

RECEIPT

DATE

4/16/26

No.

932558

RECEIVED FROM

Delmarva Veteran Trash force

\$ 650.00

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

DOLLARS

 FOR RENT FOR

DE-SW-1863

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY
ORDER CREDIT
CARD

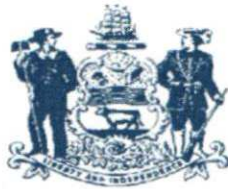
FROM

2253

TO

BY

M.M.



RECEIVED

APR 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: 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- 1863 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

- 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 Delmarva Veteran Trashforce, LLC dba TRASHFORCE

Location Address:	Mailing Address:
120 E. Market St, Salisbury MD 21801	Same as location

Contact: Kim Jarvis Title: Accounting / Dispatcher
Business Phone: 443-264-4882 Fax: N/A
E-mail: bekind@trashforce.com
24 hr Emergency Contact Phone [REDACTED]

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: MD
- 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 #1 _____

(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) #2
 - 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# 3511920 MC# N/A

- 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 required / Exempt for hire / Exempt commodity

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 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 #3 _____

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 #4 _____

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

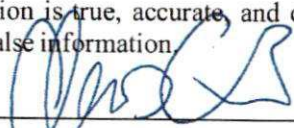
15. Environmental Record

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 4/7/26
Print Name Christopher D. Eccleston Title Owner

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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

ATTACHMENT #1



Christopher D. Eccleston
President



OWNERSHIP: 55%

Jared Collier
Vice President
PO Box 77
Rhodesdale, MD 21659



OWNERSHIP: 45%



Delaware Solid Waste Authority locations:

Jones Crossroads Landfill
28560 Landfill Lane
Georgetown, DE 19947

Sandtown Landfill
1107 Willow Grove Rd (Rt. 10)
Felton, DE 19943

Cherry Island Landfill
1706 East 12th St
Wilmington, DE 19809

ATTACHMENT #3

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: _____
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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.



Attachment #4

Driving Safety Procedure

**DELMARVA VETERAN TRASHFORCE, LLC
POLICIES AND PROCEDURES**

Driving Safety Procedure



Driving Safety Procedure

1.0 Purpose/Scope

- 1.1 Through proper implementation of this procedure, it is intended that personal injury and property loss due to vehicle accidents will be minimized.
- 1.2 This procedure applies to all Trashforce employees
- 1.3 This procedure addresses operation of registered, motorized over-the-road vehicles, i.e., cars, trucks, and vans.

2.0 Responsibilities

Responsibility for implementing the procedure begins with senior management and flows through all levels of management/supervision to the individual vehicle operator. However, it is the vehicle operator's responsibility to understand and comply with this procedure.

2.1 Project Manager

- A. Confirm personnel assigned to driving tasks are trained and qualified to operate that class of vehicle,
- B. Is responsible for communicating the requirements of this procedure and for ensuring that all drivers comply with this procedure,
- C. Confirm drivers licenses have been checked and records maintained,
- D. Confirm the vehicle meets the minimum vehicle specifications,
- E. Confirm the manufacturer's recommendations for vehicle maintenance have been met and applicable records have been maintained,
- F. Confirm appropriate emergency response equipment has been selected and supplied in each vehicle,

2.2 Employees

- A. Complete training as required,
- B. Advise supervision of any medical, physical, or psychological condition that would impair driving performance,
- C. Inspect the vehicle before use to confirm it is in proper working condition,
- D. Promptly report any malfunction or problem with the vehicle to their supervisor.

3.0 Procedure

Motor vehicle accidents are recognized as a leading cause of work and non-work related serious injuries and fatalities. Therefore, the operation of motor vehicles must not be perceived as a routine activity. Successful implementation of the following elements of the Trashforce Driving Safety Procedure will result in fewer driving related incidents, injuries and fatalities. Adherence is mandatory, as is compliance with relevant laws and regulations. Failure to comply will be subject to the Trashforce Disciplinary Policy.



Driving Safety Procedure

3.1 General Requirements

- A. Company Vehicles are to be used for Trashforce business only.
- B. The use of company vehicles for personal business is prohibited. In certain situations, written agreements may allow for personal use of Company Vehicles.
- C. Allow only authorized passengers to ride in company vehicles.

