

# RECEIPT

DATE

5/4/26

No.

932573

RECEIVED FROM

Wyatt Excavating, LLC

\$

350.00

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

DOLLARS

 FOR RENT FOR

New DE-SW-2216

ACCOUNT

PAYMENT

BAL. DUE

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

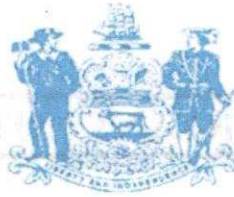
FROM

1465

TO

BY

M.M.



RECEIVED

MAY 04 2026

DNREC - WHS

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

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

Instructions: You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section
89 Kings Highway
Dover, DE 19901

1. Type of Permit

- New - SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.
New - ALL OTHERS Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.
Renewal: Permit # DE-SW- \_\_\_\_\_ Expiration Date \_\_\_\_\_

Please indicate the term for which you desire your permit to be issued. Submit a check or money order, payable to the "State of Delaware," for the indicated permit fee.

SCRAP TIRES ONLY

ALL OTHERS

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

- One Year - \$350.00
Two Years - \$650.00
Three Years - \$950.00
Four Years - \$1250.00
Five Years - \$1550.00

## 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.

**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 Wyatt Excavating, LLC

Location Address:	Mailing Address:
13416 Massey Rd Galena, MD 21635	13416 Massey Rd, Galena, MD 21635

Contact: Dustin Alexander Title: owner/operator

Business Phone: 302-373-7556 Fax: \_\_\_\_\_

E-mail: wyattexc621@gmail.com

24 hr Emergency Contact Phone: 302-373-7556

**4. Company Ownership Information**

(a). Please indicate the company type:

- Proprietorship
- Partnership
- Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: \_\_\_\_\_ State: \_\_\_\_\_ Date: \_\_\_\_\_

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: MD
- Other: (must specify) \_\_\_\_\_

(b). For each Owner, Partner, or Corporate Officer, attach a list with name, title, mailing address, date of birth, and % ownership. Include all stockholders owning greater than 5% outstanding shares.

Attachment \_\_\_\_\_

(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) DRPI
  - Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
  - Attachment \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.
  
- (b). List solid waste transporter permits held in other states.
  - Attachment \_\_\_\_\_
  - No transporter permits in other states
  
- (c). Indicate your Federal DOT number and Motor Carrier number:  
DOT# 3221428 MC# \_\_\_\_\_
  - N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

**10. Proof of Financial Responsibility**

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

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

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

	<b>FOR-HIRE INTERSTATE</b>	<b>ALL OTHERS</b>
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Industrial Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input checked="" 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 Dustin Alexander Date 4-22-26  
Print Name Dustin Alexander Title owner/operator

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



## SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
  - 1). Reflectors and/or flares
  - 2). Fire extinguisher
  - 3). First aid kit
  - 4). Heavy-duty gloves, hard hat
  - 5). Flashlight
  - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
  - 1). Engine, fluids, brakes, air, tires, wheels, lights, reflectors
  - 2). dump body, hydraulics, safety & cab
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:  
Name: Dana Alexander Phone: 443-480-2736
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware:** 911, (302) 739-9401 or 1-800-662-8802 (Other numbers may be listed as follows, however, the listed Delaware numbers *must* be included in the spill control plan.)  
Maryland:  
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. (This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)
- (7) This plan will be carried in all vehicles, along with the permit.



PHILADELPHIA INDEMNITY INSURANCE COMPANY

One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004-0950

PA00184900008

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint Michael E. Cundiff its true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed \$50,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY on the 14th of November 2016

**RESOLVED:** That the Board of Directors hereby authorizes the President or any Vice President of the Company: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And, be it

**FURTHER RESOLVED:** That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached.

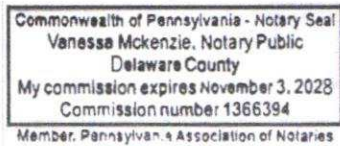
IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 5TH DAY OF OCTOBER 2024



(Seal)

John W. Glomb Jr., President & CEO  
Philadelphia Indemnity Insurance Company

On this 5th day of October, 2024 before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY; that the seal affixed to said instrument is the Corporate seal of said Company; that the said Corporate Seal and his signature were duly affixed.



Notary Public:

*Vanessa McKenzie*

residing at:

Linwood, PA

My commission expires: November 3, 2028

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and the Power of Attorney issued pursuant thereto on the 5th day October 2024 are true and correct and are still in full force and effect. I do further certify that John Glomb, who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 23 day of April, 2026.



