

RECEIPT

DATE 4/17/26

No. 932564

RECEIVED FROM MVT Environmental Services Inc \$ 650.00

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

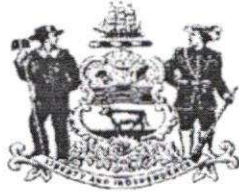
FOR RENT
 FOR DE-SW-2102

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 20941 TO _____

BY M.M.



RECEIVED

APR 17 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- 2102 Expiration Date 12/31/2025

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

One Year - \$350.00

Two Years - \$125.00

Two Years - \$650.00

Three Years - \$175.00

Three Years - \$950.00

Four Years - \$225.00

Four Years - \$1250.00

Five Years - \$275.00

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 MVT Environmental Services Inc

Location Address:	Mailing Address:
520 York Street	
Elizabeth NJ 07201	

Contact: Dave Gilady Title: President

Business Phone: 908-820-4343 Fax: _____

E-mail: dave@acetrucksales.com

24 hr Emergency Contact Phone: 908-721-8900

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: Elizabeth State: NJ Date: 1993

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- 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 D. Gilady

(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 NJ-DEP1579.
- Not applicable-No transporter permit required for these solid waste types in our home state.

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

- Attachment PA WH1434.
- No transporter permits in other states

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

DOT# 388343 MC# 348479

- 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 checked="" 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 type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Asbestos	\$1,000,000.00 + MCS-90 <input type="checkbox"/> (For Hire & Private)	\$350,000.00 <input type="checkbox"/>
Scrap Tires Only	\$350,000.00 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>

11. Spill Control and Safety

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

Spill Control Plan: Attachment _____

12. Driver Training

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

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

Driver Training, attachment _____

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
 Form 1099-Misc
 Other


15. Environmental Record

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

- Attachment _____
 No violations within the specified time period

16. Certification

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

**Signature  Date 4/16/26
Print Name D. Conway Title Pres. dot

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2026

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).

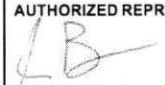
PRODUCER Acrisure East Insurance Services, LLC 3 Sylvan Way, Suite 200 Parsippany NJ 07054 License#: BR-1771401 GATELEA-01	CONTACT NAME: Rosalba Sessa PHONE (A/C. No. Ext): 914-937-1230 E-MAIL ADDRESS: rseffa@acrisure.com	FAX (A/C. No.): 914-937-1124
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Concert Specialty Insurance Company	17151
	INSURER B : United States Liability Insurance Company	25895
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER: 321269437** **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	
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 1296914	6/2/2025	6/2/2026	EACH OCCURRENCE	\$ 1,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
							MED EXP (Any one person)	\$ 5,000
							PERSONAL & ADV INJURY	\$ 1,000,000
							GENERAL AGGREGATE	\$ 2,000,000
							PRODUCTS - COMP/OP AGG	\$ Included
								\$
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CS SPS 6524858-01	5/28/2025	5/28/2026	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,500,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						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)
 Evidence

CERTIFICATE HOLDER State of Delaware Dept of Natural Resources and Env. Control Division of Waste 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Acrisure East Insurance Services, LLC		NAMED INSURED Gateway Terminal Carriers of Metro NY Inc. 169 Frelinghuysen Avenue Newark NJ 07114	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

- 2013, MACK, CXU (Pinnacle), 1M1AW02Y6DM033668, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW02Y8DM033929, NJ
- 2018, Freightliner, Columbia, 3ALXA7004JDJM1249, NJ
- 2015, Volvo, VNL, 4V4NC9EH6FN916486, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW02Y6DM033928, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW02Y8DM033672, NJ
- 2015, Volvo, VNL, 4V4NC9EH0FN916502, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW02Y4DM033684, NJ
- 2015, Volvo, VNL, 4V4NC9EH4FN916499, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW09Y9DM033850, NJ
- 2018, Freightliner, Columbia, 3ALXA7002JDJM1248, NJ
- 2016, Volvo, VNL, 4V4NC9EHXGN944146, NJ
- 2018, Freightliner, Columbia, 3ALXA7000JDJM1250, NJ
- 2015, Volvo, VNL, 4V4NC9EH0FN916497, NJ
- 2012, Peterbilt, 386, 1XPHD49X3CD170573, NJ



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/16/2026

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PRODUCER Acrisure East Insurance Services, LLC 3 Sylvan Way, Suite 200 Parsippany NJ 07054 License#: BR-1771401 GATELEA-01	CONTACT NAME: Rosalba Sessa PHONE (A/C, No, Ext): 914-937-1230 E-MAIL ADDRESS: rseffa@acrisure.com	FAX (A/C, No): 914-937-1124
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Concert Specialty Insurance Company	NAIC # 17151
	INSURER B: United States Liability Insurance Company	NAIC # 25895
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 766604059 **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
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL 1296914	6/2/2025	6/2/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ Included \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CS SPS 6524858-01	5/28/2025	5/28/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						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"/> PER STATUTE <input type="checkbox"/> 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)
 Evidence
 2015, Volvo, VNL, 4V4NC9EH8FN916487, NJ
 2016, Volvo, VNL, 4V4NC9EH5GN944152, NJ
 2012, Freightliner, Cascadia, 1FUJGBDVXCLBH5416, NJ
 2012, Peterbilt, 386, 1XPHD49X1CD170572, NJ
 2012, Freightliner, Cascadia, 1FUJGBDV1CLBH5417, NJ
 2013, MACK, CXU (Pinnacle), 1M1AW02Y0DM033679, NJ
 See Attached...

CERTIFICATE HOLDER State of Delaware Dept of Natural Resources and Env. Control Division of Waste 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 
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ADDITIONAL REMARKS SCHEDULE

AGENCY Acrisure East Insurance Services, LLC		NAMED INSURED Gateway Terminal Carriers of Metro NY Inc. 169 Frelinghuysen Avenue Newark NJ 07114	
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CARRIER	NAIC CODE		

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- 2015, Volvo, VNL, 4V4NC9EH0FN916502, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW02Y4DM033684, NJ
- 2015, Volvo, VNL, 4V4NC9EH4FN916499, NJ
- 2013, MACK, CXU (Pinnacle), 1M1AW09Y9DM033850, NJ
- 2018, Freightliner, Columbia, 3ALXA7002JDJM1248, NJ
- 2016, Volvo, VNL, 4V4NC9EHXGN944146, NJ
- 2018, Freightliner, Columbia, 3ALXA7000JDJM1250, NJ
- 2015, Volvo, VNL, 4V4NC9EH0FN916497, NJ
- 2012, Peterbilt, 386, 1XPHD49X3CD170573, NJ

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 and Safety Information, Registration, Licensing, and Insurance 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

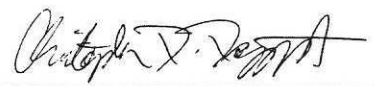
FORM MCS-90

Issued to Gateway Terminal Carriers of Metro NY INC of NJ
(Motor Carrier name) (Motor Carrier state or province)

Dated at 8:00 AM on this May 28, 2025

Amending Policy Number: CS SPS 6524858-01 Effective Date: May 28, 2025

Name of Insurance Company: Concert Specialty Insurance Company

Countersigned by: 
(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):

- his insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
- his insurance is excess and the company shall not be liable for amounts in excess of \$ _____ or 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: _____.

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 <http://www.fmcsa.dot.gov/urs>.

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.

SCHEDULE OF LIMITS — PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	\$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in <u>49 CFR 171.8</u> , transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in <u>49 CFR 173.403</u> .	\$5,000,000
(3) For-hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in <u>49 CFR 172.101</u> ; hazardous waste, hazardous materials, and hazardous substances defined in <u>49 CFR 171.8</u> and listed in <u>49 CFR 172.101</u> , but not mentioned in (2) above or (4) below.	\$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material as defined in <u>49 CFR 173.403</u> .	\$5,000,000

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

Spill Prevention and Response Plan

NAME OF BUSINESS: MVT Environmental Services Inc.

ADDRESS: 520 York Street Elizabeth NJ 07201

FACILITY PHONE: 908-820-4343

Introduction

Objective:

This spill prevention and response plan is designed to prevent spills and to allow for the proper responses to chemical spills and other emergency releases involving hazardous materials.

For the purposes of this plan, "spill" refers to a release of hazardous materials, not simple liquid cleanup and potential slip hazards. Hazardous materials include chemicals, which present a physical hazard or a health hazard, and biological and other disease-causing agents.

These releases constitute unforeseen and low-probability circumstances, but these hazards still must be prepared for. In addition to the hazards to personnel, spills may also lead to environmental damages.

This plan must be updated to reflect when the hazardous material inventory changes or storage locations of these materials change.

Scope:

This plan covers both chemical spills and other emergency releases.

It must be used in conjunction with several other programs:

- **Comprehensive safety and health program:** This includes hazard analyses and ongoing hazard controls.

Spill Prevention and Response Plan

- **Hazard Communication Plan:** This includes safety data sheets (SDSs), which are integral to the success of the Spill Prevention Plan, as they provide guidance for spill cleanup and emergency response procedures. SDSs also tie into the comprehensive safety program, as they inform what safety controls are necessary. SDSs must be readily available in each area products are used or stored or where byproducts or chemical waste is present.
- **Incident Response Plan, including an Emergency Evacuation Plan:** This addresses the appropriate response to fire, explosion, and other possible emergency situations like natural disasters.

Outline of topics:

1. Roles and Responsibilities.....	2
2. Spill Prevention	4
3. Spill Containment and Response Plan	6
4. Audits and Training	8
5. Appendix A: Hazardous Chemicals Inventory	10
6. Appendix B: Facility Site Map	11
7. Appendix C: Visual Inspection Checklist	12
8. Appendix D: Visual Inspection Log	14
9. Appendix E: Spill Log	15
10. Appendix F: Spill Report.....	16
11. Appendix G: Training Log	17
12. Appendix H: Hazardous Response Procedures	18

1. Roles and Responsibilities

Plan administrator:

Dave Gilady is in charge of administering this plan and updating it as needed.

Spill Prevention and Response Plan

4. Hazardous materials specialists use their specific knowledge of the substances to be contained to guide the response. Hazardous materials specialists include:

5. Incident commanders have control of the scene, coordinate the cleanup, and work with outside responders as necessary. Incident commanders include:

All of these individuals have specified training, further discussed in Section 4.

Trainers:

Dave Gilady shall oversee training for spill prevention and response.

Agency contact information:

If a release enters the environment, the following agencies will be contacted.

- | | | |
|---|---|---------------------------|
| 1 | New Jersey Environmental Agency | Contact #: 877-251-4575 |
| 3 | [Applicable State] Emergency Management Division | Contact #: 609-963-6900 |
| 4 | The National Response Center | Contact #: (800) 424-8802 |

2. Spill Prevention

An effective spill prevention program includes inspections, proper labeling, storage, and precautions for containers.

Inspections:

Spill Prevention and Response Plan

Daily visual inspections will be conducted to check for the indication of spills or leaks associated with hazardous substance containers, storage tanks both under- and above-ground, and the surrounding areas.

These visual inspections will be conducted by **Dave Gilady**.

Full-site inspections will be conducted by **Dave Gilady** on at least a monthly basis.

See Appendix C and D for inspection checklist and log templates.

Labeling and hazard communication:

- Chemical containers (including secondary containers, storage tanks, and containers of chemical waste) must be properly labeled according to the Hazard Communication Standard and GHS.
- Corresponding SDSs must be readily available.
- Empty containers must be marked as empty.
- Use signage to identify hazardous substance storage or waste collection areas.

Storage:

- All hazardous substance containers must be in good condition and compatible with the materials they store.
- Stored containers must be spaced to allow access.
- Keep all storage areas clean and in good condition.
- All hazardous substances must be stored inside buildings or under cover. Follow OSHA guidelines for segregating stored flammable or combustible materials.
- Store all bulk chemical containers (equal or greater than 55 gallons) with appropriate secondary containment.

Other precautions for containers:

- Flammable materials stored or dispensed from drums must be properly grounded.
- Do not overfill waste drums (allow four inches of headspace to allow expansion).
- All hazardous substance containers must be closed while not in use.
- Both during use and when in storage, use drip pans or other collection devices to contain drips or leaks which may exit containers at the point where the material is dispensed.

Spill Prevention and Response Plan

3. Spill Containment and Response Plan

Every spill must be cleaned up as soon as possible. However, the size, nature, and location of the spill determines the procedure for containment and cleanup.

All spills, whether large or small, will be tracked by **Dave Gilady** using Appendix E and F.

For awareness-level first responders:

- Call for help using chain of command and alert others of the release.
- Call 911 if appropriate; for example, if the spill is especially large or poses hazards to employees.
- Do not attempt to contain or clean up the spill. After notifying the proper authorities, leave the scene.

Authorization for spill containing or cleaning:

You are authorized to stop, contain, or clean up a chemical spill if:

- You have the proper training for the task. For example, hazardous materials technicians are authorized to clean up the spill, but operations-level first responders are only authorized to perform initial containment.
- You are aware of the chemical's hazardous properties.
- You will not risk injury to yourself in doing so.
- The spill is small and easily contained.