3.2 Vehicle Requirements

- A. Vehicles must be selected and purchased as "fit-for purpose", assuring proper equipment and meeting the recommended set of vehicle safety specifications described in the Trashforce Driving Safety GRP.
- B. Radar detectors are prohibited while on Trashforce business.
- C. Drivers that have been assigned a Company Vehicle shall assure that the vehicle is maintained in accordance with manufacturer's recommendations.
- D. Under no circumstance should anyone operate a motor vehicle if they believe it is not in safe working condition.
- E. The motor vehicle operator shall ensure that the vehicle they are operating has the appropriate vehicle registration and insurance coverage in place prior to driving.

3.3 Motor Vehicle Operators

- A. A current, valid driver's license and/or other required certification for the type and class of motor vehicle to be operated must be held by the individual prior to and during their operation of any vehicle on Trashforce operated site or for Trashforce business.
- B. Motor vehicle operators must notify their line manager immediately of any event that might change their driver's license status.
- C. Personnel shall not operate a motor vehicle on Company business when they are in such a mentally or physically impaired condition that they are not able to properly operate the vehicle in a safe manner. This includes conditions such as operating a vehicle while under the influence of drugs, medicines, or alcohol, or when under conditions of extreme stress, fatigue, or any other physical or mental impairment that may hinder safe vehicle operation.
- D. Trashforce employees and resident contractors who operate rental, company or personal vehicles on behalf of Trashforce must be in a driving safety program operated by their employer which ensures the following conditions are met:
 - Be in possession of, and show at time of issue of vehicle, a valid driver's license appropriate for the class of vehicle being operated.



Driving Safety Procedure

3.3 Motor Vehicle Operators - continues

- The vehicle is included in a formal preventative maintenance and inspection program.
- A. Non-resident contractors shall agree to adopt this driving safety procedure or a similar procedure that ensures the requirements of this procedure are met.

3.4 Pre-trip Inspection and Planning

- A. Prior to use of any motor vehicle on Company business, a pre-trip vehicle inspection must be conducted.
- B. The operator should walk around the vehicle's exterior and look for potential safety hazards such as cracked windshields, missing mirrors, defective tires, and other vehicle body damage or defects. For Company vehicles and rental vehicles, exterior and/or interior defects should be reported to the responsible Line Manager.
- C. Operators should familiarize themselves with interior features and controls and make appropriate adjustments, e.g., seat, mirrors, necessary to assure safe operation.

3.5 Operator Distractions

- A. A major cause of motor vehicle accidents is distractions such as cell phone use, tuning the radio, map reading, eating, etc. Motor vehicle operators shall avoid any activity or distraction that may prevent safe motor vehicle operation.
- B. Drivers are **prohibited from using a cell phone or two-way radio** while operating a motor vehicle on Company business.
 - 1. This applies to both hands-free and non-hands-free devices.
 - 2. If the use of such a device by the motor vehicle operator is necessary, it is only allowed when the motor vehicle is stationary and in a safe location off the roadway.
- C. Passive listening to necessary communication by two-way radio is allowed provided that the driver neither has to divert attention from driving, nor respond to the communication while driving.

3.6 Accident Reporting

- A. All accidents involving a Company or Personal Vehicle being used on Company business must be reported by the vehicle operator to their immediate supervisor, ***no matter how minor the incident.***
- B. All accidents involving a Company Vehicle, Personal Vehicle, or Third Party Vehicle occurring on a Trashforce operated site must be reported by the vehicle operator to their immediate supervisor and to Trashforce site management.
- C. For vehicle accident reporting, incident investigation, and other necessary requirements, please refer to the Trashforce Incident Reporting Procedure.



Driving Safety Procedure

Attachment 1: Pre-Trip Assessment Guidance

Purpose and Scope

A pre-trip assessment should be performed by the driver and/or passengers before driving an affected vehicle. The driver and/or passengers of the vehicle should use this **mental checklist** before each trip.

Weather Conditions

What are the weather conditions?

- Is it raining, snowing, icing, etc? If so, is the **trip necessary right now**, or should I wait?
- Will I need **extra equipment/preparation** for the weather? (Raincoat, umbrella, sand, survival kit, snow/mud tires, chains, scraper, etc?)

Driver Conditions

What is the driver's (or my) condition?

