

# RECEIPT

DATE

5/11/26

No.

932578

RECEIVED FROM

Northside Trucking LLC

\$ 350.00

Three hundred fifty and <sup>00</sup>/<sub>100</sub>

DOLLARS

 FOR RENT FOR

DE-SW-2124

ACCOUNT	
PAYMENT	
BAL. DUE	

 CASH CHECK MONEY  
ORDER CREDIT  
CARD

FROM

11726

TO

BY

M.M.



RECEIVED

MAY 11 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- 2124 Expiration Date 06/30/2026

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

**SCRAP TIRES ONLY**

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

**ALL OTHERS**

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

**2. Release to Public**

Do you wish to be included on the list of transporters that is provided to persons requesting a list of Delaware permitted solid waste transporters?  Yes  No

**3. Company Information**

Company Name Northside Trucking LLC

Location Address:	Mailing Address:
234 Jackson Ave Hackensack NJ 07601	

Contact: Miguel Carvalho Title: Owner

Business Phone: (201) 562-8711 Fax: \_\_\_\_\_

E-mail: northsidetruckingllc19@gmail.com

24 hr Emergency Contact Phone: (201) 562-8711

**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: New Jersey
- Other: (must specify) \_\_\_\_\_

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

Attachment 1

(c). If company is owned by or affiliated with a parent company, attach parent company name, address & mailing address, and % ownership.

- Attachment \_\_\_\_\_
- No parent company

NEW JERSEY DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES

**CERTIFICATE OF FORMATION**

**NORTHSIDE TRUCKING LLC**  
**0450434763**

The above-named DOMESTIC LIMITED LIABILITY COMPANY was duly filed in accordance with New Jersey State Law on 11/07/2019 and was assigned identification number 0450434763. Following are the articles that constitute its original certificate.

1. **Name:**  
NORTHSIDE TRUCKING LLC
2. **Registered Agent:**  
MIGUEL CARVALHO
3. **Registered Office:**  
234 JACKSON AVE  
HACKENSACK, NEW JERSEY 07601
4. **Business Purpose:**  
TRUCKING +
5. **Effective Date of this Filing is:**  
11/07/2019
6. **Members/Managers:**  
MIGUEL CARVALHO  
234 JACKSON AV  
HACKENSACK , NEW JERSEY 07601
7. **Main Business Address:**  
234 JACKSON AVE  
HACKENSACK , NEW JERSEY 07601

**Signatures:**

MIGUEL CARVALHO  
AUTHORIZED REPRESENTATIVE



Certificate Number : 4090296323  
Verify this certificate online at  
[https://www1.state.nj.us/TYTR\\_StandingCert/JSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp)

*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and  
affixed my Official Seal  
7th day of November, 2019*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

Elizabeth Maher Muoio  
State Treasurer

**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) DRPI Landfill
  - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
  - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
  - Other in-state solid waste facilities, including private facilities: (attachment) \_\_\_\_\_
  - Out of state solid waste TSD facilities: (attachment) \_\_\_\_\_

**9. Other Transporter Permits**

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- Attachment \_\_\_\_\_
  - Not applicable-No transporter permit required for these solid waste types in our home state.

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

- Attachment 2
- No transporter permits in other states

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

DOT# 3356819 MC# 1701755

- 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

Attachment # 1

**NORTHSIDE TRUCKING LLC**

Owner's Name: Miguel Carvalho



Ownership %: 100 %

Mailing Address: 234 Jackson Ave Hackensack, NJ 07601.