Small spill procedures:

- Notify onsite emergency contacts using the chain of command.
- Use appropriate PPE to protect yourself from the spill.
- Attempt to shut off the source of the release.
- Eliminate sources of ignition (if it is safe to do so).
- Protect drains by the use of adsorbent, booms, or drain covers (if it is safe to do so).
- Contain any spilled material.

Spill Prevention and Response Plan

- Clean the spill up in a timely manner to prevent accidental injury or other damage.

Large spill procedures:

In the event that the spill/release is large or any amount has been released to soil, surface water, or storm drains or cannot be safely dealt with in-house personnel, the following procedures apply:

- Call for help using chain of command or 911, if appropriate. Alert others of the release.
- Evacuate immediate area and provide care to the injured.
- Incident commanders must coordinate response with local emergency personnel.
- Contact spill cleanup contractor to properly assist with the cleanup
- Incident commanders should also notify the appropriate agency if the release has entered the environment. See contact information in Section 1.

Fire, explosion, and human health hazard procedures:

In the event of a hazardous substance release that has the potential for fire, explosion, or other human health hazards, the following procedures will be implemented by the chain of command:

- Facility staff will be notified of evacuation by one or more of the following methods: verbal notice.
- Emergency services will be notified by calling 911.
- Facility staff will follow predetermined evacuation routes and assemble at designated assembly areas. See the Emergency Action Plan for evacuation routes.
- Some particularly hazardous materials may require specific response procedures. See Appendix H for these specific response procedures.

Spill kits:

Spill kits should enable the user to manage any anticipated spill or release. They must be maintained and located in areas where spills are likely to occur. See Appendix B for the locations of spill kits.

Spill kits must be specific to the hazardous materials, quantities, and locations involved. For example:

Location

Spill Kit Description and Contents

Spill Prevention and Response Plan

Loading Dock	40-gallon spill kit including 65-gallon overpack drum, universal absorbent socks, pillows and pads, personal protective equipment (specified by the hazard assessment), non-sparking shovel, disposable bags/ties, and Emergency Response Guidebook
--------------	---

Dave Gilady will assure that the following is done:

- Spill kits are compatible with the hazardous substances stored on site.
- Spill kits are located in areas where spills are likely to occur, such as loading docks, chemical storage areas, or locations where hazardous substances are being transferred.
- Spill kits are sized to manage an anticipated release. (The spill is equal to the largest chemical container.)
- Emergency response equipment is inspected periodically as part of the monthly inspection to assure that each kit is complete.

4. Training and Audits

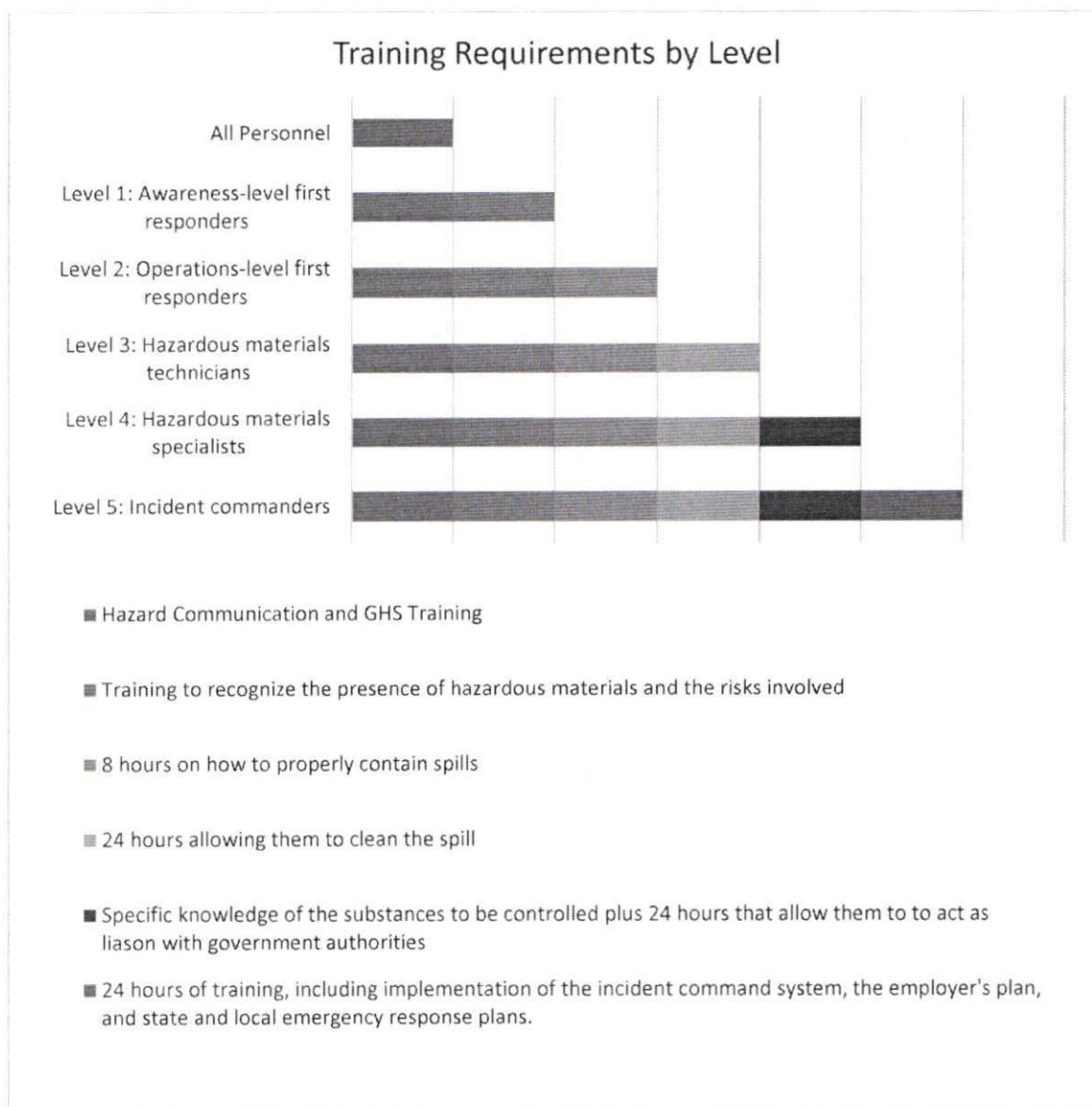
Training:

Training will be tracked using the following method: Training logs

The amount of training required varies by level. Annual refresher training is required for each of the five levels.

Training events can be tracked in the Risk Management Center Training Track™ application, and audits can be created and managed through the Audit Track™ application.

Spill Prevention and Response Plan



Emergency drills:

This success of this plan requires that emergency responders be competent in their response to emergencies. Accordingly, emergency drills and responses shall be conducted periodically to replicate actual potential spills. Reviews following each drill will discuss improvements.

Dave Gilady will schedule and oversee emergency drills.

Program audits:

As is true with any effective program, the Spill Prevention and Response Plan must be audited on an ongoing basis to assure that it is fully up to date and compliant.

Dave Gilady will oversee audits.

Spill Prevention and Response Plan

Audit frequency: Annually

SPILL PREVENTION AND RESPONSE PLAN

Appendix B Facility Site Map

Instructions: Create a facility site map which indicates the locations of the following:

- Stored hazardous substances
- Floor, sewer, and storm drains
- Spill kits and other containment or cleanup materials
- Emergency exit routes
- Evacuation meeting places
- Fire alarms
- Fire extinguishers
- Eyewash stations/showers
- First aid stations

SPILL PREVENTION AND RESPONSE PLAN

Appendix C

Visual Inspection Checklist

Inspection Month: _____ Year: _____ Site/Building: _____

Inspector: _____ Inspector's Signature: _____

Area:	[Insert Area to Be Inspected]		
HOUSEKEEPING	YES	NO	N/A
1. Is the area free of spills?			
2. If spills were found: Was the spill cleaned up properly?			
Was the spill log and report completed?			
3. Is the area free of other housekeeping issues?			
SPILL KITS INSPECTION	YES	NO	N/A
4. Are the spill kits in this area complete?			
5. Are the spill kits in this area stored in the appropriate locations?			
HAZARDOUS SUBSTANCES INSPECTION	YES	NO	N/A
6. Are lids secure on all chemical containers in the area?			
7. Are labels present on all chemical containers in the area?			
OTHER SAFETY CONCERNS IN THE AREA	YES	NO	N/A
8. Are storm drain traps free from buildup?			
9. Are drains free from evidence of clogging?			
10. Are filters in good condition? (Choose "no" if they need to be replaced.)			
11. For tanks with alarm systems: Are alarms/sensors operating properly?			
Have alarms/sensors been serviced according to schedule?			
NEW HAZARDOUS SUBSTANCES	YES	NO	N/A
12. If any hazardous substances have been introduced to the area: Have they been added to the hazardous materials inventory?			
Do SDSs exist for all new hazardous substances?			
Have the new containers been properly labeled?			
Are cleanup supplies sufficient for these substances?			

NOTES PAGE

SPILL PREVENTION AND RESPONSE PLAN

For every "NO answer" above, give a description of the deficiencies:

Describe any other concerns:

Describe corrective actions:

SPILL PREVENTION AND RESPONSE PLAN

Appendix D: Visual Inspection Log

Building or Location: _____

Date: _____ Inspection Conducted by: _____

	Area	Inspection complete	Area is free from spills or defects? (Yes/No)	Notes
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				

I certify that the above inspection was performed to the best of my knowledge and ability, based on the conditions present on [Date] _____.

[Signature] _____

SPILL PREVENTION AND RESPONSE PLAN

Appendix E: Spill Log

Date of spill	Location of spill	Spill size (gallons)	Preventive Measures taken	Spill kit materials reordered	Was spill kit adequate? List deficiencies/missing items

SPILL PREVENTION AND RESPONSE PLAN

Appendix F

Spill Report

Site Name: _____ **Date of Spill:** _____

Spill started at (time): _____ AM PM **Spill ended at (time):** _____ AM PM

This report filled out by: _____

SPILL TYPE	
Spilled substance (common name):	
Quantity spilled:	
Material concentration:	

SPILL LOCATION		
Describe location:		
Describe damage:		
<input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors	If outdoors, describe weather:	
Did the spill reach water?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, describe:

RESPONDERS	
Spill discovered by:	
Name of additional responders	Type of responder (operations-level, hazardous material technician, contractor, etc.)

ACTIONS TAKEN	
Communicating/evacuating	
Containment of spill	
Cleanup of spill	
Reporting and documentation	
Analysis and preventive measures	

Appendix G

SPILL PREVENTION AND RESPONSE PLAN

Training Log

[Instructions: Adapt this training log to fit your organization's needs.]

Class Name: _____ **Class Date:** _____

Trainer: _____ **Trainer's Signature:** _____

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Class Participants:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

[Note: A Copy of the Class Handout should be attached here as well.]

SPILL PREVENTION AND RESPONSE PLAN

Hazardous Response Procedures

Hazardous Material	Specific Response Procedures in the Event of a Spill
1.	1. 2. 3. 4. 5. 6.
2.	1. 2. 3. 4. 5. 6.
3.	1. 2. 3. 4. 5. 6.
4.	1. 2. 3. 4. 5. 6.



Safety Manual for Trucking Operations

AIG RISK CONSULTING





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Introduction

Welcome to the AIG Risk Consulting (AIG) manual for fleet operations. This manual provides a basis to develop your own risk management program with the assistance of AIG.

Safety must be considered a primary issue for every motor carrier operation regardless of size, location or fleet type. Effective safety programs can result in significant cost savings for a carrier. Companies that do not have effective risk management programs can jeopardize themselves financially, legally and morally.

THE PURPOSE OF THIS MANUAL

This manual incorporates proven safety procedures and standards that can help you evaluate the effectiveness of your safety and compliance efforts. We have also provided sample documents for many of the safety measures recommended by both AIG and the Federal Motor Carrier Safety Regulations (FMCSR).

This manual provides overviews of what AIG believes are key elements of the FMCSR as well as some enhancements to the regulations. For a full list of federal regulations, please visit <https://www.fmcsa.dot.gov/regulations>.

AIG'S RISK CONTROL FOCUS

Driver hiring standards

Hiring qualified drivers is the most critical part of any trucking operation. Your hiring standards should ensure you are getting the best drivers available. Good drivers lead to fewer accidents.

Fleet safety efforts and accident experience

Effective safety efforts reduce your accident experience. Your program should identify accident types and trends, so appropriate corrective measures may be implemented, to improve the fleet's accident frequency.

