RECEIPT

DATE 6-23-26 No. 735816

RECEIVED FROM Martin Recycling Co, LLC $ 75 00

seventy five and 00/ DOLLARS

○ FOR RENT
○ FOR New

ACCOUNT		○ CASH
PAYMENT		✓ CHECK
BAL. DUE		○ MONEY ORDER
		○ CREDIT CARD

FROM 3961 TO

BY JWS

3-11

RECEIPT

DATE 6-23-26 No. 735816

RECEIVED FROM Martin Recycling Co, LLC $75.00

seventy five and 00/ DOLLARS

○ FOR RENT
○ FOR New

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
✓ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 3961 TO

BY JWS

3-11

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

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

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

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

1. Type of Permit

☑ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of $75.00.

☐ New – **ALL OTHERS** Submit a check or money order, payable to the " State of Delaware" in the amount of $350.00.

☐ Renewal: Permit # DE-SW- _____ Expiration Date _____

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

SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - $75.00	☐ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☐ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☑ Five Years - $275.00	☐ Five Years - $1550.00

2. Release to Public

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

3. Company Information

Company Name MARTIN RECYCLING CO LLC

Location Address:	Mailing Address:
2251 FRALEY STREET, UNIT J	3524 MEADOWLARK DR
PHILADELPHIA, PA 19137	HUNTINGDON VALLEY PA 19006

Contact: GEORGE MARTINOS Title: MANAGING DIRECTOR

Business Phone: 215 841 8134 Fax: _____

E-mail: GEORGE@MARTINRECYCLINGUSA.COM

24 hr Emergency Contact Phone: [redacted]

4. Company Ownership Information

(a). Please indicate the company type:
- ☐ Proprietorship
- ☐ Partnership
- ☑ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

  City: _____ State: _____ Date: _____
- ☐ Municipality
- ☐ Public institution
- ☑ Limited Liability Corporation (LLC) State: PA
- ☐ Other: (must specify) _____

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

☑ Attachment _____

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

☐ Attachment _____
☑ No parent company

5. Company locations in Delaware

List name and *street* address of each company location, including freight terminals, within the State of Delaware.

☐ Attachment _____
☑ No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

☐ Attachment _____
☑ No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

☐ Residential waste
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices
☐ Industrial waste (from a manufacturing or industrial process)
☐ Dry waste: ☐ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☐ Asbestos-containing waste
☑ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☑ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☑ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☑ Yes ☐ No

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

8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste? ☑ Yes ☐ No

(b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

☐ Delaware Solid Waste Authority locations: (attachment) _____
☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
☑ Other in-state solid waste facilities, including private facilities: (attachment) _____
☐ 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 PA TIRE PR
☐ No transporter permits in other states

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

DOT# 1978242 MC# _____

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☑	$350,000.00 ☐

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment _____

12. Driver Training

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

(a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);

(b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;

(c). Describe how drivers are instructed in the following:
(i) Knowledge of proper handling procedures for the type of solid waste being transported.
(ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
(iii)Familiarity with the conditions of the solid waste transporter's permit.

✓ Driver Training, attachment _____

13. Vehicle Identification

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

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

☑ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☑ Yes

What tax form do you submit to the IRS for your vehicle operators?
☑ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

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

☐ Attachment _____
☑ No violations within the specified time period

16. Certification

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

**Signature _____ Date 4/24/26

Print Name GEORGE MARTINOS Title MANAGING DIRECTOR

A legal owner or corporate officer must sign the application

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
2002 Mack		1M2P267C62M063302	PA-ZSB0563	72300	Martin Recycling Co. 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
   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 dr[redacted]g pre-trip inspections:
   1).
   2).[redacted]

(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: George Martinos Phone: [redacted]

(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.

Company Ownership Information- See item 4B of the application

Owner Name: George Martinos
Date of Birth [redacted]
Title/Position: Managing Director
Ownership Percentage: 100%

Mailing Address:
3524 Meadowlark Drive
Huntingdon Valley, PA 19006

Driver Qualifications, Training, and Safety Procedures- See item 12 of the application

Martin Recycling Driver Qualifications, Training, and Safety Procedures

Martin Recycling Co. LLC maintains strict standards for driver qualification, training, and safety to ensure compliance with all applicable federal and state regulations governing the transportation of scrap tires.