Attachment # 2

**NORTHSIDE TRUCKING LLC**

234 Jackson Ave  
Hackensack, NJ 07601.

Permit

Act 90 – WH22000

- (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 type="checkbox"/>
Dry Waste	\$750,000.00 + MCS-90 <input checked="" 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 3

### 12. Driver Training

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

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

Driver Training, attachment 4



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/06/2026

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> World Insurance Associates, LLC 656 Shrewsbury Ave Suite 200 Tinton Falls NJ 07701	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): 732-380-0900      FAX (A/C, No): E-MAIL ADDRESS: certificates@worldinsurance.com	
	<b>INSURER(S) AFFORDING COVERAGE</b> NAIC #	
<b>INSURED</b> Northside Trucking LLC 234 Jackson Ave Hackensack NJ 07601	License#: BR-961573      NORTSID-04	INSURER A : United States Liability Insurance Co.      25895
		INSURER B : Hamilton Insurance Co.      11444
		INSURER C : Selective Fire & Casualty Insurance Co.      14377
		INSURER D : Seren Hospitality Risk Retention Group, Inc.      17660
		INSURER E : The Pie Insurance Company      21857
		INSURER F :

**COVERAGES**      **CERTIFICATE NUMBER:** 1078403061      **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 type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	GL 1278059 B	1/15/2026	1/15/2027	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 - COM/OP AGG	\$ 2,000,000
								\$
D	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY			PT-26022407-01	2/6/2026	2/6/2027	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$			XL1681065	2/9/2026	1/15/2027	EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
								\$
E	<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/A	WC PI 2032404-001	1/15/2026	1/15/2027	PER STATUTE	OTH-ER
							E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
B	Physical Damage			D261225/003	2/7/2026	2/7/2027	Sliding Scale Ded	Sliding Scale Ded
C	Equipment Floater			S2681656	5/22/2025	5/22/2026	CM/CL	Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Physical Damage Policy # D261225/003 Eff 2/7/2026-2/7/2027:  
 Units under \$149,999k have \$1,000 ded  
 Units over \$150,000 have \$5,000 ded  
 Units over \$200,000 have \$10,000 ded

## CERTIFICATE HOLDER

## CANCELLATION

Department Of Natural Resources and Environmental Control  
 89 Kings Hwy  
 Dover DE 19901

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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For FMCSA Use Date Received: \_\_\_\_\_

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, Financial Responsibility Filings 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 NORTHSIDE TRUCKING LLC of New Jersey 3356819  
(Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 12:00 noon on this 6th day of February, 2026

Amending Policy Number: PT-26022407-01 Effective Date: 2/6/2026

Name of Insurance Company: Professional Transportation Risk Retention Group, Inc.

Countersigned by: Evan C. Wilson  
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated for the limits shown (check only one):

- This insurance is primary and the company shall not be liable for amounts in excess of \$ 750,000 for each accident.
- This insurance is excess and the company shall not be liable for amounts in excess of \$ \_\_\_\_\_ for each accident in excess of the underlying limit of \$ \_\_\_\_\_ for each accident.

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: \_\_\_\_\_.

Cancellation of this endorsement may be effected by the company or the insured by giving (1) thirty-five (35) days notice in writing to the other party (said 35 days notice to commence from the date the notice is mailed, proof of mailing shall be sufficient proof of notice), and (2) if the insured is subject to the FMCSA's registration requirements under 49 U.S.C. 13901, by providing thirty (30) days notice to the FMCSA (said 30 days notice to commence from the date the notice is received by the FMCSA at its office in Washington, DC).

Filings must be transmitted online via the Internet at <https://www.fmcsa.dot.gov/registration>.

(continued on next page)

**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.

(continued on next page)

<b>SCHEDULE OF LIMITS — PUBLIC LIABILITY</b>
--

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 <a href="#">49 CFR 171.8</a> , 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 <a href="#">49 CFR 173.403</a> .	\$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 <a href="#">49 CFR 172.101</a> ; hazardous waste, hazardous materials, and hazardous substances defined in <a href="#">49 CFR 171.8</a> and listed in <a href="#">49 CFR 172.101</a> , 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 <a href="#">49 CFR 173.403</a> .	\$5,000,000

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

# DRIVER'S VEHICLE INSPECTION REPORT

AS REQUIRED BY THE D.O.T. FEDERAL MOTOR CARRIER SAFETY REGULATIONS

CARRIER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

DATE: \_\_\_\_\_ TIME: \_\_\_\_\_ A.M. \_\_\_\_\_ P.M.