- Am I **licensed and competent** to drive this particular vehicle?
- Do I have **adequate time** to make this trip safely without being rushed? (If not, consider having someone else make the trip for you, putting off the trip until another time, or postponing the after-trip plans.)
- Am I **'conditionally right'** to drive this vehicle? (Alert, not under the influence, 20/20 vision, mentally and emotionally stable, not fatigued or tired, etc.)
- Do I remember the 5 Keys to Defensive Driving;
 1. Aim high in steering,
 2. Keep your eyes moving,
 3. Make sure they see you,
 4. Get the big picture and
 5. Leave yourself an out?

Route Conditions

What are the route conditions?

- Do I know where I am going and how to get there?
- Do I need a map or directions and need to study or plan the route?
- What are the known or foreseeable hazards of this particular route and how can I eliminate or minimize them? (For example, dangerous intersections, high speed limits, rush hour, no shoulders, two-lane, hills/curves, farm machinery, etc.)

Vehicle Conditions

What is the condition of the vehicle?

- Current inspection sticker and automobile registration,
- Seatbelts (working and enough for number of passengers),
- Tires inflated with correct pressure and have correct tread depth,
- Working wipers in good condition,
- Breaking and blinker lights working and clean,
- Clear/unobstructed vision, adjustment of mirrors,



Driving Safety Procedure

- Oil, fuel and window washer fluid level,
- Is the vehicle appropriate for the task,
- Working horn,
- Size and type for passengers and
- Size and type for the cargo?

Cargo Passenger Conditions

What are the cargo/passenger conditions?

- Do **all** passengers have access to working seatbelts/shoulder harnesses?
- Are **all** passengers buckled up before vehicle is put into motion?
- Are **all** cargo and/or potential 'projectiles' properly secured?
- Does cargo require special provisions? (Such as hazardous waste, cylinders, animals, pipe, instrumentation, etc.)



Driving Safety Procedure

Attachment 2: Vehicle Inspection Checklist

Line Manager: _____ Date Inspected: _____

Vehicle Description & License #: _____

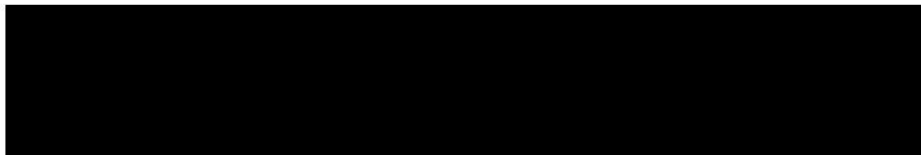
Vehicle Mileage: _____

Item	OK	N/A	Needs Repair (yes/no)	Comments (describe & assign action if repair is needed)
Vehicle Registration				
Valid License Plates				
Insurance information (self)				
Tires (Inflation, tread depth)				
Seat Belts				
Operator's Manual				
Maintenance Records				
Springs				
Shocks				
Exhaust System				
Engine				
Steering				
Horn				
Mirrors				
Mobile Radio				
Fire Extinguisher				
Brakes working				
Parking Brake				
Windshield Wipers				
Windshield				
Washers				
Headlights: Hi/Lo				
Turn Signals				
Brake Lights				
Backup Lights				
Instrument Lights				
Tail Lights				
Body Condition				
Backup Alarm				



ATTACHMENT #5

DELMARVA VETERAN TRASHFORCE - DRIVER LIST



STATE

MD

DE

STATE OF DELAWARE

Department of Finance Division of Revenue

ACTIVE BUSINESS LICENSE
2021708984

EFFECTIVE

01/01/2024 - 12/31/2026

ISSUED TO

DELMARVA VETERAN TRASHFORCE, LLC
120 E MARKET ST
SALISBURY MD 21801-4927

LOCATION

DELMARVA VETERAN TRASHFORCE, LLC
DELMARVA VETERAN TRASHFORCE, LLC
8 THE GRN STE A
DOVER, DE 19901-3618

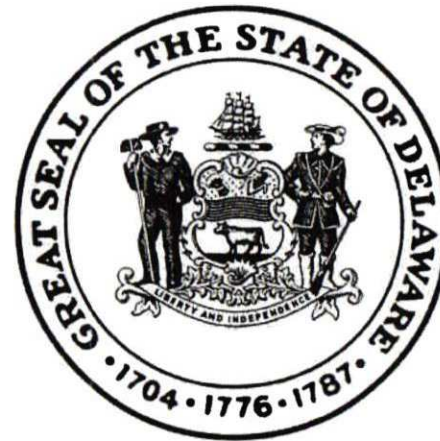
TRADE, BUSINESS, OR
PROFESSIONAL ACTIVITY

DRAYPERSON OR MOVER

ISSUED: 12/09/2023

FEE PAID: \$225.00

Is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.



