

RECEIPT

DATE 5/1/26No. 932570RECEIVED FROM Braz Lines, Inc.\$ 650.00Six hundred fifty and $\frac{00}{100}$ DOLLARS FOR RENT
 FOR DE-SW-1634

ACCOUNT	
PAYMENT	
BAL. DUE	

- CASH
- CHECK
- MONEY ORDER
- CREDIT CARD

FROM 2971 TO _____BY M.M.



RECEIVED

MAY 01 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- 1634 Expiration Date 12/31/2022

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 Braz Lines Inc.

Location Address:	Mailing Address:
3570 Brookview Rd Philadelphia PA 19154	3570 Brookview Rd Philadelphia PA 19154

Contact: Luciana Menegati Title: Business Manager

Business Phone: (267) 977-3942 Fax: _____

E-mail: brazlines@outlook.com

24 hr Emergency Contact Phone 

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: Philadelphia State: PA Date: May 14, 2007

- Municipality
- Public institution
- Limited Liability Corporation (LLC) State: _____
- Other: (must specify) _____

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

Attachment _____

(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 N/A

(e). If you offer recycling services, are the recyclables ultimately taken to an incinerator (waste-to-energy) or landfill? Yes No

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? Yes No
- (b). Identify in an attachment *all* solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- Delaware Solid Waste Authority locations: (attachment) _____
 - Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - Other in-state solid waste facilities, including private facilities: (attachment) _____
 - Out of state solid waste TSD facilities: (attachment) _____

9. Other Transporter Permits

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

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

- Attachment _____
- No transporter permits in other states

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

DOT# 1650491 MC# 835263-C

- N/A If N/A, please provide an explanation, on the following page, as to why you are not required to have a DOT or MC number.

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	\$750,000.00 + MCS-90 <input type="checkbox"/>	\$350,000.00 <input type="checkbox"/>
Commercial Waste	\$750,000.00 + MCS-90 <input 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 ✓

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 ✓

We use the DOT Handbook by J. J Keller.

13. Vehicle Identification

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

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

Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? Yes

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

- Form W-2
 Form 1099-Misc
 Other

15. Environmental Record

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

- Attachment _____
 No violations within the specified time period

16. Certification

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

**Signature  Date 04-30-2026

Print Name Fernando Menegati Title Corporate Officer

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

BRAZ LINES INC
Ownership Summary

1. Fernando B Menegati
President/ Sole Owner



Ownership of Braz Lines Inc: 100%

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 BRAZ LINES INC of PA 1650491
 (Motor Carrier name) (Motor Carrier state or province) (USDOT Number)

Dated at 01:41 PM on this 13th day of January, 2026

Amending Policy Number: CA 868150516 Effective Date: 01/13/2026

Name of Insurance Company: United Financial Cas Co

Countersigned by: Hond
 (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: 1-800-895-2886.

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>.

SCHEDULE OF LIMITS — PUBLIC LIABILITY
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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 49 CFR 171.8, 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 49 CFR 173.403.	\$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 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, 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 49 CFR 173.403.	\$5,000,000

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

2026 TREATMENT, STORAGE AND DISPOSAL FACILITIES

RICHARD S BURNS & CO

4300 Rising Sun Avenue

Philadelphia PA 19140

MAZZA RECYCLING SERVICES

3230 Shafto Road

Tinton Falls NJ 07753

REPUBLIC SERVICE OF CONESTOGA

420 New Morgan Way

Morgantown PA

DELAWARE VALLEY COVANTA CHESTER

10 Highland Avenue

Chester PA

WASTE MANAGEMENT FAIRLESS LANDFILL

1400 Bordentown Road

Morrisville PA 19067



State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION
ENVIRONMENTAL MANAGEMENT
401 E. STATE STREET
2ND FLOOR, WEST WING
MAIL CODE 401-02C
TRENTON, NJ 08625-0420