CHECK ANY DEFECTIVE ITEM AND GIVE DETAILS UNDER "REMARKS"

**TRACTOR/ TRUCK NO.** \_\_\_\_\_ **ODOMETER READING** \_\_\_\_\_

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Air Compressor<br><input type="checkbox"/> Air Lines<br><input type="checkbox"/> Battery<br><input type="checkbox"/> Belts and Hoses<br><input type="checkbox"/> Body<br><input type="checkbox"/> Brake Accessories<br><input type="checkbox"/> Brakes, Parking<br><input type="checkbox"/> Brakes, Service<br><input type="checkbox"/> Clutch<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Defroster/Heater<br><input type="checkbox"/> Drive Line<br><input type="checkbox"/> Engine<br><input type="checkbox"/> Exhaust<br><input type="checkbox"/> Fifth Wheel<br><input type="checkbox"/> Fluid Levels<br><input type="checkbox"/> Frame and Assembly | <input type="checkbox"/> Front Axle<br><input type="checkbox"/> Fuel Tanks<br><input type="checkbox"/> Horn<br><input type="checkbox"/> Lights<br>Head/Stop<br>Tail/Dash<br>Turn Indicators<br>Clearance/Marker<br><input type="checkbox"/> Mirrors<br><input type="checkbox"/> Muffler<br><input type="checkbox"/> Oil Pressure<br><input type="checkbox"/> Radiator<br><input type="checkbox"/> Rear End<br><input type="checkbox"/> Reflectors | <input type="checkbox"/> Safety Equipment<br>Fire Extinguisher<br>Flags/Flares/Fusees<br>Reflective Triangles<br>Spare Bulbs and Fuses<br>Spare Seal Beam<br><input type="checkbox"/> Starter<br><input type="checkbox"/> Steering<br><input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tire Chains<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Transmission<br><input type="checkbox"/> Trip Recorder<br><input type="checkbox"/> Wheels and Rims<br><input type="checkbox"/> Windows<br><input type="checkbox"/> Windshield Wipers<br><input type="checkbox"/> Other |
|---|---|---|

**TRAILER(S) NO.(S)** \_\_\_\_\_

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Brake Connections<br><input type="checkbox"/> Brakes<br><input type="checkbox"/> Coupling Devices<br><input type="checkbox"/> Coupling (King) Pin<br><input type="checkbox"/> Doors | <input type="checkbox"/> Hitch<br><input type="checkbox"/> Landing Gear<br><input type="checkbox"/> Lights - All<br><input type="checkbox"/> Reflectors/Reflective Tape<br><input type="checkbox"/> Roof | <input type="checkbox"/> Suspension System<br><input type="checkbox"/> Tarpaulin<br><input type="checkbox"/> Tires<br><input type="checkbox"/> Wheels and Rims<br><input type="checkbox"/> Other |
|--|--|--|

Remarks: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**CONDITION OF THE ABOVE VEHICLE IS SATISFACTORY**

DRIVER'S SIGNATURE: \_\_\_\_\_

ABOVE DEFECTS CORRECTED

ABOVE DEFECTS NEED NOT BE CORRECTED FOR SAFE OPERATION OF VEHICLE

MECHANIC'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

DRIVER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**ORIGINAL**

NORTHSIDE TRUCKING LLC

**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
  
- (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) **Attached daily pre-post trip inspection form**
  
- (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: **Miguel Carvalho** Phone: **(201) 562-8711**
  
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:  
**Delaware: 911, (302) 739-9401 or 1-800-662-8802** (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)  
Maryland:  
New Jersey:
  
- (6) The designated coordinator will contract for clean-up services with another company. (*This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.*)
  
- (7) This plan will be carried in all vehicles, along with the permit.