Edward Sayago, Corporate Secretary  
PHILADELPHIA INDEMNITY INSURANCE COMPANY

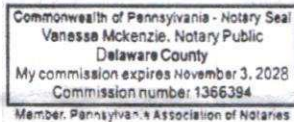
# ACKNOWLEDGEMENT OF SURETY

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of PA

County of Montgomery

On this 22 day of April 2026 before me personally came Michael E. Cundiff to me known, who being by me duly sworn, deposes and says that he is the Attorney in Fact of Philadelphia Indemnity Insurance Company, the corporation described in and which executed the foregoing Agreement; that he knows the seal of the said corporation; that the seal affixed to the said Agreement is such corporate seal; that it was so affixed by the order of the Board of Directors of said corporation, and that he signed his name thereto by like order.



*Venessa McKenzie*

(Signature of Notary Public)

My Commission expires November 3, 2028

**New Castle County  
Department of Land Use  
2026 Statutory Compliance Bond**

**Surety**

(Company Name & Address):  
Philadelphia Indemnity Insurance  
Company  
One Bala Plaza, Ste. 100, Bala Cynwyd, PA  
19004

**Bond Number:** PA00184900008

**Penal Sum:** \$50,000.00

**Effective Date:** 1/2/2026  
(must be dated 1/1/20 6 or later)

**Contractor**

(Sole Proprietor or Business Entity Name & Address):  
Wyatt Excavating LLC  
13416 Massey Rd, Galena, MD 21635

**Expiration Date:** January 1, 2027

**License Period:** January 1, 2026 to January 1, 027

The undersigned Contractor and Surety are obligated to New Castle County ("County"), a political subdivision of the State of Delaware, in the full amount of this Bond, for the payment of such sum. Each of the Contractor and Surety bind themselves, and their respective heirs, executors, administrators, successors, and assigns, jointly and severally.

**WHEREAS**, the above bound Contractor has made application to the County for a contractor license in the following category(s):

- |   |           |  |          |
|---|-----------|--|----------|
| <input type="checkbox"/> Class U Building Contractor            | \$200,000 | <input type="checkbox"/> HVACR Contractor                | \$25,000 |
| <input type="checkbox"/> Class A Building Contractor            | \$150,000 | <input type="checkbox"/> Master Plumber Contractor       | \$10,000 |
| <input checked="" type="checkbox"/> Class B Building Contractor | \$50,000  | <input type="checkbox"/> Sewer and Drain Cleaner         | \$10,000 |
| <input type="checkbox"/> Class C Building Contractor            | \$25,000  | <input type="checkbox"/> Decorative Appliance Contractor | \$10,000 |
|   |           | <input type="checkbox"/> Outside Utility Contractor      | \$50,000 |

**NOW THEREFORE**, in consideration of the County now or hereafter granting or renewing the above designated contractor license, Contractor must:

1. Comply with all provisions of the *New Castle County Code* ("*NCC Code*"), Delaware laws and federal laws, rules and regulations, and all standards and policies affecting or relating to the business or occupation for which the contractor license is issued (collectively, "Obligations" as if such Obligations were fully set forth in this Bond, and by reference such Obligations are made a part hereof.
2. Correct or pay for the correction of all violations of the Obligations within the time provided by the Department of Land Use or as otherwise provided in the applicable Violation Notice or Rule to Show Cause Decision.
3. Pay all penalties, fees, and charges that are imposed by the County upon Contractor pursuant to applicable violation, enforcement, and penalty provisions of the *NCC Code* within 1 days of issuance of the penalties, fees, and/or charges.
4. Indemnify and hold harmless the County, its officers, employees, agents, and representatives from any and all liability, loss, damage, or expense of any kind whatsoever that the County, its officers, employees, agents, and representatives may sustain or that may be recovered from it or them by reason of the issuance of a contractor license or from claims related or connected to the execution of work performed by Contractor, its, his or her agents and employees, or any subcontractor or any other person under Contractor's supervision, direction, or control.

5. This Bond applies to work the Contractor performed, or work the County permitted during the License Period. The County shall provide the Contractor a Notice of Violation within three years from the date the Certificate of Occupancy, Completion, or Use is issued for the work performed pursuant to the permit, subject to common law tolling, and applicable law. Where work is performed in the absence of a required permit, the County shall provide a Notice of Violation within three years from the date the County discovers the violation.

6. If Contractor fails to pay the County all penalties, fees, and charges assessed by the County (collectively, the "County Claim"), fulfill any obligation herein, or correct any violations of law after being noticed and having the opportunity to contest such violations pursuant to the applicable provisions of the *NCC Code*, the County may demand Surety pay the County Claim. Surety shall pay the County the County Claim within 35 days of the County's demand, unless additional time is granted in writing by the County. Payment shall not include language such as "full and final settlement" or similar language. Payment not received within 35 days after demand shall constitute bad faith on the part of Surety, and County shall be entitled to all remedies available.