CHRIS CHRISTIE
GOVERNOR

BOB MARTIN
COMMISSIONER

KIM GUADAGNO
LT. GOVERNOR

JUL 09 2015

Braz Line Inc
3568 Brookview Road
Philadelphia, PA 19154

RE: Solid Waste Transporter License

Dear Applicants:

This is to advise you that the investigative report from the Attorney General required under N.J.S.A. 13:1E-126 et seq. has been received by the Department of Environmental Protection. Based on our review of the aforementioned investigative report, the Department is hereby issuing this **Solid Waste Transporter License to:**

BRAZ LINE INC

Please be advised that the license hereby issued is a "**conditional**" license and is modified by the terms and conditions as specified on the attached document as they have been put forth by the Attorney General's Office. Failure to meet the specified conditions will result in the revocation of this license.

This license is only issued to Braz Line Inc for its exclusive use and control, and it must be renewed annually by filing the Annual License Update form as well as any other change of information concerning your company or its operation as required by the Department.

Please be aware that you are required to obtain a Certificate of Public Convenience and Necessity prior to commencing solid waste business operations. An application is enclosed. Questions regarding this certificate should be directed to (609) 633-1389. As you know, any transportation equipment must be registered prior to commencing operations. Questions regarding registration should be directed to (609) 292-7081.

Sincerely,

Deborah Pinto, Chief
Planning & Licensing

Enclosure

c: Raghu Murthy, DAG
Lt. Joseph McNally, NJSP
Suzanne Conway, NJDEP, SWUCA
Robert Gomez, NJDEP, TOU
005007 - PI 694856



Pennsylvania Department of Environmental Protection

Rachel Carson State Office Building

P.O. Box 8550

Harrisburg, PA 17105-8550

November 19, 2007

Bureau of Waste Management

717-783-9258

FERNANDO MENEGATI
BRAZ LINES, INC.
3568 BROOKVIEW RD
PHILADELPHIA PA 19154-4040

Re: **Web-Based Act 90 Authorization Submission, WH10678**

Dear Waste Hauler:

Waste Haulers have the ability to submit New, Renewal and Addendum Authorization forms for the Act 90 Waste Transportation Safety Program by accessing the Internet through www.depgreenport.state.pa.us. The web-based application enables haulers to start, save, submit and electronically pay for Act 90 Authorizations, as well as maintaining a history of submitted information.

In order to access the web-based application, you will need to:

1. **SELF-REGISTER:** Log on to DEP's Greenport at www.depgreenport.state.pa.us to self-register for a user name and password. A user name and password combination is unique to each individual utilizing the web-based application and is not to be shared or provided to others.
2. Once self-registered log back on to DEP's Greenport, click the Enroll button.
3. Click on the Waste Transportation Safety Program link on the DEP Greenport page to add the application to your portal information page.
4. Click on the WTSP button to begin working with the web-based application.
5. Enclosed is a PIN. PIN's are associated to a specific hauler so that you can access saved and historic information. The unique hauler PIN can be provided to those associated to the hauler that will be submitting web-based authorizations and have their own unique user name and password.

Please keep your user name, password and PIN in a safe place. If you forget or lose your PIN, a new PIN will need to be generated and mailed to you. The Help Desk number is 717-705-3768.

PIN: 9505

Paper authorization forms can be accessed at www.depweb.state.pa.us, land topic "Waste Transportation" or call the Bureau at 717-783-9258. Haulers are encouraged to utilize the web-based application for more prompt receipt of authorization stickers.