Compliance with regulations

You are required to follow the FMCSR requirements designed to reduce the number and severity of crashes. AIG can assist in reviewing your compliance efforts and make recommendations for improvement



AIG Risk Consulting Services

AIG is equipped to support you in building your safety and compliance program. Upon request, your Casualty Risk Consultant can:

- Conduct on-site or virtual surveys* to assess your fleet safety efforts and accident experience, compliance with regulations, and your existing risk management and loss control programs.
- Provide written recommendations based on on-site surveys.* We work with you to determine specific time frames for completion. At your request, we will provide technical support needed to implement these recommendations.
- Periodic visits or phone consultations can be made by our consultants to review your progress with our recommendations, and to assist you with other elements of your safety program.
- Provide training for drivers and administrative personnel to address concerns developed in both accident analysis and our safety and compliance reviews. Training may include topics such as hours of service, what to do at the scene of an accident, vehicle inspection procedures, hazardous material training and defensive driving.
- Design a personal injury reduction program focusing on your particular operations to reduce accidents and injuries in your workplace.



AIG Risk Consulting Program Standards

AIG is committed to helping you be as successful as possible through the design of an effective safety program. Our suggested standards are those listed below, and your acceptance of these standards will provide a reasonable base from which you can build a targeted and cost-effective risk management and loss prevention effort.

Our consultants can review your program to determine whether your safety program meets our standards (listed below). We can also assist with suggestions and considerations to improve the program. However, you are ultimately responsible for the success of your company's safety programs.

Your safety program should comprise, at a minimum, the following elements (each of which are detailed in the manual):

- Driver hiring standards
- Compliance program
- Safety policy and procedure manual
- In-Service training programs / safety meetings
- Orientation program
- Drug & alcohol policy
- Accident analysis



Driver Selection & Qualification Standards

The success of every motor carrier operation begins with the selection and training of its drivers. They are your representatives both on the road and at your customer's dock. For these reasons and many more, it is vitally important that careful consideration be used when hiring new drivers.

Your driver hiring and qualification standards should be in written form, highlight key elements such as the minimum age, maximum number of tickets, maximum allowable tickets and anything else necessary to meet the FMCSR requirements. These standards should be included in your safety manual.

Refer to <https://www.fmcsa.dot.gov/regulations/title49/part/391> for the full details on the FMCSR requirements for Qualification and Disqualification of drivers.

The FMCSR's requirements are the minimum standards by which a driver may drive a commercial motor vehicle. In order to assist you in having the safest possible program, the Truck Insurance Group has established our own qualification standards, which exceed the minimum standards set forth by the FMCSR. The next page highlights driver requirements found in the Truck Insurance Group underwriting guidelines. We ask that you work to incorporate these guidelines into your own program in order to ensure that your drivers are compliant with our standards.

Minimum age

All drivers should be a minimum of 23 years of age or older. Ideally, drivers should be at least 25 years of age.

Minimum experience

Drivers should have at least 2 years of verifiable commercial driving experience in equipment similar to that which he/she will be operating. This experience should be immediately prior to employment. *Exception:* If an applicant has at least 5 years verifiable experience, the 12 months prior to employment may include non-driving employment.

Work history

Applicants whose history shows steady employment make more stable, dependable and safe drivers. For this reason, we recommend avoiding hiring anyone who has had more than 2 jobs in the last year and more than 6 jobs in the last 3 years.

Medical examinations

Drivers must not be allowed to operate a Commercial Motor Vehicle unless they have been medically certified as physically qualified by a certified Medical Examiner. Refer to FMCSR Part 391Subpart E - Physical Qualifications and Examinations for guidance.



MVR requirements

A driver's Motor Vehicle Report (MVR) is an important snapshot of his/her driving history and should be reviewed carefully. Each driver's MVR should be reviewed at least on an annual basis to assure drivers stay within AIG's guidelines for acceptable moving violations, accidents and non-moving violations within the last 36 month period. Drivers that are placed on probation should have an MVR review on a quarterly basis. The MVR should also be used to verify information on the application and the Certificate of Violations, as well as the Annual Review of Driving Record.

AIG's guidelines to determine acceptability of a driver's MVR is derived using the following point value system. The maximum acceptable number of points may not exceed 3 within the last consecutive 36 month period.

Use the following Point Value System to determine each individual driver's total points. When two violations occur on the same date, use the higher point value.

1 point: speeding < 15 MPH, any other moving violation

2 points: speeding > or = 15 MPH, following too closely, improper lane change, accident

Non-moving violations, such as equipment or seatbelt violations count 1 point for every 3 occurrences within the last consecutive 36 month period

Road tests

AIG recommends all drivers, regardless of age, experience or record, be road tested in comparable equipment to what they'll be operating. This recommendation applies to owner/operators as well as drivers employed by owner/operators. The road test should require the driver to demonstrate all the skills necessary for safe operation of the vehicle and should be documented in the driver qualification file.

Other resources

Other resources are available from several sources that can aid in the selection process. Personality tests, aptitude tests, criminal background checks and credit checks are also effective tools that can assist you.

PSP reports

The Pre-Employment Screening Program (PSP) allows carriers, individual drivers, and industry service providers access to commercial drivers' safety records from the Federal Motor Carrier Safety Administration's (FMCSA) Motor Carrier Management Information System (MCMIS). Records are available 24 hours a day via the PSP web site. Please visit [https:// www.psp.fmcsa.dot.gov](https://www.psp.fmcsa.dot.gov) and click on "Enroll in PSP." Once the appropriate agreement is complete, follow the instructions to return the entire agreement to NIC Federal. The account holder agreement includes FMCSA-required consent language that all account holders must use to capture a driver's consent before making a PSP record request.



Driver Safety Standards

PASSENGER POLICY:

AIG prefers that its policyholders adopt a "no rider" policy for the commercial vehicles we insure. However, those policyholders who choose to allow passengers should follow these guidelines:

Driver/operator qualifications:

1. Must be employed as a driver for at least 6 months.
2. Must not have been involved in a preventable accident within the last 12 months.
3. Must not have received any moving violation convictions within the past 12 months.
4. Must be approved in writing by both the safety and operations departments.

Passenger qualifications:

1. Passengers authorized under the program should be at least 18 years of age.
2. Only one passenger per vehicle is allowed at a time.
3. The carrier must show proof of valid coverage under an acceptable passenger accident contract.
4. The passenger should sign a waiver relieving the carrier of any responsibility should they be injured in an accident.

Prior to dispatch the driver must have a written authorization form from the carrier granting permission to have the passenger as required by FMCSR. The form should include the name of the person to be transported, the points from which the transportation will begin and end and the date on which the authority expires.

DISCIPLINARY POLICY

AIG recommends that every carrier have a written disciplinary policy in place to deal with drivers who have been involved in preventable accidents, received citations, violate company policy or DOT regulations, have log violations or commit any other safety violations that may be included in the policy.

The program should be progressive in nature beginning with a documented verbal warning, progressing to a written warning and ending with termination. **All disciplinary actions should be documented and be made part of the employee's personnel file.**

It is also recommended employees receive remedial training in disciplinary areas. Communicating at each point in time during the disciplinary process helps ensure clarity on expectations.



Driver Qualification Files

AIG requires you to adhere to the FMCSR guidelines on maintaining proper documentation of all drivers. Key elements for driver qualifications are detailed below. If you would like further information, please see the FMCSR guidelines at: <https://www.fmcsa.dot.gov/regulations/title49/section/391.51>

1. A file should be kept for each employed driver.
2. The qualification file for a driver must include the following:
 - a. The driver's application for employment (391.21)
 - i. The application for employment must include the following two questions:
 1. Whether they were subject to the FMCSR's while employed by the previous employer.
 2. Whether the job was designated as a safety sensitive function subject to the drug and alcohol testing requirements of 49 CFR Part 40.
 - a. A copy of the original motor vehicle record (MVR)
 - b. The certificate of driver's road test issued to the driver or a copy of the license or certificate which the motor carrier accepted as equivalent to the driver's road test.
 - c. Annually updated MVRs
 - d. Notes relating to the annual review of the driver's driving record
 - e. A list or certificate relating to violations of motor vehicle laws and ordinance.
 - f. The medical examiner's certificate or a legible copy of the certificate.
3. Except as detailed above, each driver's qualification file should be retained for as long as a driver is employed by that motor carrier and for three years thereafter.
4. In order to ensure that driver's physicals and CDL's do not expire, it is recommended that carriers develop a system to track these expiration dates. This can be done on paper or on a spreadsheet. The driver should be notified 60 to 90 days prior to the expiration date, to give them ample time to complete the renewal. 1-2 weeks prior to renewal of these, the drivers should not be dispatched to ensure violations do occur before he/she can return.



Driver Qualification Files

DRIVER INVESTIGATION HISTORY

The FMCSA requires that all motor carriers are required to obtain and review the "safety performance history" of each new driver hired.

The driver's safety performance history includes: (3) years of information about where the driver worked, the motor vehicle accidents involved in and the driver's drug/alcohol testing history. The Driver Investigation History (DIH) information can be combined with existing files, (drug/alcohol or DQ), or a New DIH file, as long as all the records are kept confidential and secured with limited access.

Previous employer information must be maintained in a secure location with controlled access. This can be in the DQ file, a drug/alcohol file or a new Driver Investigation History (DIH) file.

The Drivers' Application should include the Driver Rights listed in FMCSR 391.23(i)(1).

- (i) The right to review information provided by the previous employer;
- (ii) The right to have the errors in the information corrected by the previous employers and for that previous employer to re-send the corrected information to the prospective employer;
- (iii) The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

These Driver Rights must be provided to the driver prior to any hiring decision.



Training Policy

Training is an important element in driver safety. In addition to building and sharpening the basic driving and safety skills of your personnel, continued training keeps your people current on changes in such areas: the FMCSR's, vehicle inspections, company accident trends, hazardous material (hazmat) regulations and OSHA information, among others.

ORIENTATION

All new hires, including owners/operators, should attend an orientation program to become familiar with your company. This program should include at the minimum, company rules, safe driving practices, routing, hours of service, personal injury protection, hazmat procedures, accident reporting procedures, load securement, drug and alcohol policies.

IN-SERVICE TRAINING / SAFETY MEETINGS FOR ACTIVE EMPLOYEES

Regular safety meetings are an effective means to communicate with all employees. These should be held at your terminal or any other centralized location that all employees can easily access. They should be set up on regular, standard intervals and attendance should be mandatory. Discussions can include regulatory changes, accident cost and trends and updates to company and/or FMCSR regulation policies.

The following are minimum elements for effective safety meetings which should be conducted at least twice per year and attendance is mandatory:

- Roadside Inspection data / CSA BASIC Values
- Include results of accident analysis
- Emphasize hours of service
- Provide hazardous material and other regulatory updates
- Bring in outside speakers periodically to add interest and give different views

Document All Training:

- Copies can be maintained in a training file or the drivers' personnel files.
- Documentation should include: date of training, topics covered, instructor information and a signed attendance roster.



ADDITIONAL TRAINING

Hazardous material training: If your company transports any amount of hazardous material, it is required that any person directly affecting hazardous materials transportation be trained in accordance with 49 CFR 172.700 Subpart H. This training must be completed for a new hazmat employee and recurrent training is required every three years. All training should be documented and kept on file.



Training Policy

- Special equipment training: Should your company use any specialized equipment in transportation –dump, reefers, tankers, flatbeds, lowboys, etc. – special training should be done to assure the driver is familiar with the operation of the specialized equipment. In the case of flatbeds, lowboys, etc., load securement techniques and requirements, tarping procedures, and special handling characteristics of the equipment should be covered prior to initial dispatch.
- Supervisor training: Each employer must ensure that all persons designated to supervise drivers receive at least 60 minutes of training on alcohol misuse and at least 60 minutes of additional training on controlled substance use. This training will enable supervisors to detect whether reasonable suspicion exists to require a driver undergo testing under FMCSR (Part 383.307). This training must include but is not limited to physical, behavioral, speech and performance indicators or probable misuse of alcohol and controlled substances. This training should be documented and kept in each supervisor's training file.
- Dispatcher training: Training should be done to ensure that all dispatchers and other supervisory personnel are familiar with FMCSR, and in particular, the "hours of service" portion of the regulations. This will assure they are not dispatched on a run if they don't have enough hours to legally complete it. If you transport hazardous materials, dispatchers should also have a working knowledge of the hazardous material regulations.
- Newsletters: Newsletters are an effective way to distribute information to employees. You can encompass training materials as well as updates on industry trends or changes in regulations. The newsletter can also be used to keep employees up to date on company happenings and upcoming events.



Training for Entry-Level Drivers with Less than 2 Years of Experience

While AIG's minimum driver qualification standards indicate drivers should have at least 2 years of verifiable driving experience, some insureds may wish to establish an in-house training program for those entry-level drivers.

A successful in-house driver training program involves several key elements:

CARRIER QUALIFICATIONS

- FMCSA rating of satisfactory
- Carrier not having more than one CSA basic in Alert
- The one Alert cannot be Unsafe Driving
- Must have a dedicated Safety Manager
- Department of Transportation (DOT) carrier authority for five years
- Regional operation of not more than 200 mile radius
- DOT crash rate of less than .75 accidents per million miles driven
- Underwriting must receive confirmation from an AIG Casualty Risk Consultant that the carrier is in compliance with AIG guidelines

TRAINER'S QUALIFICATIONS

- Five years of experience operating similar equipment to that being driven
- Completed PTDI Train the Trainer course or an equivalent
- Should have a clear MVR for the past 24 months
- No preventable accidents within the past 24 months
- Should be employed by the company for a minimum of 2 years.
- Should have an annual performance evaluation



In addition, the Trainer should be held accountable for any and all losses involving the trainee until the trainee is released.