1. **Driver Qualifications:**
   All drivers are required to hold a valid Commercial Driver's License (CDL) appropriate for the class of vehicle operated. Applicants must have a minimum of two (2) years of commercial driving experience and maintain a satisfactory driving record.

Prior to employment, all driver applicants undergo a comprehensive review process, including verification of:

- Driving experience
- Employment history
- Motor Vehicle Record (MVR)

2. **Ongoing Driver Monitoring:**
   Martin Recycling Co. LLC conducts periodic reviews of each driver's Motor Vehicle Record at least annually to monitor moving violations, suspensions, or other safety-related concerns. Drivers are required to report any traffic violations, accidents, or changes in license status immediately.
3. **Disciplinary Policy:**
   The company enforces a progressive discipline policy based on the severity and frequency of violations. Minor infractions may result in warnings, while repeated violations or accumulation of points may lead to suspension of driving privileges or termination.

Serious violations including reckless driving, driving under the influence, or license suspension result in immediate disqualification from operating company vehicles.

4. **Driver Training:**
   All drivers receive training in the proper transportation and handling of scrap tires. Drivers are also trained to perform pre-trip and post-trip vehicle inspections to ensure vehicles are in safe operating condition. Training includes:

- Safe loading and unloading procedures
- Proper securing of loads
- Compliance with applicable weight limits
- Adherence to environmental and transportation regulations

MARTIN RECYCLING

2251 FRALEY STREET

PHILADELPHIA, PA 19137

215-888-8662

SPILL PREVENTION & RESPONSE PLAN

Scrap Tire Transportation

Vehicle: 2002 Mack Truck

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1. LIST OF SAFETY AND SPILL CONTROL EQUIPMENT CARRIED IN VEHICLE

Each 2002 Mack truck operated by Martin Recycling shall carry, at a minimum, the following safety and spill-control equipment suitable for roadside response to fuel, oil, coolant, or hydraulic fluid releases.

Spill Control Equipment

- Universal absorbent pads (oil, fuel, coolant, water)
- Oil-only absorbent socks/booms
- Absorbent pillows
- Granular absorbent (oil-dry)
- Heavy-duty plastic disposal bags
- Cable ties or bag ties
- Shovel or scoop

Safety Equipment

- Nitrile chemical-resistant gloves
- Safety glasses or splash goggles
- High-visibility safety vest
- DOT-approved reflective warning triangles
- ABC-rated fire extinguisher
- First-aid kit

Containment & Control

- Drain covers or temporary berm material
- Wheel chocks
- Flashlight

All spill response equipment is stored in a clearly labeled spill kit secured within the vehicle and inspected during pre-trip inspections

---

2. DRIVER PREVENTATIVE MEASURES

Drivers shall take the following preventative actions to reduce the likelihood of spills during scrap tire transport:

- Conduct daily pre-trip inspections of fuel, oil, coolant, and hydraulic systems
- Inspect tires, hoses, fittings, and undercarriage for leaks
- Ensure scrap tires are properly loaded and secured
- Do not overload the vehicle
- Follow all traffic laws and roadway restrictions
- Avoid sudden braking, sharp turns, and unsafe parking
- Immediately report mechanical concerns to company management

---

3. DRIVER IMMEDIATE CORRECTIVE ACTIONS

In the event of a spill or release, drivers shall:

1. Safely stop the vehicle and shut off the engine
2. Activate hazard lights and deploy warning triangles
3. Protect human life as the top priority
4. Identify and stop the source of the spill if it can be done safely
5. Deploy absorbents to contain the spill
6. Prevent spill migration into drains, waterways, or soil
7. **Do NOT attempt cleanup** if the spill cannot be safely controlled
8. Notify emergency services and company management immediately

---

4. COMPANY INTERNAL COMMUNICATION

The driver shall immediately notify **Martin Recycling Management** of any spill or release.