Sincerely,


Joseph A. Kozlosky
Environmental Group Manager
Waste Transportation & Safety Program

BRAZ LINES INC
LIST OF
EQUIPMENT 2024

	MAKE/MODEL/YEAR	EQUIP	VIN	PLATE	STATE	NO
1	KENW T100/ 2007	TRUCK	1XKDDU9X37J155597	AG38456	PA	49
2	FRHT/COLUMBIA / 2006	TRUCK	1FUJA6CV16LW80745	AG65291	PA	50
3	FRHT/2003	TRUCK	1FUJA6CG73PK37926	AG74100	PA	44
4	FRHT/2001	TRUCK	1XKDDDB9X81J883167	AH04048	PA	43
5	FRHT/2006	TRUCK	1FUJA6CK96LW11260	AH31857	PA	46
6	FRHT/2016	TRUCK	3AKJGEDV2GSHD8504	AH57532	PA	52
7	FRHT/2016	TRUCK	1FUJGLD6XGLHD6167	AG60682	PA	12
1	EAST/ 2000	TRAILER	1E1U1X286YRG27214	PT1390Z	PA	26
2	EAST/ 2012	TRAILER	1E1U2X288CRH46676	PT273B7	PA	22
3	EAST/ 2004	TRAILER	1R1U1X3874RC34507	PT622E3	PA	36
4	EAST/ 2014	TRAILER	1E1U2X282ER049701	PT645N8	PA	38
5	MAC/ 2012	TRAILER	5MAMN482XCC024091	PT622E2	PA	34
6	EAST/2012	TRAILER	1E1U2Y289CRG46561	PT8625T	PA	20
7	MAC/2015	TRAILER	5MAMN4829FC030114	PT407L5	PA	40
8	EASTERN/2019	TRAILER	1E1Z2Y288KR067868	PT701K0	PA	7
9	MAC/2003	TRAILER	5MAMN482X3C006139	PT212V1	PA	18

All equipment listed above is owned by
Braz Lines Inc.

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). *See attached*
 - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated emergency coordinator:
Name: *Fernando Menegati* Phone: 
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 (*Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.*)
Maryland:
New Jersey: *911*
- (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.

Pre-Trip Inspection Checklist

Vehicle / Equipment Name

Date of Inspection

Inspector Name

INSTRUCTIONS:

This checklist is designed to ensure the safety and proper functioning of the vehicle or equipment before starting a trip or operation. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas that require attention. Use the "Notes/Observations" section to provide additional details, necessary repairs, and any required follow-up.

EXTERIOR INSPECTION

Tires: Check tire condition, including tread depth and inflation pressure.

Yes No NA

Lights: Test all exterior lights (headlights, brake lights, turn signals, etc.) for proper functioning.

Yes No NA

Mirrors: Adjust and verify the mirrors' positions for clear visibility.

Yes No NA

Observations / Notes /
Corrective actions, if any:

EMERGENCY STOP BUTTONS

Dashboard Indicators: Check for any warning lights or indicators on the dashboard.

Yes No NA

Seatbelts: Ensure that seatbelts are functional and properly fasten.

Yes No NA

Interior Lights and Controls: Test all interior lights and ensure controls (e.g., air conditioning, heater) work correctly.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FLUID LEVELS

Engine Oil: Check engine oil level and condition.

Yes No NA

Coolant: Verify coolant level and antifreeze concentration.

Yes No NA

Brake Fluid: Check brake fluid level in the reservoir.

Yes No NA

Observations / Notes /
Corrective actions, if any:

BRAKES

Parking Brake: Test the parking brake for proper operation.

Yes No NA

Brake Pedal: Check brake pedal response and firmness.

Yes No NA

Brake Performance: Verify that brakes engage smoothly and hold the vehicle.

Yes No NA

Observations / Notes /
Corrective actions, if any:

STEERING AND SUSPENSION

Steering Wheel: Check for any abnormalities or excessive play in the steering.

Yes No NA

Suspension System: Inspect the suspension system for wear, damage, or leaks.

Yes No NA

Wheel Alignment: Ensure that wheels are properly aligned.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ENGINE AND EXHAUST

Start-up: Start the engine and listen for any unusual noises or vibrations.

Yes No NA

Exhaust Emissions: Check for unusual exhaust emissions or smells.

