location Address: | Mailing Address: |
|--------------------------------------|----------------------------------|
| 24 Governors Ave, Greenwood DE 19950 | Items too massive to lift safely |
| | |
| | |

Contact: Kaleb Hitchens Title: Owner

Business Phone: (302) 381-3559 Fax: _____

E-mail: kalebhitchens92@rolloffrevolution.com

24 hr Emergency Contact Phone: (302) 381-3559

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: Delaware
- 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# _____ 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.

The truck is the 9,500 GVWR so it is exempt, we also do not cross over state lines. However we are in the process of getting DOT numbers.

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 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 _____

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 Kaleb Hitchens Date 3/25/26
Print Name Kaleb Hitchens 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). *Fuses*

- (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). *DOT Pre trip*
 - 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: *Kaleb Hitchens* Phone: *(302) 381-3559*

- (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.

4. (b) Owners

Kaleb Hitchens, 50% Owner, [REDACTED]

Rachel Hitchens, 50% Owner, [REDACTED]

8. (b) Facilities waste will be transported to

Jones Crossroads Landfill

Sandtown Landfill

Milford Transfer Station

12. Driver Knowledge and Training

Kaleb Hitchens is a skilled and qualified driver, that uses awareness and safety when driving. With his previous employment he has learned how to operate many different vehicles in a variety of scenarios, including but not limited to, tractors, forklifts, skid steers, and other miscellaneous equipment as needed. He has a clean driving record, has taken the defensive drivers' course, and has received a DOT physical. His DOY physical will be updated biannually and driving record/insurance will be checked yearly. He will also be reviewing the Waste Hauler Permit with each new issuance and be aware of any changes made.

14. Vehicle operator

Kaleb Hitchens

NEXT INSURANCE US COMPANY

(a stock insurance company)

**251 Little Falls Drive
Wilmington, DE 19808
(855) 222-5919**

Administered by:

**Next First Insurance Agency, Inc.
PO Box 60787
Palo Alto, CA 94306
(855) 222-5919**

COMMERCIAL GENERAL LIABILITY DECLARATIONS

**CERTAIN COVERAGES IN THE POLICY MAY BE WRITTEN ON A CLAIMS-MADE BASIS.
PLEASE READ YOUR POLICY CAREFULLY.**

POLICY NUMBER: NXXTC47YCWH-00-GL

Named Insured and Mailing Address: Rachel Driscoll
Rolloff Revolution LLC
24 Governors Ave
Greenwood, DE 19950

Policy Period: From: 08/24/2025 To: 08/24/2026
at 12:01 a.m. standard time at the mailing address shown above

DESCRIPTION OF BUSINESS

Insured is:

Individual / Sole Proprietor Partnership/Joint Venture
 Limited Liability Company Trust
 Other - Corporation

Business of Insured: Dumpster Rental

LIMITS OF INSURANCE

| | | |
|---|-----------------|--------------------------------|
| Each Occurrence Limit | \$ 1,000,000.00 | |
| Damages to Premises Rented to You Limit | \$ 100,000.00 | Any one premises |
| Medical Expense Limit | \$ 15,000.00 | Any one person |
| Personal & Advertising Injury Limit | \$ 1,000,000.00 | Any one person or organization |
| General Aggregate Limit | \$ 2,000,000.00 | |
| Products/Completed Operations Aggregate Limit | \$ 2,000,000.00 | |

| CLASSIFICATION AND PREMIUM | | | | | | | |
|--|----------------|---------------------|--------------|-----------|---------------|-----------------|---------------|
| LOCATION NUMBER | CLASSIFICATION | CODE NO. | PREMIUM BASE | RATE | | ADVANCE PREMIUM | |
| | | | | Prem/ Ops | Prod/Comp Ops | Prem/ Ops | Prod/Comp Ops |
| | 16722 | | GROSS_SALES | \$345.00 | \$0.00 | | |
| State Tax Or Other (if applicable) | | | | | | \$ | 0.00 |
| TOTAL PREMIUM (SUBJECT TO AUDIT) | | | | | | \$ | 345.0 |
| PREMIUM SHOWN IS PAYABLE: | | At Inception | | | | \$ | |
| | | At Each Anniversary | | | | \$ | |
| (If policy period is more than one year and premium is paid in annual installments) | | | | | | | |
| AUDIT PERIOD (IF APPLICABLE) | | | | | | | |
| X <input type="checkbox"/> Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly | | | | | | | |

PROGRESSIVE
P.O. BOX 31260
TAMPA, FL 33631

PROGRESSIVE
DIRECT Auto

RACHEL DRISCOLL
KALEB HITCHENS
24 GOVERNORS AVE
GREENWOOD, DE 19950

Policy Number: 992906951

Underwritten by:
Progressive Direct Insurance Co
March 27, 2026
Policy Period: Feb 9, 2026 - Aug 9, 2026
Page 1 of 2

progressive.com

Online Service

Make payments, check billing activity, update
policy information or check status of a claim.