7. Surety may cancel this Bond by giving 45 days advance notice to Contractor and the County. Surety's liability shall cease upon effective date of cancellation, except with respect to losses, claims, or obligations associated with work permitted or performed during the License Period before the effective date of cancellation. Notice to the County shall be made to: Licensing Manager, New Castle County Department of Land Use, 87 Reads Way, New Castle, DE 19720; with a copy to: County Attorney, Office of Law, New Castle County, 87 Reads Way, New Castle, DE 19720.

8. This Bond may not be continued in whole or in part past the Expiration Date.

9. County demands and notices shall be in writing and may be sent to the Surety's email address provided below.

**IN WITNESS THEREOF**, Contractor and Surety sign and seal this Statutory Compliance Bond:

**Contractor**  
(Individual must be listed as Sole Proprietor or Principal of Business Entity on license application)

By: Wyatt Excavating, LLC  
Signature

Wyatt Excavating LLC  
Print Name

owner/operator  
Title

4/24/26  
Date

**Surety**  
(Agent or broker **must attach** Proof of Authority to act as Attorney-in-Fact for Surety)

By: Michael E. Cundiff  
Signature and Seal (ink or digital seal preferred)

Michael E. Cundiff  
Print Name

Attorney-in-Fact  
Title

4/23/2026  
Date



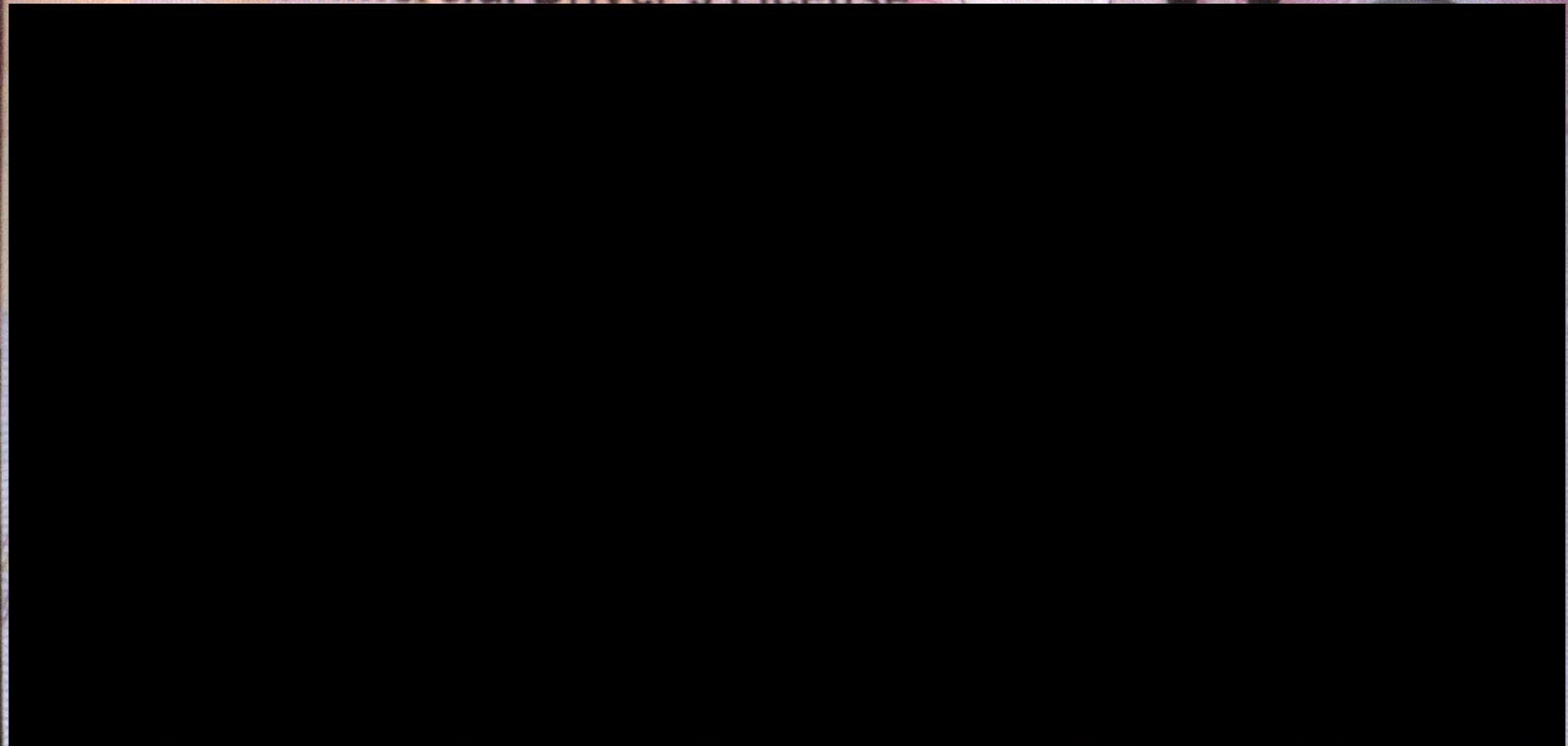
**Surety must provide claim contact information (include name, address, email, and phone number):**