attachment #4

**NORTHSIDE TRUCKING LLC**

234 Jackson Ave  
Hackensack, NJ 07601

**SAFETY MEETING ATTENDANCE**

Date:01/16/2026

	NAME	LAST NAME	CDL
			

## **NORTHSIDE TRUCKING LLC**

234 Jackson Ave  
Hackensack, NJ 07601

### **Driver Training:**

1-All drivers are trained in the proper pre-tripping of vehicles which includes,

- Check all tires
- Lights and signals
- Tailgate is secured

2-All drivers are made familiar with all FMSCA regulations pertaining to the transport and disposal of material provided by 49CFR Parts 383,390,390-399

3-All drivers are familiar with spill control plans.

4-All drivers are trained in the proper handling of the various types of waste to be transported included.

- Manifest system
- Handling procedures
- Safe vehicle operation

5-All drivers are familiar with the conditions of the solid waste transporter's permit.

# NORTHSIDE TRUCKING LLC

## DRIVER TRAINING

All drivers will have Class A or Class B CDL license. All drivers review the FMCSA share the road safely truck and bus driver tips annually and sign and date the documents as a read and acknowledge. Documents are stored in the cab of the vehicle as well. Drivers shall review the DOT Motor Carrier Safety Regulations. FMCSA will also conduct safety audits.

I work with my insurance carrier to verify driving records. If a driver were to obtain a moving violation there would be a formal meeting held with the driver reviewing the incident and written warning which the driver and president of the company will sign stating if a second violation is received they will be terminated from the company. They are responsible for making payment on the violation as well and attending a motor vehicle training class.

Driver(s) will ensure vehicle transporting solid waste is covered to prevent discharge or release of solid waste to the environment. Waste will be disposed of at approved facilities as in attached facility list. The driver(s) shall maintain a log of shipments which will also be utilized for annual reporting to Delaware. The driver(s) shall coordinate the schedule for truck arrival and material deliveries at the facility. The delivery shall be compatible with the availability of equipment and personnel for material handling operations at the job site. The driver(s) shall inspect all vehicles leaving the site to ensure that contaminated soils adhering to the wheels or undercarriage are removed prior to the vehicle leaving the site. The driver(s) shall not deliver waste to any facility other than the disposal facility(ies) listed on the shipping manifest. The driver(s) shall ensure that trucks are protected against contamination by properly covering and lining them with compatible material or by decontaminating them prior to any use other than hauling contaminated materials.

All drivers review the spill control plan, sign and date as training records of a read and acknowledge training session. Spill control plan is retained in the cab of the vehicle. In addition, all vehicles will carry safety equipment as per Motor Carrier Safety Regulations DOT 49 CFR.

Driver(s) will review the 1301 Regulations Governing Solid Waste to ensure familiarity with conditions of permit.

**Safe Driving Performance Expectations**

- Seat belts must be used while driving.
- Keys must never be left in the vehicle. Spare keys are to be kept in the office or at your home.
- Drivers are responsible for the security of vehicles and cargo.
- Always lock an unattended vehicle.
- Observe posted speed limits and rules of the road.
- Maintain company vehicles in accordance with our company policy and specifications. You will be responsible for damage to company vehicles resulting from reckless or abusive handling or operation.
- Be courteous to other drivers and pedestrians. Observation reports may be utilized to identify your driving habits and will be used in your evaluation.
- Do not use controlled substances or alcohol prior to or when operating a motor vehicle. Be aware of possible adverse effects of prescription drugs and do not operate a motor vehicle when ability is impaired.
- Only the assigned driver or other company personnel engaged in the course of their employment are permitted to drive company vehicles.
- Keep windows clean inside and out to reduce glare.
- Remove snow accumulation prior to driving. Removal includes snow from on top of the vehicle and all windows and lights, so visibility is maximized.
- Maintain 4 seconds of following distance between your vehicle and other vehicles (passenger vehicles), 5 to 8 seconds in heavy/long combination vehicles and move slightly slower than the flow of traffic in heavy traffic.
- Maintain awareness of what is in front of your vehicle, on both sides and behind it to reduce the need for sudden stops or quick lane changes which can make it more likely other vehicles will strike your vehicle.
- Do not drive when fatigued and plan trips to avoid fatigue.