TRAINEE REQUIREMENTS

At a minimum, the driver must successfully complete a driver training course conducted under the Professional Truck Driving Institute of America (PTDIA) or like standards. The insured should do an on-site inspection of these driving schools and their curriculum. AIG does not support entry-level driver training conducted by a spouse, friend or other closely related third party.



Training for Entry-Level Drivers with Less than 2 Years of Experience

On top of completing the course, the trainees should meet the following criteria:

- No moving violations in the past three years
- All trainees, including owner operators, should meet all other minimum hiring guidelines set forth in this manual, with the exception of the experience level.
- A transcript from the driving school should be provided indicating a passing grade of 80%

ON THE JOB / BEHIND THE WHEEL TRAINING

After Trainees complete their schooling and the orientation program, they should be assigned to a driver trainer for behind the wheel training. Following are suggestions for this very important part of training:

- Identify progressive goals for the trainee as part of the training program
- Review the trainees progress every 10-14 days
- Allow the trainee to critique the trainer as well over the same time period
- Continue the process for a minimum of 6 to 8 weeks
- After a reasonable time of demonstrating safe driving habits, move the trainee to a local or short run capacity (50-200 miles from terminal)
- If this portion is successfully completed, then a final assessment should be done. If the trainee passes a comprehensive skills test, he/she may be moved to a fleet position. If not, additional training may be done or termination if necessary.



Accidents

RECORD KEEPING REQUIREMENTS

The DOT defines an accident as an occurrence involving a commercial motor vehicle operating on a highway in interstate or intrastate commerce which results in:

- A fatality
- Bodily injury to a person who as a result of that injury immediately receives medical treatment away from the accident scene
- One or more vehicles which, due to disabling damage, is towed from the scene
- For these accidents, FMCSR 390.15 requires that they be recorded in an accident register and maintained for 3 years from the date on which the accident occurs.

The accident register must contain at least the following information:

- Date of the accident
- City or town closest to where the accident occurred
- Driver's name
- Number of injuries
- Number of fatalities
- Whether or not any hazardous material, other than diesel fuel from the fuel tanks, was released in result of the accident

In addition, copies of all accident reports required by state or other governmental entities or insurers must also be retained for a period of 3 years from the date of the accident. AIG recommends a separate file be kept for each accident. Accident registers may be kept as hard copies or electronically, as long as they can be presented to a DOT or other state agents upon request. See the Appendix for a blank accident register that can be utilized.

AIG recommends that an internal accident report form be used for documentation and investigation of the accident. All carriers, regardless of size, should perform ongoing accident analysis to determine trending in the accidents they are having. Accidents and their root causes should be tracked, so that training and other preventative measures can be directed towards eliminating those causes. All accidents should be reported to AIG as soon as possible. This can be done by calling our 24 hour claims support number: 1-877-399-6442.



ROUTINE MAINTENANCE

FMCSR requires that “every motor carrier shall systematically inspect, repair and maintain, or cause to be systematically inspected, repaired or maintained, all motor vehicles subject to its control.”

Record keeping requirement:

The following is a list of maintenance record keeping requirements for vehicles a motor carrier has controlled for 30 days or more outlined in FMCSR 396.3:

- An identification of the vehicle, including company number, make, serial number, year and tire size. If the vehicle is not owned, provider of the vehicle should be noted.
- A schedule of inspections & maintenance to be performed, including type & due date
- Inspection, repair and maintenance records

These records must be retained for one year at the location where the vehicle is either garaged or maintained for 6 months after the vehicle leaves the carrier's control.

PERIODIC OR ANNUAL INSPECTIONS

In addition to routine maintenance each commercial motor vehicle under your control must pass a periodic inspection performed by a qualified inspector (FMSCR 396.17).

The record keeping requirements include periodic inspection reports. The Periodic inspection reports should include the following information:

- The individual performing the inspection
- The motor carrier operating the vehicle
- Date of the inspection
- Vehicle inspected
- Vehicle components inspected and the results of the inspection

An original or copy of the record must be maintained by the motor carrier or the entity responsible for the inspection for a period of 14 months from the date of inspection. Documentation of the Annual Inspection must be on the vehicle. The original or a copy should also be retained where the vehicle is housed or maintained.



PRE-TRIP INSPECTION

Before driving a motor vehicle the driver must perform a pre-trip inspection on each vehicle driven throughout a workday to make sure the vehicle is in safe operating condition. This pre-trip inspection should be entered on the driver's daily log.

POST TRIP INSPECTIONS / DAILY VEHICLE INSPECTION REPORTS (DVIR'S)

The FMSCR 396.11 requires that each driver inspect and prepare a DVIR at the end of each workday, listing any defects discovered by or reported to the driver which would affect the safety of operation of the vehicle or result in its mechanical breakdown. This must be done for each vehicle operated during that workday and the driver must sign this report. No DVIR Report is required if no defects or deficiency is discovered by or reported to the driver (FMCSR 396.11(a)(2)(i))

Record keeping requirement

The daily inspection report should cover at least the following parts and accessories:

- Service brakes and connections
- Parking brake
- Steering mechanism
- Lighting devices and reflectors
- Tires, horn, windshield wipers, mirrors, coupling devices, wheels and rims
- Emergency equipment

The original DVIR report, certification of repairs and certification of the drivers review must be retained by the motor carrier for a period of 3 months from the date the report was prepared. Owner/operator DVIR's must be retained by the motor carrier they are leased to.

ROADSIDE INSPECTION REPORTS

Immediately following a roadside inspection, the driver must deliver a copy of the report to the motor carrier. If the driver is not scheduled to arrive in a terminal within 24 hours, the report must be immediately mailed to the motor carrier. The motor carrier must examine the



report and violations or defects noted should be corrected. Within 15 days of the inspection, the carrier must certify all violations have been corrected and return the form to the issuing agency.

The motor carrier must retain a copy of each roadside inspection in the carrier's principle place of business for a period of 1 year from the date of the inspection.

If the carrier has been certified to perform its own periodic or annual inspections and/or the carrier has certified brake inspectors, evidence of their qualifications must be retained by the motor carrier during the time they are performing the inspections and one year after they cease to perform the inspections.

OWNER/OPERATORS

AIG recommends prior to entering into a lease agreement with an owner/operator, that the equipment to be leased is inspected by a qualified inspector. We also recommend you establish an age limit on the equipment you lease. It is important that any equipment you lease be well maintained and in good appearance. Remember, your company placards will be on the doors of the tractor. Since, according to the FMCSRs, the motor carrier is responsible for the maintenance of all the vehicles it controls, the carrier will be ultimately responsible to ensure that the owner/operator equipment is maintained as well as your company owned tractors.

AIG recommends you require all owner/operators to submit a monthly record of all repairs and maintenance performed on the leased equipment. We also recommend you monitor the due dates of the owner/ operator annual inspections, to avoid being put out of service.



Drug & Alcohol Testing

AIG's DRUG POLICY

While DOT regulations permit the rehabilitation and retention of drivers who have tested positive for controlled substances, AIG does not support placing anyone in a driving position, who has ever tested positive for controlled substances.

DOT Drug & Alcohol policy requires carriers to conduct the following tests:

Pre-employment

A pre-employment drug screen with a negative result is a requirement for each new driver before they are allowed to perform any "safety sensitive" function.

Post-accident

If a driver is involved in an accident involving a fatality or any other DOT recordable accident in which they receive a moving violation citation, the company must require the driver to submit to both drug and alcohol testing.

Alcohol testing must be performed within 2 hours from the time the accident occurred. If this is not possible, you have up to 8 hours from the time of the accident to have the driver tested.

- If the 2 hour time limit is exceeded, documentation as to why the test could not be completed must be completed and retained.
- If the 8 hour time limit is exceeded, you must cease attempts to test the driver and document why the testing could or did not take place.

Controlled substance tests must be performed within 32 hours from the time of the accident. If the testing cannot be performed within 32 hours, you must cease attempts to complete the test and document the reasons why the test could not be completed within the allowable time. This record must be retained.

Below is a chart to help simplify whether or not a post-accident drug and alcohol test must be conducted on your driver.

Type of accident involved	Citation issued to your driver?	Testing required?
Human Fatality	Yes or NO	YES
Bodily injury with treatment away from the scene?	YES	YES
	NO	NO
Disabling damage requiring tow away of any vehicle	YES	YES
	NO	NO



Drug & Alcohol Testing

RANDOM TESTING

On an annual basis, carriers must randomly test a number of drivers equal to 10%* of their average annual number of driver positions for alcohol and 50%* of their average annual positions for controlled substances. Random alcohol tests must be performed immediately prior, during or immediately after a driver performs a safety sensitive function. All drivers must have an equal chance of being selected and the selection process must use a scientifically valid method, such as a random number table, or a computer-based random number generator, that is matched with some form of driver ID number such as Social Security, Payroll, etc.

* The FMCSA Administrator may change the annual percentage of testing based on the reported violation rate for the entire industry. It is the carrier's responsibility to verify proper testing rates are being followed.

REASONABLE SUSPICION

A driver must submit to an alcohol and/or controlled substance test when a properly trained company official or supervisor has observed and documented suspicious behavior, which may indicate alcohol or controlled substance abuse.

RETURN TO DUTY

Before a driver returns to a safety sensitive position, each carrier must ensure that the driver undergoes an alcohol test with a result indicating an alcohol concentration of less than .02 and a controlled substance test with a verified negative result.

FOLLOW-UP

A substance abuse professional must require follow-up testing after referral. A minimum of six tests must be conducted in the first 12 months after a positive result. The driver may only be subject to the test for a maximum of 60 months.



Drug & Alcohol Testing

RECORD KEEPING REQUIREMENTS

One Year:

Negative and canceled controlled substance test results

Alcohol tests indicating a BAC of less than 0.02

Two Years:

Records related to the collection process and required training

Five Years:

Alcohol test results indicating a Breath Alcohol Concentration of 0.02 or greater

Verified positive drug test results

Refusal to submit to required alcohol and drug tests

Required calibration of Evidential Breath Testing (EBT) devices

ALCOHOL & CONTROLLED SUBSTANCE TRAINING

Every motor carrier should provide educational materials explaining the requirements of the regulations as well as the carrier's policies regarding alcohol misuse and controlled substance abuse. At a minimum, details containing the following should be administered:

- The identity of the persons designated to answer drug and alcohol questions
- Which drivers are subject to these requirements, what behavior is prohibited, and a clarification of "safety sensitive function".
- The circumstances under which a driver will be tested and the procedures that will be used for testing.
- Explanations of the requirement that a driver submit to the testing as well as what constitutes a driver's refusal to submit to testing.
- The consequences for drivers who have violated the testing requirements.
- Information concerning the effects of alcohol misuse, and controlled substance abuse on health, work and personal life.

The DOT Drug and Alcohol testing requirements are extensive and the high points have just been touched on here. Carriers should familiarize themselves with all aspects of the testing requirements to ensure compliance with the regulations.



Drug and Alcohol Clearinghouse

As of January 6, 2020 all motor carriers of current and prospective employees holding a commercial driver's license (CDL) or commercial learner's permit (CLP) must register with the Drug and Alcohol Clearinghouse. This Clearinghouse is a secure online database giving employers and the Federal Motor Carrier Safety Administration (FMCSA) real-time information about CDL and CLP holders' drug and alcohol program violations, including positive drug or alcohol test results, test refusals and when a driver completes the return-to-duty (RTD) process and follow-up testing plan. Once registered motor carriers must:

- Conduct a full query of the Clearinghouse as part of each pre-employment CDL or CLP driver investigation process.
- Conduct limited queries at least annually for every CDL or CLP driver they employ. If limited query indicates information in the Clearinghouse the motor carrier must complete a full query.
- Request electronic consent from the driver for a full query, including pre-employment. Limited query require a signed General Consent for Limited Queries consent form.
- Report drug and alcohol program violations.
- Record negative return-to-duty (RTD) test results & date of successful completion of a follow-up testing plan for any driver employed with unresolved drug & alcohol program violations.

Drivers must only register if they are actively seeking employment or if a limited query run by the motor carrier they are currently driving for indicates information. FMCSR 382.701 (b) requires a motor carrier to obtain drivers consent prior to requesting a Limited Query. This signed consent form must be retained on file for 3 years after the date of the last limited query.