The following information shall be provided:

- Exact location of the incident
- Type of material released
- Estimated quantity
- Roadway, soil, or water impact
- Any injuries or immediate hazards

All incidents shall be documented internally and reviewed for corrective action

---

5. COMPANY EXTERNAL COMMUNICATIONS

Emergency Services

Call **911** immediately if there is:

- Injury
- Fire or explosion risk
- Traffic hazard
- Uncontrolled release

Delaware Environmental Reporting (MANDATORY)

The following Delaware emergency reporting numbers shall be used when required:

- **DNREC Emergency Response: 1-800-662-8802**
- **DNREC Alternate Line: 302-739-9401**

Reports shall be made as soon as possible after discovery of a spill that reaches soil, surface water, roadway, or exceeds driver control capacity.

---

6. CLEANUP AND DECONTAMINATION MEASURES

Minor Spill (Driver-Handled)

- Deploy absorbents to fully contain and recover spilled material
- Collect contaminated absorbents and debris

- Place materials in sealed disposal bags
- Store waste securely for proper disposal

Major Spill (Agency-Handled)

- Secure the area and await emergency responders
- Do not re-enter spill area unless directed
- Assist responding agencies as requested

Post-Incident Actions

- Restock spill kit before next dispatch
- Clean and inspect tools and PPE
- Inspect vehicle before returning to service
- Complete internal incident documentation

PLAN CONTROL

- Vehicle Location: Cab of 2002 Mack Truck
- Applies To: Scrap tire transportation operations
- Review Frequency: Annually and after any spill event

2500FM-LRWM081 Rev. 10/2002

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION
WASTE TIRE TRANSPORTER AUTHORIZATION

WTT1314	08/31/2026	4
AUTHORIZATION NO.	EXPIRATION DATE	NO. OF COPIES

-VOID UNLESS VALIDATED

VALIDATED
08/27/2025

NAME & ADDRESS
MARTIN RECYCLING CO LLC

3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUSINESS PHONE NO.
215-888-8662

SEE REVERSE FOR ADDITIONAL CONDITIONS -

ADDITIONAL CONDITIONS

This Authorization must be carried on the waste tire transport vehicle while transporting waste tires which are picked up or delivered within the Commonwealth of Pennsylvania.

A copy of the most recent transporter contingency plan must be carried on the transport vehicle and implemented if a spill of waste tires from that vehicle occurs in Pennsylvania.

This Authorization is non-transferrable and shall only be used by the individual or company or its employees of the Authorized party.

Photocopies or other reproductions of this authorization are not valid.

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/30/2026

PRODUCER
Aggressive Insurance Services, LLC
1057 Millcreek Dr.

Feasterville PA 19053

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
Martin Recycling Co LLC
2251 Fraley St

Philadelphia PA 19137

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Kinsale	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC	01003596981	03/28/2026	03/28/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ Excluded $ 1,000,000 $ 2,000,000 $ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
		EXCESS/UMBRELLA LIABILITY [ ] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $				EACH OCCURRENCE AGGREGATE	$ $
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				[ ] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ $ $
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

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

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE C. Heibel <DA>

PENNSYLVANIA VEHICLE REGISTRATION

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to $300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to $300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Dec 31, 2026 **VALID:** Jan 17, 2026

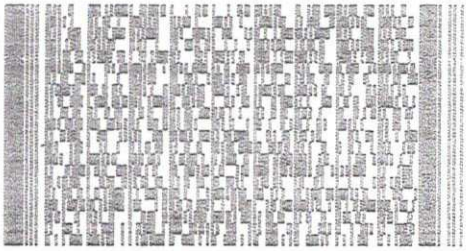
PLATE:	ZSB0563	REG GROSS WT:	72300
TITLE:	86092791601 MA	REG GROSS COMB WT:	0
VIN:	1M2P267C62M063302	UNLADEN WEIGHT:	17790
YR/MAKE:	2002 /MACK	CLASS:	20
TYPE:	TK		
WID:	26017 3410 008495 001		

Detach Here

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

MARTIN RECYCLING CO LLC
2251 FRALEY ST
PHILADELPHIA PA 19137



FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

NAIC CODE
26271

POLICY NUMBER
Q09 0132374

EFFECTIVE	UNTIL
03/01/2026	**09/01/2026**

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

YEAR	MAKE	V.I.N. If only 5 digits, they are last 5.
2002	**MACK**	**1M2P267C62M063302**

NAMED INSURED
MARTIN RECYCLING CO LLC
2251 FRALEY ST
PHILADELPHIA PA
19137-1824

SEE IMPORTANT MESSAGE BELOW

YOU NEED THE I.D. CARD FOR VEHICLE INSPECTION AND OTHER PA STATE REQUIREMENTS.
YOUR AUTO POLICY IS EFFECTIVE FROM: **09/01/2025** TO: **09/01/2026**

TO COMPLY WITH PENNSYLVANIA LAW, WE WILL:
1. Issue a 6 month I.D. card on the policy effective date.
2. Six months later issue another 6 month I.D. card.
3. Issue a card for replacement or additional vehicle(s).