\_\_\_\_\_  
Driver Signature

\_\_\_\_\_  
Company Fleet Coordinator

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

**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 Miguel Carvalho Date 5/5/2006  
Print Name Miguel Carvalho Title Owner

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



**NORTHSIDE TRUCKING LLC**

**COMPANY DRIVER POLICY**

## **GENERAL GUIDELINES**

All employees of the company must sign and comply with the requirements listed below:

- Employees must meet DOT requirements and learn about the FMCSA regulations.
- Employees are required to pass a pre-employment drug and alcohol test and random tests any time they are selected
- Employees are responsible for pre/post vehicle inspections and hand in DVIR if there are any mechanical problems
- Drivers must hand in any tickets and vehicle inspection reports received IMMEDIATELY
- In case of an accident, drivers must immediately call (Miguel Carvalho). Always remember to take many pictures of the damages, and collect information of all the parties involved, including name, phone number, insurance policy information, copy of registration, copy of driver's license, and if it is a commercial motor vehicle, take a picture of the company name (usually placed at the driver's side door. You must wait for Safety's instructions on whether you need a Post Drug and Alcohol test immediately. You must complete a Driver's Statement and provide any citations, and the Incident Report slip received from the police, if any. If police arrive to the scene, you must never leave the scene of an accident without their release
- If a driver receives a ticket for unsafe driving, the company will give him a first verbal warning, second a fine of \$100 per violation, and third a week's suspension (no pay)
- If any employee does not wish to continue working for the company, we ask that they give us 2 week notice as a courtesy

(This document is subject to changes at any time)

I have read, understood and agree the conditions mentioned above to be a driver of the company

\_\_\_\_\_

Full Name

\_\_\_\_\_

Employee Signature

## **Mandatory Safety Gear Policy**

**Attention ALL Drivers of NORTHSIDE TRUCKING LLC.**

You must come to work prepared, and be dressed accordingly. If our clients find that our Drivers are careless, this will decrease better runs for all of you. It is mandatory to

wear your safety gear at all times while you are operating our trucks!

You are the faces of our company, and you must respect it by wearing your safety gear every day.

It is mandatory for ALL of you to wear the following upon entering your truck:

- Reflective Safety Vest
- Hard Hat
- Safety Goggles
- Steel Toe Boots
- Pants (no shorts allowed)
- Long Sleeve Shirt
- Bluetooth
- Shovel (for snow)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Signature

**Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.**

## **Safety and compliance (Drivers responsibilities)**

Due to recent DOT violations and a severe impact on Safety Rating, **NORTHSIDE TRUCKING LLC** is putting into effect company fines for any violations due to driver negligence. Fines will reflect on any violations on Driver Vehicle Inspection Report. Fines could range from \$25 and up to \$300 (depending on the severity of the violation). Will not tolerate any driver that is not performing his duties in a safe and professional manner.

If a driver is fined, it will be deducted from the following week payroll, **NO EXCEPTIONS**. If a driver gets another violation after he was already fined from a previous violation, driver will be terminated immediately. If a driver is involved in an accident, and it is proved to be the driver's fault, driver will be terminated.

Also, a monthly safety bonus will be rewarded every month for drivers who perform their duties in a safe and professional manner. Meaning, maintaining their trucks clean, reporting any repairs needed and makes sure it's repaired. Have proper equipment, such as hard hat, safety shoes, and vest at all times. No violations that month.

Every day, a proper **PRE-TRIP** is required and **MANDATORY**. Pre-Trip inspections includes the following: Make sure all lights are working (headlights, turn signals, overhead lights, license plate light, etc.), make sure tires are properly inflated and in good condition. Wipers are in working order. Horn works. Windshield is clean and clear. License plate is clean of any dirt and is visible. Make sure your fire extinguisher is charged and secured. This takes 5 minutes to do, this is mandatory, failure to comply will result in termination.