1-800-776-4737

For customer service and claims service,
24 hours a day, 7 days a week.

Auto Insurance Coverage Summary

This is a copy of your
Declarations Page

Your coverage began on February 9, 2026 at 12:01 a.m. This policy expires on August 9, 2026 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for a vehicle may not be combined with the limits for the same coverage on another vehicle. The policy contract is form 9611D DE (07/16). The contract is modified by forms A268 DE (03/20), A264 (02/22) and A331 (11/21).

Drivers and household residents

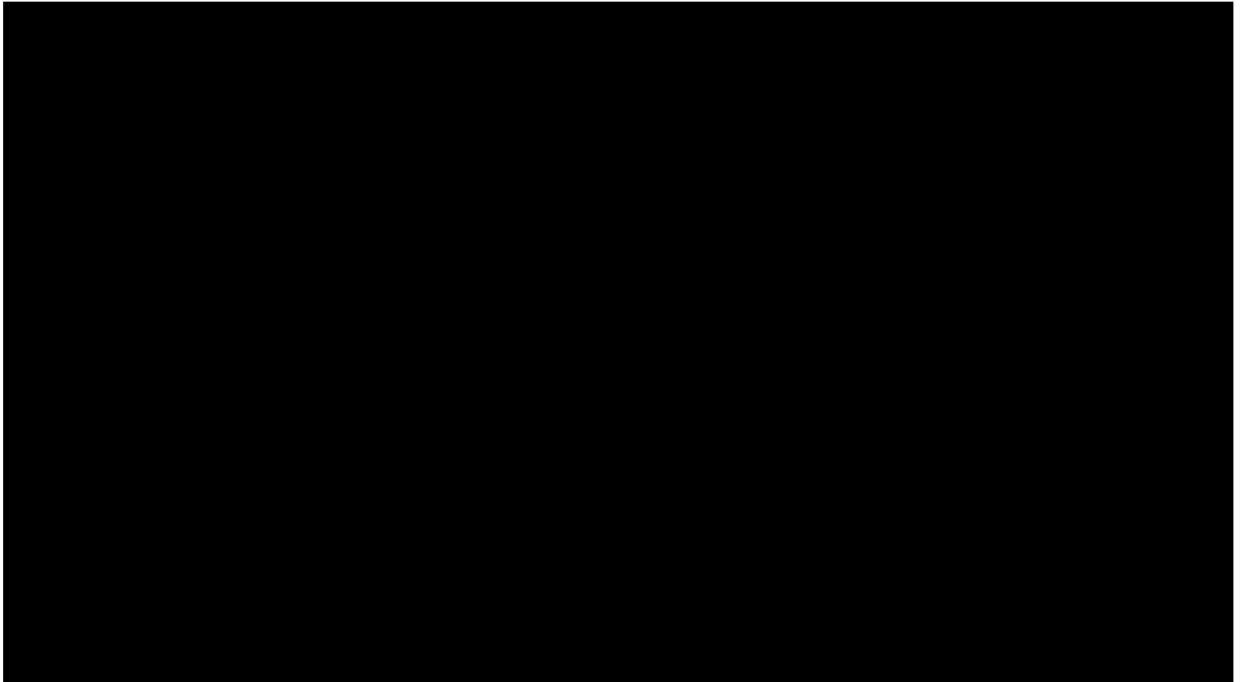
Rachel Driscoll

Additional information: Named insured

Kaleb Hitchens

Additional information: Named insured

Outline of coverage

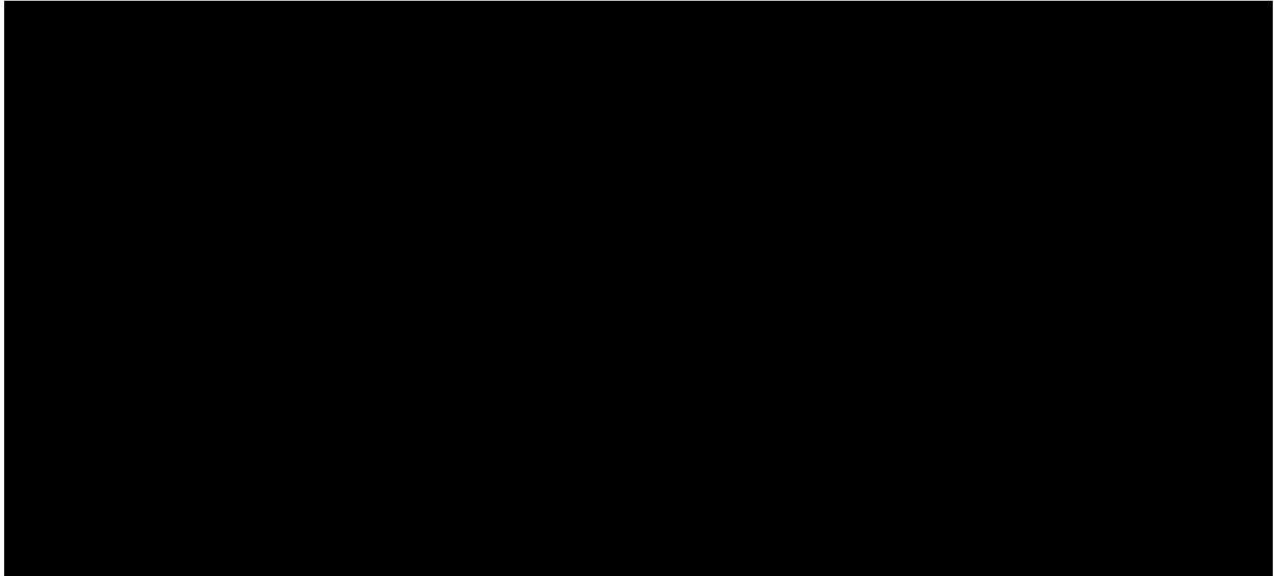


2014 CHEVROLET SILVERADO C2500K2500 CREW PICKUP

VIN: **1GC1KYEG0EF115396**

Garaging ZIP Code : 19950 Territory: 03

Primary use of the vehicle: Pleasure/Personal



Premium discounts

| | |
|-----------------|--|
| Policy | |
| 992906951 | Accident Avoidance, Five-Year Accident Free, Electronic Funds Transfer (EFT), Home Owner, Online Quote, Multi-Car, Continuous Insurance: Gold, Paperless and Three-Year Safe Driving |
| Driver | |
| Rachel Driscoll | At-Fault Accident Free |
| Kaleb Hitchens | At-Fault Accident Free |

Lienholder information

| Vehicle | Lienholder |
|--|------------------------------|
| | |
| 2014 CHEVROLET SILVERADO C2500K2500 1GC1KYEG0EF115396 | CARVANA PHOENIX, AZ 85038 |

Company officers

Secretary

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Friday, April 10, 2026 10:25 AM
To: 'Kaleb Hitchens'
Subject: RE: Rolloff_Revolution_LLC_COI_-_291804477_-_Delaware_Division_of_W

Categories: Egress Switch: Unprotected

Hello,

This form contains the wrong insurance policy number. The correct number should be 992906951.