Sample Format:

General Consent for Limited Queries of the FMCSA Drug and Alcohol Clearinghouse

I, (Driver Name), hereby provide consent to (Company Name) to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by (Company Name) indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to (Company Name) without obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for (Company Name) to conduct a limited query of the Clearinghouse, (Company Name) must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

Driver's Signature

Date



Safety Programs

Throughout this manual, we mentioned several key components to maintaining good safety policies. These include the following:

- Driver Selection & Qualification Standards
- Driver Training
- Regularly Held Safety Meetings
- Vehicle Maintenance
- Compliant Driver Qualification Files
- Accident Analysis for Preventative Measures
- Mandatory Drug and Alcohol Testing

SAFETY MANUAL

AIG recommends that all carriers maintain their own safety manual. The manual should include, at a minimum, the following elements:

- Safety policy (signed by President / CEO)
- Job description and rehire policy
- Drug and alcohol abuse policy
- Drug and alcohol testing policy
- Operational information
- Policies on accidents and personal injuries
- OSHA information
- Disciplinary policies for accidents, safety and log violations
- Hours of service program
- Vehicle inspections
- Hazardous material information (if applicable)
- Incentive and safety award program

ACCIDENT/INJURY REVIEW COMMITTEES

The purpose of an accident review committee is to “review” accidents or injuries which have already been ruled preventable by the safety director. The committee is a forum in which the driver has a chance to tell his/her side of the story should he disagree with a safety director’s ruling. The committee will hear all the facts surrounding the accident or injury and then make their ruling. If your policy gives the driver the right to another appeal, he/she could then go to the ATA, OSHA or a police organization, for example, to get a final ruling.

ACCIDENT/INJURY REVIEWS

Remember two main points when preparing to review an accident:

- The purpose of an accident review is to identify contributing accident causes in order to prevent future accidents of a similar nature.
- Disciplinary action against an employee should never be part of the outcome of the accident review. If disciplinary action is necessary because of an employee’s failure to follow on established work procedure or rule, the disciplinary action should take place before, not as a result of, the meeting.



Safety Committee Setup

PURPOSE

A well-run safety committee demonstrates management's concern for job safety and provides a forum for management and labor to discuss ways of dealing with reducing the frequency and severity of work accidents.

COMMITTEE MAKEUP

Members of the safety committee should include:

- A high ranking operational manager
- Management's safety or personnel representative
- Company physician or nurse, when applicable
- At least one member from each labor group (drivers, dispatchers, mechanics, etc.)

Committee members should be rotated periodically to help maximize employee involvement. Timing of the rotation should allow committee members long enough to have a constructive impact on the task at hand, but also allow for fresh opinions to be included. The size of your labor force should help dictate the timing of member rotation, but we suggest a staggered rotation every 1-2 years.

MEETING STRUCTURE

Meetings should be structured with clear agendas and should be held on regular intervals. The agendas should include a review of the meeting notes from the last meeting, new information to be covered and time to review outstanding items that will be carried over to the next meeting. Agendas should also include a summary of accident and injury activity since the previous meeting.

SUGGESTED ACTIVITIES

Work accidents are caused by a combination of unsafe work behaviors, inappropriate work procedures and unsafe physical conditions. It is important that safety committee members direct their efforts to identifying which of these factors have caused accidents in the past or have a high likelihood of causing accidents in the future. Once the committee identifies the hazards, the task before committee members is to decide what action is necessary to minimize the likelihood of future accidents.



Safety Committee Setup

INSPECTION PROGRAM

One of the key factors in identifying job hazards is observing the job as it is performed and noting where improvements can be made. Committee members must be aware of the fact that if an inspection program is to be effective, it must include all three facets of accident causes:

- The physical condition of the work place.
- The appropriateness of the work procedures.
- The appropriateness of individual employee behavior.

One suggested safety committee activity would be for each member to inspect the work place, working conditions and work habits in their area of concern. Subsequent committee meetings should include discussions of notations made during the inspection time, along with possible solutions to any deficiencies observed.

OUTSTANDING ITEMS

If there are any outstanding items, one of the committee members should be designated as a point-person for each task to handle the resolution before the next meeting. It is important to make sure all discussions of safety procedures and identified hazards that can help prevent future workplace incidents are compiled in a manner that is easily relayed to the entire staff either with a memo or during the next staff meeting.

Driver's Road Test Examination

Drivers Name _____ Address _____

City _____ State Zip _____ Social Security

No. _____ License No. _____ State _____

Truck Equipment Driven: Tractor _____ Trailer(s) _____

Length of Test _____ From _____ To _____

- _____ Pre-trip inspection
- _____ Coupling and uncoupling of units including combination units
- _____ Placing equipment in operation
- _____ Use of vehicles controls and emergency equipment
- _____ Turning the vehicle
- _____ Braking and slowing the vehicle by means other than braking
- _____ Backing and parking the vehicle
- _____ Other - Explain _____

Remarks: _____

General Performance: Satisfactory [] Needs Training []

Explain _____

Qualified For: _____ Straight Truck _____ Tractor/Semi-trailer _____ Doubles _____ Other _____

Signature of Examiner _____ Date _____

Certification of Traffic Violations

Driver's Name _____

I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification) (Driver's Signature)

(Motor Carrier's Name and Address)

(Reviewed by) (Title)

Request Information From Previous Employer

From Company _____ To Company _____
 Name _____ Name _____
 Address _____ Address _____

The following individual has made application for employment with this company. Your company is listed on the application as a past employer. Would you please respond to the inquiry that follows with respect to this applicant. A self-addressed, stamped envelope has been included for your convenience. Your reply will be strictly confidential and will in no way hold you liable for information submitted with respect to this inquiry.

Sincerely, _____

Name of Applicant: _____ Social Security No. _____
 Position applied for: _____ Employed from: _____ to _____

1. Are dates of employment correct as stated above? _____
2. What type of work did the applicant do? _____
3. If employed as a driver, please indicated equipment driven: Tractor/Semi-Trailer Bus
 Straight Truck Passenger Car Other
 Give dates of all vehicle accidents in which he or she was involved. _____

5. Is there anything in applicant's history that would suggest he or she may not be trusted to handle company funds?

6. Was applicant's general conduct satisfactory? _____
7. Is applicant competent for position sought? _____
8. Reason for applicant leaving your company? Resigned Discharged Laid Off
9. Is this applicant eligible for rehire by your company? Yes No Please explain: _____
 Remarks: _____

By: (Signature of person supplying information)

Date: _____

WAIVER (Detach for your records)
records records

 (Former Employer)

 (Date)

I hereby authorize you to release all information concerning my employment, including oral assessments of my job performance, ability, and fitness, to each and every company (or their authorized agents) which may request such information in connection with my application for employment with said company. I hereby release you from any and all liability of any type as a result of providing the above mentioned information to the above mentioned person.

 (Applicants signature)

Notice to Drivers & Certificate of Compliance

1. Notice to Drivers

The Commercial Motor Vehicle Safety Act of 1986 provides for stronger controls over drivers of commercial vehicles. The law applies to all drivers operating vehicles and combinations with a Gross Vehicle Weight Rating over 26,000 lbs., and to any vehicle, regardless of weight, transporting hazardous materials in a quantity requiring placarding.

The following provisions of this legislation became effective July 1, 1987:

1. No driver may possess more than one license, and no motor carrier may use a driver having more than one License.
2. A driver convicted of a traffic violation (other than parking) in any vehicle must notify the motor carrier and the state, which issued the license to that driver of the conviction within 30 days.
3. Any person applying for a job as a commercial vehicle driver must inform the prospective employer of any previous employment as the driver of a commercial vehicle for the past 10 years, in addition to any other required information about the applicant's employment history.
4. The Federal Motor Carrier Safety Regulations require that a driver who loses any privilege to operate a commercial motor vehicle, or who is disqualified from operating a commercial motor vehicle, must advise the motor carrier the next business day after receiving notification.

Penalties – Any violation of the above is punishable by a fine not to exceed \$2,500. Willful violation of (1) or (3), above, or failure to notify the motor carrier within 30 days of the loss of any driving privilege to operate a commercial vehicle can result in criminal Penalties not to exceed \$5,000 and / or 90 days in jail.

2. Certification by Driver

I hereby certify that I have read and understand the driver provisions of the Commercial Motor Vehicle Safety Act of 1986.

Drivers Name _____ Soc. Sec. # _____

Address _____

License: State _____ Class _____ Number _____

Driver's Signature _____ Date _____

Certification of Violations & Annual Review

Driver's Name _____

I. Certificate of Violations: I certify that the following is a true and complete list of all traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Date	Offense	Location	Type of Vehicle
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months.

(Date of Certification)

(Driver's Signature)

(Motor Carrier's Name and Address)

(Reviewed by)

(Title)

II. Annual Review and evaluation of driver's record

In accordance with Section 391.25 of the Federal Motor Carrier Safety Regulations, all information pertinent to the above driver's safety of operations, including the list of violations furnished by him in accordance with Section 391.25 has been reviewed for the past 12 months.

Action Taken:

(Motor Carrier's Name and Address)

(Reviewer's Signature)

(Title)

(Date)

Notification of Traffic Violation

The Commercial Motor Vehicle Act of 1986 requires that commercial drivers notify their employer and the state that issued their license of all moving violations, including those committed in a personal vehicle, for which the driver forfeited collateral or was convicted, within 30 days after the conviction.

The following information is provided by the below named driver to comply with the traffic violation notification requirements of the Act.

Driver's Full Name _____

Driver's Address _____

City _____ State _____ Zip _____ (____) _____
Ph one Number

Driver's License Number _____ State _____

Date of Violation ____/____/____ Citation Number _____

Type of Vehicle Operated:

Personal Commercial (26,001 lbs. or more) Other (Describe) _____

Location of Offense (City/Town/County) _____ State _____

Type of Violation _____

Disposition of Case (bail forfeiture, conviction with fine, loss of license, etc.)

Date of Conviction: ____/____/____

Driver's Signature: _____ Today's Date: ____/____/____

Owner/Operator Monthly Maintenance Record

Owner _____ Company Unit No. _____

Address _____ Report for Month of _____

Identification Record

Year _____ Make _____ Model _____

No. of Tires _____ Tire Size _____ No. of Plys _____

This is a combination identification record, lubrication record, repair record and tire record. This sheet must be completed once each month and returned by the 5th of the following month. The following inspection report must be completed by a competent and qualified mechanic.

Lubrication Record

Date	Mileage	Lube Oil	Filter	Trans.	Diff.	Battery	Wheels	Pkd.

Repair Record

Date	Repairs (Explain & attach extra sheet if needed)	Parts or Accessories Installed

Tire Record

Date	List all repairs, replacements, rotations, etc.

I certify that all entries hereon are complete, true and correct and that this information was compiled from individual bills and invoices in my possession.

Owners Signature

Date

Accident Investigation

Accident investigation is critical to the success of an effective fleet safety program. You must determine the true cause of the accidents. A proper accident investigation will also lead to a proper determination of whether or not the accident was preventable.

A thorough accident investigation should be done by management and: completed promptly after the incident.

- Secure facts and information from:
 - Injured employee
 - Witnesses
- Take photographs and/or video of the incident location
- Have driver describe what happened in writing and sign off
- Determine the cause(s) and corrective action necessary to limit recurrence

The following is a sample investigation form that can be used.

Vehicle Accident Investigation Report

Part I - General information			
1. Location or Branch	2. Driver Name	3. Department	4. Age
5. Date of Accident	6. Time AM PM	7. How long has driver been operating vehicle? Years: Months:	
8. Exact Location of Accident			
9. List dates of all vehicle accidents by this driver in the past three years			
Part II - Description of Accident			
10. (Describe what happened - who was involved - where - when - why - how)			
Part III - The Cause of the Accident (also complete page 2 of this form)			
11. What was the cause of the accident?			
Part IV - Corrective Action Taken			
12. What is being done to prevent a re-occurrence? (Be specific. List definite steps taken. Avoid vague or meaningless answers such as "Told driver to be more careful," etc.)			
Part V - Management Review			
13. Preventable by Driver		Yes	No
Signature of Supervisor		Date	
Signature of Management		Date	

Descriptions Below Assist to Determine the Cause of the Accident (Part III)

CHECK ALL THAT APPLY

Line 11– Unsafe Acts of Our Driver

- Failure to observe clearances
- Failure to signal intentions
- Failure to yield right of way
- Speed too fast for conditions
- Following too close for conditions
- Improper backing
- Improper parking
- Improper passing
- Improper turning
- Operating equipment without authority
- Unsafe acts of others
- Driving while under the influence of alcohol or drugs
- Insufficient visibility
- Operating beyond vehicle capacity - overweight
- Operating defective equipment
- Operating for excess hours of service - fatigue
- Operating without proper equipment
- Operating without proper license - driver
- Reckless driving
- Other
- None

Line 13– Unsafe Contributing Factors of Our Driver

- Personal impairment -- Alcohol/Drug Abuse
- Distraction
- Personal impairment -- Emotional/Mental state
- Equipment modified
- Personal Impairment - Fatigue
- Inadequate maintenance
- Interior hazard inside vehicle

Line 12 – Unsafe Conditions of Vehicle/Road

- Carbon Monoxide hazard
- Defective brakes
- Defective personal protection
- Defective turn signals
- Defective tires
- Inoperative lights
- Road conditions
- Road illumination
- Vehicle loaded improperly
- Excessive load
- Unauthorized or illegal cargo
- Other
- None

- Lack of knowledge/skill/training
- Personal Impairment - Physical capabilities
- Procedure improvised or not followed
- Unsafe act of others
- Other
- None

Descriptions Below Assist to Determine the Cause of the Accident (Part III)