Let's all work together and make a difference in bringing our Safe S core down. If any questions, please do not hesitate to come and talk to me.

\_\_\_\_\_

Date

\_\_\_\_\_

Employee Signature

**Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.**

# **DRIVING AND TRAFFIC VIOLATION POLICY**

We deeply value the safety well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, **NORTHSIDE TRUCKING LLC.** has instituted a safety driving policy any rules. This safety policy applies to all employees who operate a motor vehicle on company business and/or company time, whether operating a company vehicle or personal vehicle.

## **Safety Rules**

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.
  - a) If a vehicle does not pass inspection, immediately notify company staff.
  - b) Vehicles are not be operated unless in a safe operating condition.
2. Drivers must be physically and mentally able to drive safely. Fatigue, medications, and physical injuries can affect an employee's ability to safely operate a vehicle.
3. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.
4. Seat belts must be worn whenever a vehicle is in motion. **NORTHSIDE TRUCKING LLC.** recognizes that seat belts are extremely effective in preventing injuries and loss of life. It is a simple fact that wearing your seat belt can reduce your risk of dying in a traffic crash by as much as 60 percent in a truck. We care about our employees and want to make sure that no one is injured or killed in a tragedy that could have been prevented using seat belts. Therefore, all employees of **NORTHSIDE TRUCKING LLC.** must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.
5. Cell phone usage, including texting, is prohibited while driving for company purposes.
6. Use of radar detectors is forbidden in all vehicles owned or used by the company.
7. Hitchhikers and passengers other than company employees are not permitted.
8. Cargo should be secured, and all doors should be locked, both when the vehicle is on route and when it is parked
9. Respect the rights of other drivers and pedestrians.
10. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.
11. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day. CDL drivers will also be required to complete a violation review form.
12. **NORTHSIDE TRUCKING LLC** will review motor vehicle reports annually.
13. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee's file.

14. Employees are responsible for maintaining a valid driver's license.

#### **Safety Rules Enforcement**

Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

#### **Accidents**

Any employee who is involved in an accident while driving for company purposes will be required to complete an accident report on the same day to review the information to make sure it is complete. The employee must go for his or her post-accident drug and alcohol analysis at one of our designated facilities. The employee may also be required to discuss the accident with Human Resources or the safety manager.

Management will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring

#### **Motor Vehicle Report (MVR)-Standards**

MVRs will be checked annually for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges at **NORTHSIDE TRUCKING LLC**.
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.
3. Any of the following violation incurred in the previous three years:
  - a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)
  - b. Any violation less than three years old for an alcohol- or controlled substance-related driving offense
  - c. Refusing to take a breathalyzer test
  - d. Careless or reckless driving that results in injury to persons or property
  - e. Passing a stopped school bus.
  - f. Leaving the scene of an accident without stopping to file a report
  - g. Racing
4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months

This form is an example only. Requirements for the annual driver's certification of violations can be found in [49 CFR 391.27](#).

### ANNUAL DRIVER'S CERTIFICATION OF VIOLATIONS

**MOTOR CARRIER INSTRUCTIONS:** Each motor carrier must at least once every 12 months, require each driver to prepare a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or of which he/she has forfeited bond or collateral during the preceding 12 months (49 CFR 391.27). Drivers who have provided information required by 49 CFR 383.31 need not repeat that information on this form.

**DRIVER REQUIREMENTS:** Each driver will provide the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of, any violation which must be listed, he/she shall so certify (49 CFR 391.27).

### COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

DRIVER NAME: LAST, FIRST, MI SOCIAL SECURITY NUMBER DATE OF EMPLOYMENT

HOME TERMINAL (CITY AND STATE) DRIVER'S LICENSE NUMBER STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under 49 CFR 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

Check this box if you have had no violations in the past 12 months.