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: Kaleb Hitchens <kalebhitchens9292@gmail.com>

Sent: Friday, April 10, 2026 10:21 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Rolloff_Revolution_LLC_COI_-_291804477_-_Delaware_Division_of_W

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

| | | | |
|---|---------------------------|---|--|
| AGENCY AP INTEGO NEXT | | NAMED INSURED Rolloff Revolution LLC 24 Governors Ave Greenwood, DE 19950 | |
| POLICY NUMBER 872502915 | | EFFECTIVE DATE: 04/10/2026 | |
| CARRIER United Financial Casualty Company | NAIC CODE 11770 | | |

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 **FORM TITLE:** Certificate of Liability Insurance

Additional Coverages

| Insurance coverage(s) | Limits |
|---|------------|
| Personal Injury Protection/Property Protection Ins Uninsured/Underinsured Motorist | [REDACTED] |

Description of Location/Vehicles/Special Items

| Scheduled autos only | |
|--|------------|
| 2014 CHEVROLET SILVERADO 1GC1KYEG0EF115396 | |
| Comprehensive | [REDACTED] |
| Uninsured Motorist Property Damage | [REDACTED] |
| Collision | [REDACTED] |
| Roadside Assistance | [REDACTED] |

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

Davis, DaQuan (DNREC)

From: Kaleb Hitchens <kalebhitchen9292@gmail.com>
Sent: Friday, April 10, 2026 12:50 PM
To: WHStranporters
Subject: 6b9d1bde-4f5d-40ef-87b9-6afce2a81354 (1)
Attachments: 6b9d1bde-4f5d-40ef-87b9-6afce2a81354 (1).pdf

Sorry here it is we didn't realize we had to have commercial auto insurance

Davis, DaQuan (DNREC)

From: Kaleb Hitchens <kalebhitchen9292@gmail.com>
Sent: Friday, April 10, 2026 12:26 PM
To: WHStranporters
Subject: 6b9d1bde-4f5d-40ef-87b9-6afce2a81354 (1)
Attachments: 6b9d1bde-4f5d-40ef-87b9-6afce2a81354 (1).pdf

So sorry we didn't realize we had to have commercial auto insurance so we just took care of that. Thank you for all your help.