CHECK ALL THAT APPLY

Base Causes/ Contributory Factors

- | | |
|---|--|
| <input type="checkbox"/> Inadequate correction of known vehicle hazards | <input type="checkbox"/> Inadequate purchasing standards |
| <input type="checkbox"/> Inadequate design/mechanism | <input type="checkbox"/> Inadequate company rules |
| <input type="checkbox"/> Inadequate enforcement of company rules | <input type="checkbox"/> Inadequate employee selection or hiring |
| <input type="checkbox"/> Inadequate hazard identification system | <input type="checkbox"/> Inadequate training or orientation |
| <input type="checkbox"/> Inadequate vehicle inspection program | <input type="checkbox"/> Inadequate or failure to warn driver of hazards |
| <input type="checkbox"/> Inadequate maintenance | <input type="checkbox"/> Other |
| <input type="checkbox"/> Inadequate personal protection | <input type="checkbox"/> None |
| <input type="checkbox"/> Inadequate pre-job planning | |

SUGGESTED INSTRUCTIONS FOR COMPLETING AN INVESTIGATION

1. Begin your investigation as soon as possible after the loss. Record facts quickly.
2. Part I and II should be completed within 24 hours after an accident.
3. Parts III and IV should be completed within 2 weeks after an accident.
 4. Go to the scene of the accident if possible. Get the big picture first. Consider a diagram or photos.
5. Talk with the driver involved -- at the scene of the accident, if possible.
6. Talk with other people who know what happened -- witnesses, other employees. Put each person at ease. Investigate to get the facts, not to place blame. Make each interview in private away from others. Ask others not to talk amongst themselves until you have interviewed them.
7. Ask questions and repeat the story back to them to be sure you understand all of the circumstances.
8. End each interview on a positive note.
9. Look for all of the causes -- unsafe acts, unsafe conditions, contributing factors, and base causes.
10. Be careful of re-enactments. Don't ask for actions to be repeated.
11. Develop your conclusions. Confer with others, solicit prevention ideas.
12. Act positively to prevent re-occurrence. Correct or refer correction to higher authority.
13. Follow up to ensure corrective action is effective and publicize it for the benefit of all.

DEFINITIONS:

Unsafe act: the personal action which directly permitted or caused the accident.

Unsafe condition: the hazardous physical condition or circumstance which directly permitted or caused the accident.

Contributing Factors/Base Causes: Circumstances or policies/procedures or management controls which may have allowed the accident to happen.

The information, suggestions and recommendations contained herein are for general informational purposes only. This information has been compiled from sources believed to be reliable. Risk Consulting Services do not address every possible loss potential, law, rule, regulation, practice or procedure. No warranty, guarantee, or representation, either expressed or implied, is made as to the correctness or sufficiency of any such service. Reliance upon, or compliance with, any recommendation in no way guarantees any result, including without limitation the fulfillment of your obligations under your insurance policy or as may otherwise be required by any laws, rules or regulations. No responsibility is assumed for the discovery and/or elimination of any hazards that could cause accidents, injury or damage. The information contained herein should not be construed as financial, accounting, tax or legal advice and does not create an attorney-client relationship.

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AIG is the marketing name for the worldwide property-casualty, life and retirement, and general insurance operations of American International Group, Inc. For additional information, please visit our website at www.aig.com. All products and services are written or provided by subsidiaries or affiliates of American International Group, Inc. Products or services may not be available in all countries and jurisdictions, and coverage is subject to underwriting requirements and actual policy language. Non-insurance products and services may be provided by independent third parties. Certain property-casualty coverages may be provided by a surplus lines insurer. Surplus lines insurers do not generally participate in state guaranty funds, and insureds are therefore not protected by such funds.

**DELAWARE SOLID WASTE TRANSPORTER PERMIT
PERMIT NUMBER DE-SW-2102**

Effective Date:

Renewal Due Date:

Expiration Date:

Permittee:

MIKE VAN ELSWYK
TRUCKING INC DBA MVT
Environmental Services

Street Address: 520 York Street

Mailing Address:

520 York Street
Elizabeth, NJ 07201

Elizabeth, NJ 07201

This permit, issued pursuant to the provisions of 7 Del. C. Chapters 60, shall remain in effect for the term stated above, provided the permittee is familiar with, and complies with, all terms and conditions herein.

Terms and Conditions:

1. **This permit authorizes the permittee to transport in, out of, or through the State of Delaware the following waste types (as defined in the *Delaware Regulations Governing Solid Waste*):**
2. The permittee shall not transport the wastes identified in Condition 1 to facilities that are not authorized to receive, treat, store, transport, dispose, or recover said wastes.
3. Permittee shall submit, by April 1 of each calendar year, an annual report on a form provided by the Department. The report shall summarize for the preceding calendar year, actual amounts of solid waste by weight and type transported within, into, or out of the state and the destinations delivered.
4. Permits issued for a period greater than one year: Permittees holding multi-year permits have pre-paid the annual fees. The permit shall remain in effect until the expiration date identified above, unless the permit is cancelled by the permittee or revoked by the Secretary of the Department of Natural Resources and Environmental Control (DNREC).
5. A copy of this permit must be carried in each transport vehicle and presented upon request to any law enforcement officer or representative of the Delaware Department of Natural Resources and Environmental Control (DNREC).
6. Only those vehicles identified in the application for this permit shall be used to transport the wastes identified in Condition 1. All vehicles shall be operated in accordance with the *Delaware Regulations Governing Solid Waste (DRGSW)*, Section 7: Transporters.
7. The permittee's name shall be prominently displayed on both sides of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.

8. The permittee's permit number shall be prominently displayed on both sides and the rear of the vehicle (motorized and containerized units) in figures at least 3 inches high and of a color that contrasts with the color of the vehicle.
9. Safety and Emergency Equipment: All vehicles shall carry the safety and emergency equipment contained in the application for this permit in addition to any equipment required by DOT 49 CFR Motor Carrier Safety Regulations.
10. Spill Containment Equipment: All vehicles shall carry spill containment equipment appropriate for the type of waste being transported. All vehicles shall carry a copy of the Spill Control Plan.
11. Each vehicle engaged in the transportation of solid waste must be fully enclosed or covered to prevent the discharge or release of solid waste to the environment.
12. All personnel shall be properly trained prior to handling or transporting wastes for which this permit is being issued.
13. Permittee shall maintain insurance in compliance with requirements described in the DRGSW, Section 7: Transporters.
14. Permit amendments:
 - a. Permittee must notify DNREC in writing of any additions of waste types, waste destinations, or changes in operations or procedures at least ten working days before putting those changes into effect. If a permit amendment is required, written approval from DNREC must be obtained prior to putting those changes into effect. Changes requiring a permit amendment include (but are not limited to) additions of waste types, additions of waste destinations, and changes in company name or address.
 - b. Permittee must notify DNREC in writing of any changes in equipment (vehicle additions/deletions) at least five working days prior to putting those changes into effect.
15. This permit does not relieve the permittee of complying with any other applicable Federal, State or local regulations or ordinances, including, but not limited to, vehicle load restrictions pursuant to 21 Del. C. Chapter 45. Failure to comply may be grounds for suspension or revocation of this permit.
16. In the event that regulations governing the activity authorized in this permit are revised, this permit may be reopened and modified, after notice and opportunity for a public hearing. At that time, additional limitations, requirements, and/or special conditions may be included in the permit.
17. The provisions of this permit are severable, and if any provision of this permit, or the application of any provision of this permit to any circumstance is held invalid, the application of such provision to other circumstances and the remainder of this permit shall not be affected thereby.
18. Permittee shall immediately contact the Department in the event of a release of any waste material while in transport in or through Delaware. The 24 hr. numbers to call are 800.662.8802, 302.739.9401 or 911.
19. Any violation of the conditions of this permit, regulations promulgated by the Department of Natural Resources and Environmental Control, Secretary's Orders, or provisions of 7 Del. C. Chapter 60 will be grounds for suspension or revocation of this permit.

20. Environmental Violations: Permittee is responsible for reporting all proposed and final notices of violation, criminal citations, tickets, arrests, convictions, civil or administrative penalties proposed or assessed whether against the company, its owners or operators, corporate officers, and company employees including but not limited to drivers, operating under the authority of this permit involving any environmental statute, regulation, permit, license, approval or order. Such report shall be made to the Department within 15 days of the date issuance regardless of the state in which it occurred.

21. Special conditions:
 - A. Business License: Permittee shall, upon obtaining and servicing customers in the State of Delaware, obtain a Delaware Business License from the State Division of Revenue as required by 30 Del. C., Chapter 21. The Division of Revenue may be contacted at 302.577.5800. Upon receipt of this license, the permittee shall submit a copy of the license to the Department of Natural Resources and Environmental Control, Solid and Hazardous Waste Management Section. This requirement applies to all transporters.

Karen G. J'Anthony
Environmental Program Manager I
Solid and Hazardous Waste Management Section

Date

IMPORTANT NOTICE

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

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

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

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

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

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

We appreciate your cooperation in this matter.

Davis, DaQuan (DNREC)

From: Dave Gilady <dgilady@yahoo.com>
Sent: Tuesday, April 28, 2026 10:49 AM
To: Davis, DaQuan (DNREC); dave acetrucksales.com; Rosemarie Brizak
Subject: Re: List of Equipment for DE

Here are the drivers that are servicing the WM facility in Delaware. We only run there maybe three times a week. Only for woodchips out of one facility in New Jersey.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201
908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

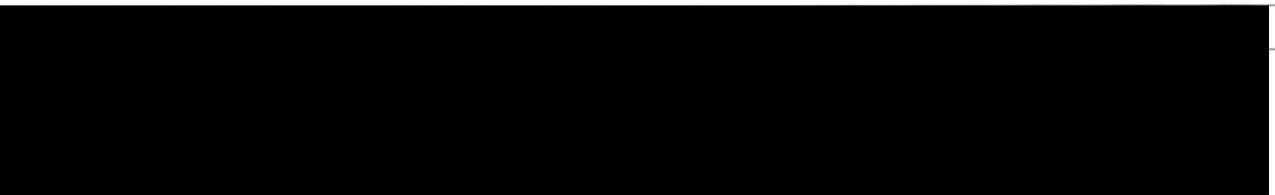
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On Tuesday, April 28, 2026 at 10:44:22 AM EDT, Rosemarie Brizak <rose@acetrucksales.com> wrote:



Thank you,

Rosemarie Brizak
Administrative Assistant / Accounting
Ace Companies, Inc.
MVT Environmental Services, Inc.
Telephone (908) 820-4343 Fax (908) 820-5757

On Tue, Apr 28, 2026 at 10:31 AM Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Hello,

Thank you, the only thing I need now is a list of drivers' First and Last names.



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: Rosemarie Brizak <rose@acetrucksales.com>

Sent: Tuesday, April 28, 2026 10:18 AM

To: Dave Gilady <dgilady@yahoo.com>; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: Fw: List of Equipment for DE

Good morning Daquan, please see the attached lease agreement and a copy of one of our NJ DEP registrations.

Thank you,

Rosemarie Brizak

Administrative Assistant / Accounting

Ace Companies, Inc.

MVT Environmental Services, Inc.

Telephone (908) 820-4343 Fax (908) 820-5757

On Tue, Apr 28, 2026 at 9:56 AM Dave Gilady <dgilady@yahoo.com> wrote:

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201
908.820.4343 Fax 908.820.5757
Dave@AceTruckSales.com

www.TruckPartsIndustries.com
www.YardTruckRentals.com

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----- Forwarded Message -----

From: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

To: Dave Gilady <dgilady@yahoo.com>

Sent: Tuesday, April 28, 2026 at 09:30:43 AM EDT

Subject: RE: List of Equipment for DE

Hello, I will need the lease agreements for the vehicles.



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: Dave Gilady <dgilady@yahoo.com>
Sent: Tuesday, April 28, 2026 9:05 AM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Re: List of Equipment for DE

Good Morning, Mr. Davis, See Attached.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

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On Monday, April 27, 2026 at 04:28:11 PM EDT, Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

A list wasn't attached.



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: Dave Gilady <dgilady@yahoo.com>
Sent: Monday, April 27, 2026 3:05 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Re: List of Equipment for DE

Mr. Davis, See Attached List of Tractors & Trailers that might be used in transporting WoodChips to Delaware WM facility.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

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www.YardTruckRentals.com

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On Monday, April 27, 2026 at 02:57:16 PM EDT, Rosemarie Brizak <rose@acetrucksales.com> wrote:

Thank you,

Rosemarie Brizak

Administrative Assistant / Accounting

Ace Companies, Inc.

MVT Environmental Services, Inc.

Telephone (908) 820-4343 Fax (908) 820-5757

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC)
Sent: Tuesday, April 28, 2026 9:28 AM
To: Dave Gilady
Subject: RE: NJDEP A901 permit

Categories: Egress Switch: Unprotected

Yes, a sticker will fulfill the requirement.



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: Dave Gilady <dgilady@yahoo.com>
Sent: Tuesday, April 28, 2026 8:49 AM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Re: NJDEP A901 permit

Good Morning,

There is no permit per say. Each vehicle gets a sticker & a Cab registration. Would you like us to scan one of them & send it to you?