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

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 DRIVER'S SIGNATURE

MOTOR CARRIER NAME MOTOR CARRIER ADDRESS

REVIEWER PRINTED NAME REVIEWER SIGNATURE TITLE DATE

## **POLICY DRIVER RECEIPT**

I acknowledge receipt of the **NORTHSIDE TRUCKING LLC. Driving & Traffic Violation Poficy.**

I have read, understand, and agree to the terms set forth in this Driving and Traffic Violation policy .

-----

Date

-----

Employee Signature

**Disclaimer: Tit is policy is intended for reference purposes only; please consult all applicable state and local laws or statues prior to Implementa**

**SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS**

**ALL PERMITTED TRANSPORTERS MUST PREPARE  
AND  
CARRY A SPILL CONTROL PLAN IN EACH VEHICLE**

**At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.**

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

√	Safety Equipment in the Vehicle	√	Safety Equipment in the Vehicle, continued
	Emergency reflective triangles and/or flares		
	Fire extinguisher		
	First aid kit		
	Wheel Chocks		
	Gloves		
	Reflective Vest		
	Hard hat		
	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

\_\_\_\_\_

Attached

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Spill Control Plan for Non-Hazardous Solid Waste Transporters**  
**Page 2 of 2**

**7. Measures to contain releases will be performed by:**

- The driver, who is familiar with and appropriately trained to perform the activity.
- The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- A regional third-party contractor identified under **"EMERGENCY CONTACTS; CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."**

**8. The transporter acknowledges should additional clean-up services be required to address releases, including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.**

**9. If the accident results in a release/spill exceeding a Delaware Reportable Quantity as included in the regulations of 7 Del. Admin. Code 1203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team, by calling one of the numbers included under **"EMERGENCY CONTACTS, REPORTING A RELEASE OR SPILL IN DELAWARE."****

**SPILL CONTROL PLAN FOR  
NON-HAZARDOUS SOLID WASTE TRANSPORTERS**

**EMERGENCY CONTACTS**

**COMPANY COORDINATOR(S)**

Name	Telephone Number
Miguel Carvalho	[REDACTED]

Name	Telephone Number

**CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO  
RELEASES/SPILLS**

Name	Telephone Number

Name	Telephone Number

**REPORTING A RELEASE OR SPILL IN DELAWARE**

911  
(302) 739-9401  
(800) 662-8802

**ADDITIONAL COMPANY CONTACTS**

Name	Telephone Number

## Davis, DaQuan (DNREC)

---

**From:** Miguel Carvalho <northsidetruckingllc19@gmail.com>  
**Sent:** Wednesday, May 13, 2026 4:05 PM  
**To:** WHStransporters  
**Subject:** Fwd: Delaware Solid Waste Transporter Permit Application NORTHSIDE TRUCKING SW-2124  
**Attachments:** Northside Trucking .pdf

Good afternoon,

I hope this email finds you well.

Please accept this email as a formal response to the email received at ([northsidetrucking19@gmail.com](mailto:northsidetrucking19@gmail.com)), regarding our Delaware renewal application. Both emails belong to the same company. Northside Trucking LLC SW-2124

Please see below.

- **Section 14**-You did not provide a list of vehicle operators. See attached

If additional information is needed please do not hesitate to contact me 201-951-4780

Thank you in advance!

## Davis, DaQuan (DNREC)

---

**From:** WHStranporters  
**Sent:** Wednesday, May 13, 2026 10:33 AM  
**To:** northsidetrucking19@gmail.com  
**Subject:** Delaware Solid Waste Transporter Permit Application

**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 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](mailto:WHStranporters@delaware.gov)

📍 89 Kings Hwy SW, Dover, DE 19901

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



**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 Miguel Carvalho Date 5/5/2006  
Print Name Miguel Carvalho Title Owner

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

**NORTHSIDE TRUCKING LLC**

234 Jackson Ave  
Hackensack, NJ 07601

**Driver List**

	NAME	LAST NAME	CDL
	