Philadelphia Indemnity Insurance Company  
One Bala Plaza, Suite 100  
Bala Cynwyd, PA 19004-0001



**MARYLAND** USA  
Commercial Driver's License

CDL



**Public Burden Statement**

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 2126-0006. Public reporting for this collection of information is estimated to be approximately one minute 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, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.



U.S. Department of Transportation  
Federal Motor Carrier  
Safety Administration

**Medical Examiner's Certificate**  
(for Commercial Driver Medical Certification)

I certify that I have examined **Last Name:** Alexander **First Name:** Dustin in accordance with (please check only one):

- the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply) **OR** the Federal Motor Carrier Safety Regulations (49 CFR 391.41-391.49) with any applicable State variances (which will only be valid for intrastate operations), and, with knowledge of the driving duties, I find this person is qualified, and, if applicable, only when (check all that apply):

- Wearing corrective lenses  Accompanied by a \_\_\_\_\_ waiver/exemption  Driving within an exempt intracity zone (49 CFR 391.62) (Federal)
- Wearing hearing aid  Accompanied by a Skill Performance Evaluation (SPE) Certificate  Grandfathered from State requirements (State)

The information I have provided regarding this physical examination is true and complete. A complete Medical Examination Report Form, MCSA-5875, with any attachments, embodies my findings completely and correctly, and is on file in my office.

**Medical Examiner's Certificate Expiration Date**

01/20/2028

**Medical Examiner's Signature**

*Marisa Ratliff*

**Medical Examiner's Name (please print or type)**

Marisa Ratliff

**Medical Examiner's State License, Certificate, or Registration Number**

R192763

**Medical Examiner's Telephone Number**

(410) 498-4848

**Date Certificate Signed**

01/20/2026

- MD  Physician Assistant  Advanced Practice Nurse
- DO  Chiropractor  Other Practitioner (specify) \_\_\_\_\_

**Issuing State**

Maryland

**National Registry Number**

7700107211

**Driver's Signature**

*Dustin Alexander*

**Driver's Address**

Street Address: \_\_\_\_\_

# Driving Training

I Dustin Alexander am the owner & operator of Wyatt Excavating. I have been operating equipment for 20 years, I have had my CDLs for 10 years. I perform checks before every drive. I have all safety equipment carried with me. I have no violations.

Thank you,  
Dustin Alexander

302-373-7556

**Davis, DaQuan (DNREC)**

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**From:** Dustin Alexander <wyattexc621@gmail.com>  
**Sent:** Tuesday, May 5, 2026 2:22 PM  
**To:** WHStranporters  
**Subject:** Re: Delaware Solid Waste Transporter Permit Application  
**Attachments:** dump truck information.jpeg;  
DepartmentofNaturalResourcesandEnvironmentalControl22914492 insurance.pdf

Hi,

- **Section 4(b)**- Hello are you Dustin Alexander the Sole owner? Yes I am the sole owner and I am the operator of my business.
- **Section 10**-Provide an updated Certificate of Insurance and add the **Department of Natural Resources and Environmental Control 89 Kings HWY, Dover, DE 19901** in the Certificate Holder section. Attached
- **Section 13**-The vehicle list submitted was missing the following:**manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP**. Gross Weight 80,000, I am the owner. Wyatt Excavating LLC. This is also attached

Thank you so much, please let me know if you have any other questions. I tried my best to complete the forms. I really appreciate your help.

Dustin Alexander  
302-373-7556

On Tue, May 5, 2026 at 11:01 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Thank you for submitting your application for your Delaware **solid** waste transporter permit. Upon review, I have found that some information is missing or needs to be updated. Please address the items listed below:

- **Section 4(b)**- Hello are you Dustin Alexander the Sole owner?
- **Section 10**-Provide an updated Certificate of Insurance and add the **Department of Natural Resources and Environmental Control 89 Kings HWY, Dover, DE 19901** in the Certificate Holder section.
- **Section 13**-The vehicle list submitted was missing the following:**manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP**.