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201
908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

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On Monday, April 27, 2026 at 04:30:50 PM EDT, Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Do you have a copy of the permit.?



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Dave Gilady <dgilady@yahoo.com>
Sent: Monday, April 27, 2026 2:26 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Fw: NJDEP A901 permit

Mr. Davis, See attached.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

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----- Forwarded Message -----

From: Rosemarie Brizak <rose@acetrucksales.com>

To: dave acetrucksales.com <dave@acetrucksales.com>

Sent: Monday, April 27, 2026 at 02:08:45 PM EDT

Subject: NJDEP A901 permit

Thank you,

Rosemarie Brizak

Administrative Assistant / Accounting

Ace Companies, Inc.

MVT Environmental Services, Inc.

Telephone (908) 820-4343 Fax (908) 820-5757

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC)
Sent: Tuesday, April 28, 2026 9:31 AM
To: Dave Gilady
Subject: RE: List of Equipment for DE

Categories: Egress Switch: Unprotected

Hello, I will need the lease agreements for the vehicles.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStransporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Dave Gilady <dgilady@yahoo.com>
Sent: Tuesday, April 28, 2026 9:05 AM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Re: List of Equipment for DE

Good Morning, Mr. Davis, See Attached.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

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www.YardTruckRentals.com

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On Monday, April 27, 2026 at 04:28:11 PM EDT, Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

A list wasn't attached.



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: Dave Gilady <dgilady@yahoo.com>

Sent: Monday, April 27, 2026 3:05 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: List of Equipment for DE

Mr. Davis, See Attached List of Tractors & Trailers that might be used in transporting WoodChips to Delaware WM facility.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

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On Monday, April 27, 2026 at 02:57:16 PM EDT, Rosemarie Brizak <rose@acetrucksales.com> wrote:

Thank you,

Rosemarie Brizak

Administrative Assistant / Accounting

Ace Companies, Inc.

MVT Environmental Services, Inc.

Telephone (908) 820-4343 Fax (908) 820-5757

Davis, DaQuan (DNREC)

From: Davis, DaQuan (DNREC)
Sent: Monday, April 27, 2026 11:33 AM
To: 'Dave Gilady'
Subject: RE: Application Review
Attachments: Vehicle List Form (SW).pdf

Categories: Egress Switch: Unprotected

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 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's mailing address. Please update your ownership information and send it back.
- **Section 9(a)**- Please provide a copy of the company's home state (New Jersey) solid waste transporter permit.
- **Section 13**- You did not submit a vehicle list. On the form provided with this application, you are required to list the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP** of all vehicles used for the transportation of waste.
- **Section 14**-You did not provide a list of vehicle operators.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov



From: Dave Gilady <dgilady@yahoo.com>
Sent: Monday, April 20, 2026 12:20 PM
To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>
Subject: Re: DE-SW-2102

How Are You Mr. Davis,

Wanted to make sure you received our envelope.

Will you be able to review & Advise?

We have a loaded trailer designated for a DE landfill. Wanted to know if we could dump it soon.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

AUTOCAR Terminal Tractors New Sales & Services.

Always thinking Service for Over 75 years.

On Friday, April 17, 2026 at 11:00:14 AM EDT, Dave Gilady <dgilady@yahoo.com> wrote:

Thank You & Good Morning,

Please let me know if FedEx package received & is being processed.

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

AUTOCAR Terminal Tractors New Sales & Services.

Always thinking Service for Over 75 years.

On Friday, April 17, 2026 at 09:45:48 AM EDT, Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Yes.



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: Dave Gilady <dgilady@yahoo.com>

Sent: Thursday, April 16, 2026 4:45 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: DE-SW-2102

DaQuan, We are sending the application again. This time by Fedex to your attention.

We applied for two years, and I sent you a replacement check for 650.00. Is that OK?

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

www.TruckPartsIndustries.com

www.YardTruckRentals.com

AUTOCAR Terminal Tractors New Sales & Services.

Always thinking Service for Over 75 years.

On Thursday, April 16, 2026 at 04:04:25 PM EDT, Davis, DaQuan (DNREC) <daquan.davis@delaware.gov> wrote:

Hello,

We have not received an application from you and your permit has expired. Please mail this application to acquire the permit again and select one year. Since the renewal date was missed the permit will take about 5- 6 weeks to acquire.



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: Dave Gilady <dgilady@yahoo.com>

Sent: Thursday, April 16, 2026 2:06 PM

To: Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: DE-SW-2102

How Are You Mr. Davis,

We sent out a renewal package during February. It seems we were not renewed maybe?

Can you double check for us?

If package not received, what is procedure? Can we renew on line? Can we fedex it again?

Thank You & Best Regards,

Dave Gilady

520 York St. Elizabeth NJ 07201

908.820.4343 Fax 908.820.5757

Dave@AceTruckSales.com

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New Jersey Department of Environmental Protection
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, PO Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2027
Decal Number: SWL-27-023539
Vin ID#: 1E1U1X2883RH32599 ME
License Plate #: 243472B
Vehicle Type: Trailer
Vehicle leased?: Y
If Yes, lessor's name:
AMERICAN COMM EQUIPMENT LEASE LLC
NJDEP Registered Transporter:
MIKE VAN ELSWYK TRUCKING INC
NJDEP #: 15793

LICENSED SOLID WASTE
NJDEP Registered Transporter:

MIKE VAN ELSWYK TRUCKING INC
PO BOX 493,
NEWARK, NJ 07114

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.



LEASE AGREEMENT

This agreement made this 1st day of June 2024 between

LESSEE: Mike van Elswyk Trucking, Inc. dba MVT Environmental Services. NJ DEP NO. 15793 SW1945 ICC MC 348479P US DOT 388343

Having an address of: 520 York St. Elizabeth NJ 07201

And LESSOR: American Commercial Equipment Leasing LLC

Having an address of 520 York St. Elizabeth NJ 07201

WITNESSETH: WHEREAS, LESSOR owns and operates equipment and desires to Lease the equipment to LESSEE for purpose of hauling solid and/or hazardous waste.

NOW, THEREFORE, for and in consideration of the stipulated and agreed rental and for further consideration of the covenants, terms and conditions set forth hereon,

The parties hereto agree mutually as follows:

1. The LESSOR hereby leases to the LESSEE, and the LESSEE rents, hires and lets from the LESSOR the following described equipment for the LESSEE's exclusive use, possession and control to transport solid and/or hazardous waste pursuant to N.J.A.C. 7:26-3.2.

Type of vehicle: **see attached list**

Make: _____ Year: _____ Model: _____

License Plate: _____ VIN#: _____

State: NJ (Legible copy of division of motor vehicle registration attached.)

2. The terms of this lease shall be effective from immediately and terminating May 31, 2026 unless terminated, in writing, by either party upon five business day's written notice.
3. LESSEE shall pay LESSOR pursuant to schedule A attached hereto, upon proper submission of invoices, manifests, and driver logs as required by the New Jersey Department of Environmental Protection and the United States Department of Transportation.
4. The LESSOR is free to accept or reject any load. The LESSOR also agrees that the relationship between LESSEE and LESSOR is that of an independent contractor and that LESSOR or his/her employees are not employees of LESSEE.

5. It is understood that exclusive possession, control, use and responsibility for the operation of the equipment (including full responsibility to the public, the shippers, and all regulatory agencies having jurisdiction) shall be that of the LESSEE from the time the LESSEE takes possession of the equipment. The LESSEE shall issue the LESSOR at that time a receipt specifically identifying the equipment to be leased and the date and time of day possession is transferred. The LESSEE's exclusive possession, control, use and responsibility for the operation of the equipment shall last until:
 - a. Possession of the equipment is surrendered to the LESSOR and the LESSOR issues a receipt to the LESSEE specifically identifying the equipment, date and time of day possession was returned to it; or
 - b. Until possession of the equipment is returned to the LESSOR or given to another carrier in an interchange of equipment where such is contemplated. Such receipts may be signed by the LESSOR and LESSEE or their authorized representatives and a copy thereof shall be carried in the equipment while the equipment is in the possession of the LESSEE.
6. LESSOR agrees that he will at all times, during the existence of this agreement, keep said motor vehicle in good condition and repair. In addition, the LESSOR agrees to pay for all fuel, fuel and mileage taxes (including New York Mileage taxes), empty mileage, permits of all types, tolls, ferries, and base plates and licenses (unused portions to remain with the LESSOR). If the LESSEE is authorized to receive a refund or a credit for base plates purchased by the LESSOR from, and issued in the name of, the LESSEE or if the base plates are authorized to be sold by the LESSEE to another LESSOR, the LESSEE shall refund to the initial LESSOR on whose behalf the base plate was first obtained a prorated share of the amount received.
7. LESSEE further agrees that having assumed exclusive possession, control, use and responsibility for the operation of the equipment during the period of the lease, LESSEE will comply with all laws, rules and regulations of the Federal Highway Administration, Department of Transportation or any other authority or administrative agency having jurisdiction over the operations of motor vehicles, individual state or Federal. LESSEE agrees to maintain this lease on the equipment at all times during the lease term, or alternatively, maintain on the equipment the requisite identification statement called for by **49 C.F.R. § 376.11 (c)**.
8. LESSOR agrees that it will indemnify LESSEE through deduction or payment for any and all pilferage, spoilage, shortage, loss or damage to cargo, or for fines resulting from violation of any applicable Federal, state or municipal law or regulation which occur as a result of the negligence or alleged negligence of LESSOR, its agents, servants, or employees, provided that LESSEE furnishes to LESSOR, before any such deductions are made, a written explanation and

itemization of the deductions computed. Except when the violation results from the acts or omissions of the LESSOR, the LESSEE shall assume the risks and costs of fines for overweight and oversize trailers when the trailers are pre-loaded, sealed, or the load is containerized, or when the trailer or lading is otherwise outside of the LESSOR'S control, and for improperly permitted over-dimension and overweight loads and shall reimburse the LESSOR for any fines paid by the LESSOR.

9. LESSEE agrees to provide all identification of equipment required by all government agencies. LESSOR agrees to display on both sides of each leased vehicle operated under its own power, either alone or in combination, all such identification according to standards set by the government agencies and the LESSEE. Those standards include, but are not necessarily limited to, the display of the name of the LESSEE under whose authority the vehicle(s) are being operated and the certificate, permit, or docket number assigned to such operating authority by the Federal Highway Administration, or any other number, name or identifying device required by any other government agency. Such display of name and number shall be in letters and figures in sharp color contrast to the background and shall be readily legible during daylight hours from a distance of fifty (50) feet while the vehicle is not in motion. Such display shall be kept in such manner as to remain so legible. The display may be accomplished through use of a movable device.
10. LESSEE further agrees that this lease shall terminate at destination stated, and that LESSEE will remove all signs, indications, or other evidence of name and certificate numbers belonging to LESSEE before surrendering possession of equipment to LESSOR. LESSOR, however, agrees to assist the LESSEE by removing for him all such identification and returning the same to the LESSEE, or to obliterate fully and immediately all such identification upon termination of this agreement. In case of lost or stolen identification devices, a letter certifying its removal will suffice.
11. LESSEE agrees to maintain insurance for the protection of the public in accordance with **49 C.F.R. § 387 Subpart C** and **49 U.S.C. § 13906**. However, LESSOR hereby agrees that it will indemnify and save the LESSEE harmless, through deduction or payment, for any and all claims, suits, losses, fines, thefts, damages, liabilities, costs, or other expenses arising out of, based upon, or incurred because of injury to any person or persons or damage to property sustained or which may be alleged to have been sustained as a result of the use of the equipment leased hereby during the term of the lease by reason of any negligence or alleged negligence on the part of the LESSOR, its agents, servants, or employees. LESSOR further agrees to furnish LESSEE a certificate of insurance naming LESSEE as additional insured. LESSOR agrees to obtain at his own expense bobtail and deadhead insurance. Insofar as damage to property is concerned, LESSEE shall furnish to LESSOR a written explanation and itemization of the deductions computed before such deductions are made. Nothing

contained in this Paragraph 11 shall be construed to in any way limit the liability of the LESSEE to the public in connection with the use of said equipment under this lease.