YOUR AGENT PHONE: (215) 742-3743
TERRA INSURANCE SERVICES LLC
1879 COTTMAN AVE
PHILADELPHIA, PA 19111-3845

Erie Insurance®
100 Erie Insurance Place • Erie, PA 16530

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND.
IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

Authorized Representative

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without required financial responsibility may have his/her registration suspended or revoked.

IN THE EVENT OF AN ACCIDENT OR LOSS

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and any property from further damage.
- Promptly call the police if someone is injured, damage is extensive, or in case of theft. In case of "hit-and-run", you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or ERIE of the accident or loss.

FRAUD FINDERS ® HOTLINE

To confidentially report information on insurance fraud activities, **Call our FRAUD FINDERS ® HOTLINE Toll-Free 1-800-368-6696**

IMPORTANT NOTICE
Regarding your Financial Responsibility Insurance Identification Card.

The ERIE INSURANCE COMPANY is required by Pennsylvania Law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company for a replacement.

The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania Law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

NOTE: THIS CARD IS REQUIRED WHEN:

(1) You are involved in an auto accident.

(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.

(3) You are stopped for violating any provision of the Vehicle Code (75 Pa. C.S. §101-9910) and requested to produce it by a police officer.

(4) You take the described vehicle to an inspection station to be inspected.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

CLAIM SERVICE - For Claim service anywhere in U.S. or Canada, call YOUR AGENT or, using the list below, call the Claim Office NEAREST YOUR HOME.

State	* Branch/Claim Office	Call Toll Free
DC	SILVER SPRING	1-800-492-2709
IL	PEORIA	1-888-335-3743
IN	FORT WAYNE	1-800-892-5655
	INDIANAPOLIS	1-800-624-1620
KY	WEST VIRGINIA	1-800-642-1948
MD	SILVER SPRING	1-800-492-2709
	HAGERSTOWN	1-800-533-5602
NC	CHARLOTTE	1-800-473-3882
	RALEIGH	1-800-533-3982
NY	ROCHESTER	1-800-333-0823
OH	CANTON	1-800-362-6541
	COLUMBUS	1-800-282-1702

State	* Branch/Claim Office	Call Toll Free
PA	ALLENTOWN/BETH	1-800-322-9026
	ERIE	1-877-771-3743
	HOME OFFICE (ERIE)	1-800-458-0811
	HARRISBURG	1-800-382-1304
	JOHNSTOWN	1-800-241-4209
	MURRYSVILLE	1-800-553-3367
	PHILADELPHIA	1-800-821-2902
	PITTSBURGH	1-800-922-1824
TN	KNOXVILLE	1-888-922-3743
VA	RICHMOND	1-800-322-3743
	ROANOKE	1-800-533-3743
	WAYNESBORO	1-800-542-2250
WI	WISCONSIN	1-877-740-3743
WV	WEST VIRGINIA	1-800-642-1948

*Our phones answer 24 hours a day, 7 days a week!

To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claims Service **Toll-Free at 1-800-367-3743**

FRAUD FINDERS ® HOTLINE
To confidentially report information on insurance fraud activities, **Call our FRAUD FINDERS ® HOTLINE Toll-Free at 1-800-368-6696**

To report an auto glass claim, **Call ERIEGlass SM Toll-Free at 1-800-552-3743**

Please note that this document may not meet format requirements for insurance identification (ID) cards in your state. If a replacement ID card is required, please contact your Agent.

UF1968 1/17

REV hL001 18

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

MARTIN RECYCLING CO LLC
3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

Date Issued	02/26/2026
Letter ID	L0041757971
FEIN	**-***9456
Account ID	60014167828
Period Ending	12/31/2026

IFTA License

This IFTA License may be carried via paper or electronic format.