Yes No NA

Engine Performance: Verify smooth engine performance at idle and during acceleration.

Yes No NA

Observations / Notes /
Corrective actions, if any:

SAFETY EQUIPMENT

First Aid Kit: Ensure that a fully stocked first aid kit is available.

Yes No NA

Fire Extinguisher: Verify that a functional fire extinguisher is present.

Yes No NA

Warning Triangles: Check for warning triangles or other safety signaling devices.

Yes No NA

Observations / Notes /
Corrective actions, if any:

DOCUMENTATION

Registration and Insurance: Ensure that valid registration and insurance documents are onboard.

Yes No NA

Vehicle/Equipment Manual: Have the appropriate vehicle or equipment manual accessible.

Yes No NA

Other Required Documents: Check for any additional required documents (e.g., permits).

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or Pre-Trip Inspection checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above Pre-Trip Inspection checklist and that the vehicle or equipment has been assessed for safety and compliance. Any identified issues have been documented, and necessary repairs or improvements have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :

BRAZ LINES INC'S
DRIVING TRAINING SUMMARY

- All drivers are required to have a valid Commercial driver's license and commercial driving experience for 2 years minimum.
- A 6-hour training is required for all new drivers. Our training is based upon DOT Safety Guidelines Book.
- A review training is required for all drivers annually.
- Driving Records checks are conducted annually for all drivers.
- Discipline action/counseling is conducted immediately upon time of event occurrence.
- Drivers are trained on Tarp placement and training reviews are made periodically.
- Drivers are trained to follow Spill Control Plan.
- Drivers are explained about guidelines of states policies and regulations on transportation of solid waste.

Davis, DaQuan (DNREC)

From: Fernando Menegati <brazlines@outlook.com>
Sent: Wednesday, May 27, 2026 10:48 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit Application
Attachments: DRIVER LIST MAY 2026.xlsx; DNREC certificate Holder.pdf

From: WHStranporters <WHStranporters@delaware.gov>
Sent: Wednesday, May 27, 2026 9:43 AM
To: brazlines@outlook.com <brazlines@outlook.com>
Subject: RE: Delaware Solid Waste Transporter Permit Application

Hello,

Please address the items listed below:

- **Section 10**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 14**-You did not provide a list of vehicle operators.

Please provide the information requested above via e-mail.

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
☎ 302-739-9403
✉ WHStranporters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901
🌐 dnrec.delaware.gov



From: WHStranporters
Sent: Friday, May 15, 2026 12:50 PM
To: brazlines@outlook.com
Subject: RE: Delaware Solid Waste Transporter Permit Application

Hello,

Please address the items listed below:

- **Section 10**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 14**-You did not provide a list of vehicle operators.

Please provide the information requested above via e-mail.

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
☎ 302-739-9403
✉ WHStranporters@delaware.gov
📍 89 Kings Hwy SW, Dover, DE 19901
🌐 dnrec.delaware.gov



From: WHStranporters
Sent: Monday, May 4, 2026 9:58 AM
To: 'brazlines@outlook.com' <brazlines@outlook.com>
Subject: Delaware Solid Waste Transporter Permit Application

Hello,

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

- **Section 10**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.
- **Section 14**-You did not provide a list of vehicle operators.

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

Thank you,

DaQuan Davis



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 89 Kings Hwy SW, Dover, DE 19901

🌐 dnrec.delaware.gov





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/15/2026

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

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

PRODUCER Progressive Insurance PO Box 94739, Cleveland, OH 44101	CONTACT NAME: Progressive Commercial Lines Customer and Agent Servicing	
	PHONE (A/C, No, Ext): 1-800-444-4487	FAX (A/C, No):
E-MAIL ADDRESS: progressivecommercial@email.progressive.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: United Financial Casualty Company		11770
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
 BRAZ LINES INC
 3570 BROOKVIEW RD
 PHILADELPHIA, PA 19154