12. LESSEE agrees that the LESSOR is not required to purchase or rent any product, equipment, or services from the LESSEE as a condition of this agreement.
13. LESSOR retains the status of an independent contractor to the LESSEE named, and LESSOR further agrees to be responsible for and provide workers compensation coverage for all drivers furnished to LESSEE.
14. Pursuant to department of transportation requirements, the LESSOR hereby certifies that an annual inspection is performed and is duly authorized to make such an inspection. A copy of the official inspection is attached hereto and is part of this lease.
15. LESSOR accept full responsibility for the vehicle and equipment (including trailers and traps) while in use, including any damage that may occur due to the improper use or reckless operation of said vehicle or equipment, including but not limited to, traffic violations or accidents that may occur due the negligence of the LESSOR.
16. Insurance. Full responsibility for any insurance deductible that may be imposed due to any incident that may occur during said operation of said vehicle or equipment owner by LESSEE and contracted to LESSOR. Insurance for leased property will be obtained by LESSOR.
Costs of said insurance will be paid by LESSOR.
17. LESSOR shall be fully responsible for operating in compliance with any and all United States Department of Transportation laws or regulations and New Jersey Department of Environmental Protection and regulations in under this lease.
18. LESSOR shall be fully responsible for all repairs, maintenance and expenses to said vehicle(s) including but not limited to insurance, fuel, oil, tires and tolls.
19. Pursuant to N.J.A.C. 7:26-3.2, all loads hauled by LESSOR pursuant to this must be authorized by LESSEE, LESSOR understands and agrees that any fines or penalties from unauthorized hauling shall be the responsibility of the LESSOR.
20. INDEMNIFICATION. LESSOR shall indemnify the LESSEE against, and hold harmless for any claims, actions, suits, proceedings, costs, expenses, damages and liabilities, including reasonable attorney's fees, arising out of connected with, or resulting from any unauthorized use of leased property by the LESSOR, and/or the unauthorized use of New Jersey Department of Environmental Protection solid waste decals.

21. DECALS. Immediately upon termination of the lease, LESSOR will return New Jersey Department of Environmental Protection solid waste decals (hereafter decals) in the possession of LESSOR and/or affixed to LESSOR'S property in the leased property described in the lease, to LESSEE within one (1) business day of the date of termination of the lease. Further, LESSOR agrees that LESSOR will not utilize any decals or utilize any properties to which are affixed decals, for any purpose not in conformity with the lease.

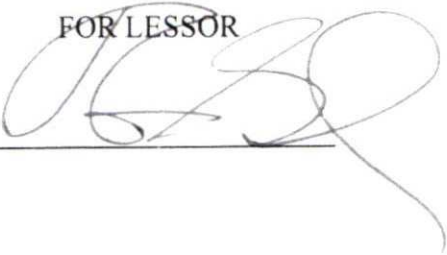
22. This lease may not be assigned by either party.

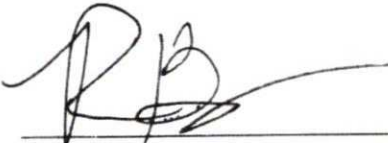
IN WITNESS WHEREOF the parties of this lease have read and understood the terms and conditions listed above and hereto set their hand and seal this 1st of June, 2024.

FOR LESSEE

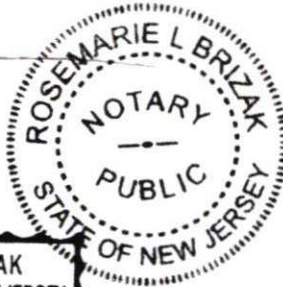


FOR LESSOR





Notary



LIST OF EQUIPMENT
AMERICAN COMMERCIAL EQUIPMENT LEASING LLC TRACTORS
LEASED TO MVT ENVIRONMENTAL SERVICES

<u>YEAR</u>	<u>MAKE</u>	<u>VIN</u>	<u>PLATE</u>
2012	FREIGHTLINER	1FUJGBDV1CLBH5417	AW310K
2012	FREIGHTLINER	1FUJGBDVXCLBH5416	AW311K
2018	FREIGHTLINER	3ALXA7002JDJM1248	AZ503A
2014	MACK	1M1AW02Y6EM039777	AZ55TR
2014	MACK	1M1AW02Y4EM039731	AZ536R
2003	EAST	1E1U1X2804RH35150	25-62225
2004	EAST	1E1U1X2883RH35299	24-3472B
2004	MTLM	5MAMN45244C006997	557-6479
2004	MTLM	5MAMN45284C007005	557-6430
2006	MTLM	5MAMN45246C012057	559-3140

Please print a copy of the page for your records.

Registration Information

Service ID: 1906258
Service Type: Solid/Hazardous Waste - Vehicle Registration Renewal - New
Created On: 05/07/2025

Vehicle Registration Information

NJDEP #: 15793
Vehicle Registration Holder: MIKE VAN ELSWYK TRUCKING INC
Program Interest #: 201376
Mailing Address Updated? NO
Street Address: PO BOX 493
City/State/Zip: Newark/NJ/07114



Applicant

Name: Dave Gilady
Title:
Contact Type: Applicant
Organization Name:
Organization Type:
E-Mail: dgilady@yahoo.com
Phone: (908) 721-8900 (Cell Phone Number)
Contact Address: 520 YORK ST
Elizabeth, New Jersey 07201

Payment Information

Vehicles Renewed: 77
Vehicles Added: 20
Vehicles Modified: 5
of Containers: 0

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Cab	1FUJA6CK37LX24090	AT570T	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1XPHD49X3CD170573	AU892U	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Cab	1XPHD49X1CD170572	AU893U	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FVXA7A86CDBH1909	AU931N	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1FUJGBDV1CLBH5417	AW310K	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FUJBDVXCLBH5416	AW311K	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FUJGBDV7CLBH5373	AW313K	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1XKAD49X7CJ333637	AX719T	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y4DM033684	AY172T	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y6DM033928	AY173T	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y0DM033679	AY249U	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FVXA7A80CLBR3317	AY293P	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FUJGLDR29LAM4034	AY578N	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y6DM033668	AY579N	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y8DM033672	AY581N	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y8DM033929	AY582N	New Jersey	<input checked="" type="checkbox"/>	AMERICAN CONTRACTORS SERVICE INC
<input checked="" type="checkbox"/>	Cab	1FUJA6CV89LAG3359	AY637A	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	4V4NC9EH0FN916502	AY781Y	New Jersey	<input checked="" type="checkbox"/>	GATEWAY TERMINAL CARRIERS OF METRO NY INC
<input checked="" type="checkbox"/>	Cab	4V4NC9TG95N399872	AY892C	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	4V4NC9EHXFN916507	AZ229A	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	4V4NC9EH8FN916487	AZ231A	New Jersey	<input checked="" type="checkbox"/>	GATEWAY TERMINAL CARRIERS OF METRO NY INC
<input checked="" type="checkbox"/>	Cab	4V4NC9EHXGN944146	AZ354F	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1FUJGEDR2JLJP3193	AZ486D	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1FUJGEDRXJLJP3197	AZ487D	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1XKDD40X9CJ333987	AZ489D	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1XKD40X0CJ33388	AZ490D	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	3ALXA7004JDJM1249	AZ501A	New Jersey	<input checked="" type="checkbox"/>	GATEWAY TERMINAL CARRIERS OF METRO NY INC
<input checked="" type="checkbox"/>	Cab	3ALXA7000JDJM1250	AZ502A	New Jersey	<input checked="" type="checkbox"/>	GATEWAY TERMINAL CARRIERS OF METRO NY INC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Cab	3ALXA7002JDJM1248	AZ503A	New Jersey	<input checked="" type="checkbox"/>	GATEWAY TERMINAL CARRIERS OF METRO NY INC
<input checked="" type="checkbox"/>	Cab	4V4NC9EH0FN916497	AZ523R	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	4V4NC9EH4FN916499	AZ524R	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	4V4NC9EH6FN916486	AZ532R	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y6EM039777	AZ535R	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Cab	1M1AW02Y4EM039731	AZ536R	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input checked="" type="checkbox"/>	Trailer	1W9DR4025BR490095	236160B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U284KRM10246	2396598	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U2835RF34993	243467B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U2874RF33609	243468B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9V2848RB42977	243469B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U2854RA34325	243470B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1U1X2835RF35013	243471B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1U1X2883RH32599	243472B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1D2U2885RL35737	254470A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1D2U28X5RL35738	254471A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1D2U2815RL35739	254472A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28216S567701	254473A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28266S567824	254474A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28205S567364	254475A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28286S567694	254476A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28235S567360	254477A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28237S567099	254478A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1M9SD28276S567637	254479A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Trailer	1M9SD28265S567420	254480A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1P9DA7M37HA053205	254481A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1P9DA7W29PA053466	254482A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1P9DA7M35TA053521	254483A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1P9DAV28MA053407	254484A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF4026WR368202	254485A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF4022YR368121	254486A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF428WR368203	254487A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF4025XR368287	254488A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF402XWR368235	254489A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	48ZSC23241W001635	254493A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN28214C006925	254494A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN282540006927	254495A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN28234C006926	254496A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN28275C009281	254497A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U28X4RB34466	256221E	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1U1X2804RH33750	256222E	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN40244C007395	2570215	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADS34382C005037	2570216	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5MADN40277A012994	2570217	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5DMDSACC94M000378	2570218	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5DMDSACC75M000886	2570219	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	5DMDSACC75B000906	2570220	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input checked="" type="checkbox"/>	Trailer	5MADN40248C014479	2570221	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF4021XR368285	2570223	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1S8AD3827F0005443	2570224	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1AJC40202L1004135	2570225	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1AJC40201L1003574	2570226	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1W9DR4027BR490020	263131B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1A9DF402XWR68087	263162B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U28XMRD12585	263163B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U281MRD12586	263164B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U281MRD12586	263164B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U285MRD12591	263165B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U285MRE12593	263166B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1T9EAAT23PB021889	263167B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1W9DR4021AR490013	263168B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1P1W28XHRB07751	263169B	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	48X1F402351003276	5080281	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1S9DAJ2T6H1007328	5229206	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E9EB3925YL185551	5229207	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1E1F9U2895RF34965	5229208	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	1NUDT28T8KMAN0071	5229209	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	771091771092	5402267	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input checked="" type="checkbox"/>	Trailer	7999579996	5402268	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Single Unit Vehicle	1HTXRAPT76J306709	AW231U	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC

Include?	Equipment Type	VIN	Licensed Plate No.	State/Country	Leased?	Lessor Name
<input type="checkbox"/>	Cab	2WKEDDXJ8WK949529	AM253D	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input type="checkbox"/>	Cab	1FUJA6CV13LK66103	AP508L	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	1FUJA6CV29DY71475	AU545C	New Jersey	<input checked="" type="checkbox"/>	ACE CONTRACT CARRIERS INC
<input type="checkbox"/>	Cab	1NP5LB0XXWN458218	AU932N	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	4V4NC9TG86N435665	AW200Z	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	1M1AW02YX9N005874	AW201Z	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	1M1AW02Y2DM033666	AY294P	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	1FUJA6CV27LZ36540	AY450K	New Jersey	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC
<input type="checkbox"/>	Cab	4V4NC9EHXFN916488	AZ353F	New Jersey	<input type="checkbox"/>	
<input type="checkbox"/>	Cab	1FUJBBCG81LG58292	AG86360	Pennsylvania	<input checked="" type="checkbox"/>	ZOLTAN G GOTT DBA GOTT TRANSPORTATION
<input type="checkbox"/>	Trailer	4234774	254492A	Maine	<input checked="" type="checkbox"/>	AMERICAN COMM EQUIPMENT LEASE LLC

Additional Registration Information

U.S. Department of Transportation (DOT) #:

388343

Overnight Parking Location:

Address	Address Line 2	Address Line 3	City	State	Zip Code
520 YORK ST			Elizabeth	New Jersey	07201

Pre-Certification

I certify I have the authority to operate as a transporter on the public highways and meet any applicable State or Federal Insurance requirements. In addition, pursuant to N.J.A.C. 7:26-3.2(i) I understand that I am responsible for the actions and omissions of any lessors and their vehicle operators utilized by my company.

If I transport waste across state lines I certify that I maintain an MCS-90 or MCS-82 - otherwise I will maintain a Certificate of Insurance (listing my company as insured with the vehicle info or the phrase, "any vehicle").

I certify that I have identified all address locations where our owned and leased equipment is parked overnight on the Additional Registration Information screen.

Before submitting your request, take time to carefully review the certifications made above. Submission of false or inaccurate information is punishable by substantial fines, regardless of whether it is a deliberate act, pursuant to N.J.A.C. 7:26-5.6

Signature

Certifier:

Dave Gilady

Certifier ID: MVT_ENVIRONMENTAL
Challenge/Response Question: What is your mother's maiden name?
Challenge/Response Answer: *****
Certification PIN: *****
Date/Time of Certification: 05/08/2025 11:45

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Dave Gilady 05/08/2025
Individual With Direct Knowledge **Date**

Status:	Paid
Confirmation Number:	295994
Payment Amount:	\$5,140.00
Payment Date:	05/08/2025
Payment Method:	Pay via Credit Card
Credit Card Service Fee:	\$118.72
Total Amount Charged:	\$5,258.72

[Empty box]

Your transaction was a **SUCCESS**. Please print this page for your records.

[Empty box]

Confirmation Number: 295994
Payment Type: AMEX
Transaction Date: 05/08/2025
User Name: Dave Gilady

[Empty box]

Charges:

ID	Facility ID	Facility Name	Program	Service	Type	Creation Date	Amount
1906258	201376	MIKE VAN ELSWYK TRUCKING INC	Solid and Hazardous Waste	Vehicle Registration Renewal	Solid/Hazardous Waste - Vehicle Registration Renewal - New	05/07/2025	\$5,140.00
Total:							\$5,140.00
Clicking a column title will sort the table by that column.							
Credit Card Service Fee:							\$118.72
Total Amount Charged:							\$5,258.72