2026

POST CONSPICUOUSLY - NOT TRANSFERABLE



TF RENTALS LLC
P.O. BOX 77
4818 East New Market Rhodesdale Rd
Rhodesdale, MD 21659

Lease #: 230712

Lease Date: 7/12/23
Expiration: 7/12/2028

LESSOR: TF Rentals LLC
LESSEE: Delmarva Veteran Trashforce LLC

LESSEE leases the below mentioned equipment for a term of 60 months.
LESSEE is responsible for all maintenance, tags, insurance, and fuel.

UNIT#	YEAR	MAKE	MODEL	VIN
202	2024	Kenworth	T880	3BKZX4EX4RF349599



LESSEE Signature
Delmarva Veteran Trashforce
P.O. Box 621
Salisbury, MD 21803



LESSOR Signature
TF Rentals LLC
PO Box 77
Rhodesdale, MD 21659

Insurance Information

Company: Eastern Atlantic
Agent: Bay Shore Insurance

Policy: Cert on File

TF RENTALS LLC
P.O. BOX 77
4818 East New Market Rhodesdale Rd
Rhodesdale, MD 21659

Lease #: 251231

Lease Date: 12/31/25
Expiration: 12/31/30

LESSOR: TF Rentals LLC

LESSEE: Delmarva Veteran Trashforce LLC

LESSEE leases the below mentioned equipment for a term of 60 months.
LESSEE is responsible for all maintenance, tags, insurance, and fuel.

UNIT#	YEAR	MAKE	MODEL	VIN
203	2025	Kenworth	T880	1NKZX4EX4SJ165223



LESSEE Signature
Delmarva Veteran Trashforce
P.O. Box 621
Salisbury, MD 21803



LESSOR Signature
TF Rentals LLC
PO Box 77
Rhodesdale, MD 21659

Insurance Information

Company: Eastern Atlantic
Agent: Bay Shore Insurance

Policy: Cert on File

Davis, DaQuan (DNREC)

From: bekind <bekind@trashforce.com>
Sent: Monday, April 20, 2026 10:16 AM
To: Davis, DaQuan (DNREC)
Cc: bekind
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: DNREC_COI_GL exp 12.03.26.pdf; TF_Spill Control Plan.pdf

Good morning-

Please see the attached documents as per your request.

Let me know if you need anything additional.

Have a great day!

KIM JARVIS

120 E. Market St, Salisbury, MD 21801
o. 443.264.4882 c. 443.493.2394



From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Sent: Friday, April 17, 2026 2:20 PM
To: bekind <bekind@trashforce.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 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 provide the information requested above via e-mail within five (5) days.

Thank you,

DaQuan Davis



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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
04/20/2026

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 Bay Shore Insurance Inc PO Box 2534 Salisbury MD 21802-	CONTACT NAME: Bay Shore Insurance Inc	FAX (A/C, No): (410)860-2587	
	PHONE (A/C, No, Ext): (410)546-1640	E-MAIL ADDRESS: processing@bayshore-ins.com	
INSURED Delmarva Veteran Trashforce LLC 120 E Market St Salisbury MD 21801-	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Eastern Atlantic Insurance Co.		28649
	INSURER B: Atlantic Casualty Company		42846
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: 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 SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY 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		L259005393-0	12/03/2025	12/03/2026	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 - COMPI/OP AGG \$ 2,000,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY		TEA190023025	12/03/2025	12/03/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input type="checkbox"/> N/A				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)
2010 VOLVO #4V5KC9EG0AN291839
2024 KENWORTH #3BKZX4EX4RF349599
2025 KENWORTH #1NKZX4EX4SJ165223

CERTIFICATE HOLDER

CANCELLATION

AI 003322

Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Section 89 Kings Highway Dover DE 19901-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE Robert W McCann, TRS

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