COVERAGES **CERTIFICATE NUMBER:** 284253853891490004D051526T102423 **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	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
								\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	868150516	01/13/2026	01/13/2027	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER	
							E.L. EACH ACCIDENT	\$
							E.L. DISEASE - EA EMPLOYEE	\$
							E.L. DISEASE - POLICY LIMIT	\$
A	See ACORD 101 for additional coverage details.	N	N	868150516	01/13/2026	01/13/2027		\$


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

CERTIFICATE HOLDER

DE Department of Natural Resources
 And Environmental Control
 Compliance and
 Permitting Sector
 Dover, DE 19901

CANCELLATION

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

AUTHORIZED REPRESENTATIVE




ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED BRAZ LINES INC 3570 BROOKVIEW RD PHILADELPHIA, PA 19154	
POLICY NUMBER 868150516		EFFECTIVE DATE: 01/13/2026	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

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

Additional Coverages

Insurance coverage(s)	Limits
Uninsured Motorist Bodily Injury	\$750,000 Combined Single Limit Stacked
Underinsured Motorist Bodily Injury	\$750,000 Combined Single Limit Non-Stacked
Income Loss	\$1,000 per Mo/\$5,000 Max - w/o Workers Comp
Medical Expense	\$5,000 w/o Workers Comp

Description of Location/Vehicles/Special Items

Scheduled autos only

2007 KENWORTH CONSTRUCTION 1XKDDU9X37J155597		Stated Amount	\$15,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2006 FREIGHTLINER CONVENTIONAL 1FUJA6CK96LW11260		Stated Amount	\$14,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2006 FREIGHTLINER CONVENTIONAL 1FUJA6CV16LW80745		Stated Amount	\$12,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2003 FREIGHTLINER CONVENTIONAL 1FUJA6CG73PK37926		Stated Amount	\$15,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2001 KENWORTH CONSTRUCTION 1XKddb9X81J883167		Stated Amount	\$12,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2016 FREIGHTLINER CASCADIA 125 3AKJGEDV2GSHD8504		Stated Amount	\$18,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2030 Non-owned Attached Trailer			
2012 East Trailer 1E1U2X286YRG27214		Stated Amount	\$12,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2004 East Trailer 1R1U1X3874RC34507		Stated Amount	\$10,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2012 Mac Trailer 5MAMN482XCC024091		Stated Amount	\$11,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		

AGENCY CUSTOMER ID: _____

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

AGENCY Progressive Insurance		NAMED INSURED BRAZ LINES INC 3570 BROOKVIEW RD PHILADELPHIA, PA 19154	
POLICY NUMBER 868150516		EFFECTIVE DATE: 01/13/2026	
CARRIER United Financial Casualty Company	NAIC CODE 11770		

ADDITIONAL REMARKS

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

2019 East Trailer 1E1Z2Y288KR067868			
		Stated Amount	\$12,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2003 Mac Trailer 5MAMN482X3C006139			
		Stated Amount	\$8,000
Comprehensive	\$1,000 Ded		
Collision	\$1,000 Ded		
2012 East Trailer 1E1U2Y289CRG46561			
		Stated Amount	\$20,000
Comprehensive	\$500 Ded		
Collision	\$500 Ded		
2016 FREIGHTLINER CASCADIA 125 1FUJGLD6XGLHD6167			
		Stated Amount	\$25,000
Comprehensive	\$500 Ded		
Collision	\$500 Ded		



Driver List

[Redacted]	License State	CDL (Y/N)	[Redacted]
[Redacted]	NJ	Yes	[Redacted]
[Redacted]	PA	Yes	[Redacted]
[Redacted]	PA	Yes	[Redacted]
[Redacted]	NJ	Yes	[Redacted]
[Redacted]	NJ	Yes	[Redacted]
[Redacted]	PA	Yes	[Redacted]