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

Thank you,

DaQuan Davis



## DaQuan L. Davis

Environmental Scientist

### Division of Waste and Hazardous Substances

☎ 302-739-9403

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

📍 89 Kings Hwy SW, Dover, DE 19901

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



Stay in dump truck do not throw away



# State of Maryland Apportioned Registration Cab Card

FOR VEHICLE  
REGISTRATION

Date Registered: 26-Dec-2024

Expiration: 30-Nov-2025

**Registrant Information**

Account: 0006762-0001      Fleet: 0006762-0001  
 Name & Address:              Supp #: 0  
 WYATT EXCAVATING LLC  
 13416 MASSEY RD  
 GALENA MD 21635-1866

**Carrier Safety Information**

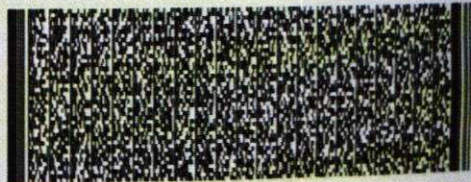
USDOT: 3221428  
 Name & Address:  
 WYATT EXCAVATING LLC  
 13416 MASSEY RD  
 GALENA MD 21635

**Vehicle Information**

Unit: 621	Year: 2014	Fuel: D
Plate: 462E74	Make: MACK	Unladen Weight: 33,000
VIN: 1M2AX09C2EM021067	Type: Truck	Gross Weight: 80,000
Owner: WYATT EXCAVATING LLC		CGV Weight: 80,000
		Axle Count: 4

- AB 036287 AL 080000 AR 080000 AZ 080000
- BC 036287 CA 080000 CO 080000 CT 080000
- DC 080000 DE 080000 FL 080000 GA 080000
- EA 080000 ID 080000 IL 080000 IN 080000
- FS 080000 KY 080000 LA 080000 MA 080000
- GB 036287 MD 080000 ME 080000 MI 080000
- GN 080000 MO 080000 MS 080000 MT 080000
- HB 036287 NC 080000 ND 080000 NE 080000
- HD 080000 NJ 080000 NL 036287 NM 080000
- HS 036287 NV 080000 NY 080000 OH 080000
- DK 080000 ON 036287 OR 080000 PA 080000
- PE 036287 QC 000004 RI 080000 SC 080000
- SD 080000 SK 036287 TN 080000 TX 080000
- JT 080000 VA 080000 VT 080000 WA 080000
- WI 080000 WV 080000 WY 080000

**2**      **NOV**  
**5**      State of Maryland  
             IRP  
             462E74



**IMPORTANT NOTICE:** This Cab Card is issued pursuant to the International Registration Plan.

Cab Cards that are copied, or altered are invalid. Maryland Law requires the vehicle to be insured at all times. Tags must be returned PRIOR to any cancellation of insurance on this vehicle. Failure to comply will result in suspension of the registration and penalty of up to \$2,500.00 per vehicle, per year.

The Maryland Vehicle Law requires that you provide your insurance information when involved in an accident. The Cab Card must be carried in this vehicle or on the person operating the vehicle.

Maryland Vehicle Law requires you to display both a front and rear license plate on the vehicles they are issued for. For Tractors, Truck Tractors and Road Tractors; validation stickers must be put on the Front License Plate.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/5/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hogans Agency Inc 220 High Street  Chestertown MD 21620	<b>CONTACT NAME:</b> Brittany Kachler <b>PHONE (A/C, No, Ext):</b> (410) 778-1665 <b>E-MAIL ADDRESS:</b> brittany@hogans.com	<b>FAX (A/C, No):</b> (410) 778-1338
	<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURED</b> WYATT EXCAVATING, LLC 13416 Massey Rd  Galena MD 21635	<b>INSURER A:</b> SELECTIVE INS CO OF SC NAIC # 19259	
	<b>INSURER B:</b> MIDVALE IND CO 27138M	
	<b>INSURER C:</b> Chesapeake Employers Insurance	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			S 2356687	06/04/2025	06/04/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
	<input type="checkbox"/> <b>AUTOMOBILE LIABILITY</b> <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 <input checked="" type="checkbox"/> 19			CA00020760	09/11/2025	09/11/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	<input type="checkbox"/> <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	80258514	07/31/2025	07/31/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

<b>CERTIFICATE HOLDER</b>  Department of Natural Resources and Environmental Control  89 Kings Hwy  Dover DE 19901	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	<b>AUTHORIZED REPRESENTATIVE</b>  Brittany R. Kachler

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