AGENCY CUSTOMER ID: _____
LOC #: _____

ADDITIONAL REMARKS SCHEDULE

| | | | |
|--|--------------------|--|--|
| AGENCY AP INTEGO NEXT | | NAMED INSURED Rolloff Revolution LLC 24 Governors Ave Greenwood, DE 19950 | |
| POLICY NUMBER 872502915 | | EFFECTIVE DATE: 04/10/2026 | |
| CARRIER United Financial Casualty Company | NAIC CODE 11770 | | |

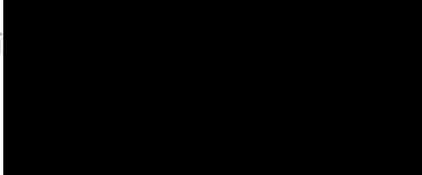
ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

Additional Coverages

| Insurance coverage(s) | Limits |
|---|--|
| Personal Injury Protection/Property Protection Ins Uninsured/Underinsured Motorist |  |

Description of Location/Vehicles/Special

| Description of Location/Vehicles/Special | Limits |
|---|--|
| Scheduled autos only 2014 CHEVROLET SILVERADO 1GC1KYEG0EF1 Comprehensive Uninsured Motorist Property Damage Collision Roadside Assistance |  |

Additional Information

The Certificate holder is an additional insured if required by written contract executed by the named insured prior to the occurrence of any loss, per blanket AI endorsement.

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Friday, April 10, 2026 10:03 AM
To: 'Kaleb Hitchens'
Subject: RE: Delaware Solid Waste Transporter Permit Application

Categories: Egress Switch: Unprotected

No, we receive a declaration, not a COI. Please send it for permit approval.



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: Kaleb Hitchens <kalebhitchen9292@gmail.com>
Sent: Friday, April 10, 2026 9:56 AM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

Okay I think you got it all with my business name Roll Off Revolution LLC we sent everything in the packet thank you

On Fri, Apr 10, 2026 at 9:52 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Please request a certificate of insurance from your insurance company. Specify that the certificate holder is the Delaware Division of Waste and Hazardous Substances, located at [89 Kings Hwy SW, Dover, DE 19901](#).



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: Kaleb Hitchens <kalebhitchen9292@gmail.com>

Sent: Friday, March 20, 2026 3:23 PM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit Application

- (d). Certificate of Insurance must be attached and include mirror image of the following:

| | FOR-HIRE INTERSTATE |
|---|--|
| Residential Waste | \$750,000.00 + MCS-9 |
| Commercial Waste | \$750,000.00 + MCS-9 |
| Industrial Waste | \$750,000.00 + MCS-9 |
| Dry Waste | \$750,000.00 + MCS-9 |
| Ash | \$750,000.00 + MCS-9 |
| Infectious Waste | \$1,000,000.00 + MCS-9 |
| Non-Hazardous Petroleum Contaminated Soils | \$750,000.00 + MCS-9 |
| Asbestos | \$1,000,000.00 + MCS-9 (For Hire & Private) |
| Scrap Tires Only | \$350,000.00 |

11. Spill Control and Safety

List all spill control and safety equipment which will be carried by type of vehicle and type of waste may be required.) Attach Spill Control Plan **must** contain the following elements: (1) Liability coverage carried in the vehicle, (2) Driver preventive measures, (3) Driver's contact information, (4) Company internal communications, (5) Company external contact information. **Emergency Reporting Numbers: 1-800-662-8802 and 1-800-424-6293** and decontamination measures.

So we are unsure what this means can you help do I need insurance for everything on the list or just enough for each ?

On Mon, Mar 2, 2026 at 2:43 PM Kaleb Hitchens <kalebhitchen9292@gmail.com> wrote:

Thank you for your help!

On Mon, Mar 2, 2026 at 2:28 PM WHStranporters <WHStranporters@delaware.gov> wrote:

As per our conversation on the phone. Let me know if you have any other questions.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 daquan.davis@delaware.gov

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

 dnrec.delaware.gov



Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC) on behalf of WHStranporters
Sent: Friday, April 10, 2026 10:25 AM
To: 'Kaleb Hitchens'
Subject: RE: Rolloff_Revolution_LLC_COI_-_291804477_-_Delaware_Division_of_W
Categories: Egress Switch: Unprotected

Hello,

This form contains the wrong insurance policy number. The correct number should be 992906951.



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: Kaleb Hitchens <kalebhitchen9292@gmail.com>

Sent: Friday, April 10, 2026 10:21 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Rolloff_Revolution_LLC_COI_-_291804477_-_Delaware_Division_of_W