As a reminder, when stopped by law enforcement, electronic credentials may be shown as an image on a computer, tablet or smart phone. If an individual voluntarily chooses to prove credentials by presenting the traffic officer, or other government employee, with an electronic device, the officer or official may need to temporarily take possession of the device to verify the validity of the credential. The individual also waives all claims for any damage caused to the electronic device, or believed to be caused, by the traffic officer, or other government employee.

The electronic image must be accurate, accessible and readable. The department suggests the image be stored on an electronic device in each vehicle to ensure access to documentation while in areas of no service or Wi-Fi. If you are unable to provide proof of credentials, you may be cited and required to present proof of registration in a court of law. As mentioned above, accounts may also choose to carry paper versions of these credentials. Only one license is issued for the decal number(s) listed below, therefore a legible copy must be in each qualifying vehicle. For questions, please contact us at ra-pamotorfuelinfo.pa.gov.

Filing requirements

Pursuant to Chapter 96 of the Pennsylvania Vehicle Code, International Fuel Tax Agreement (IFTA) taxpayers are required to submit the quarterly report (IFTA-100 and IFTA-101) and payment on or before the last day of April, July, October, and January for operations during the preceding quarter. When the due date is on a weekend or state holiday, the due date becomes the next business day. The department no longer mails paper versions of the above referenced reports.

IFTA quarterly reports, renewals, and additional decal requests can be filed electronically through the department's online *myPATH* platform. To register and use *myPATH*, visit mypath.pa.gov. All payments of $1,000 or more must be paid electronically. Electronic payments should be paid through *myPATH*. Payments of $1,000 or more that are not submitted electronically are subject to a penalty of 3% of the face value of the check up to a maximum penalty of $500. Payments less than $1,000 may voluntarily be paid electronically.

Failure to file and pay an IFTA report on time will result in a penalty of 10% of the tax or $50, whichever is greater. Jurisdictional interest as per the IFTA will be applied per month per jurisdiction on the IFTA report. Taxes due shall bear Department of Revenue interest at the rate of 1% per month or fraction thereof until the tax is paid in full. Reports that are remitted timely without a payment are subject to a penalty of 10% of the tax. A returned payment fee of 10% of the face value of the payment (not to exceed $100, nor be less than $25) will be imposed on all returned payments.

REV-1399L (01-13)

PA DEPARTMENT OF REVENUE
MOTOR AND ALTERNATIVE FUEL TAXES
PO BOX 280646
HARRISBURG PA 17128-0646

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

International Fuel Tax Agreement (IFTA) License

THIS IS NOT TRANSFERABLE TO ANY OTHER MOTOR CARRIER

MARTIN RECYCLING CO LLC
3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

LICENSE/ACCOUNT NUMBER	
26261945601	
DATE ISSUED	EXPIRATION DATE
02/26/2026	12/31/2026
FOR BUREAU USE ONLY	
DECAL NUMBERS	
6135627 - 6135629	

This IFTA license or a legible copy thereof must be carried in every qualified motor vehicle displaying IFTA decals. The license is valid for operations in all member jurisdictions until the above expiration date, unless sooner cancelled, suspended or revoked for cause by the Secretary of Revenue.

Davis, DaQuan (DNREC)

From: george@martinrecyclingusa.com
Sent: Wednesday, June 24, 2026 9:42 AM
To: WHStransporters; jeanettehines1@outlook.com
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: ATT00001.htm

Hello, sorry for the confusion. Here is the recycling company we are planning to deliver our scrap tires:
Scrap Tire Solution195 Hay Rd, Edgemoor, DE 19809
----- Original Message -----
From: WHStransporters@delaware.govTo: george@martinrecyclingusa.com
Sent: 6/24/26 9:33 AM
Subject: SPAM -> RE: Delaware Solid Waste Transporter Permit

I have received your check and certificate of insurance, but I need to know the Delaware facility you will be taking scrap tires to. Please provide the facility name and address.

Thank you,

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

From: WHStransporters
Sent: Thursday, May 28, 2026 11:42 AM
To: george@martinrecyclingusa.com
Subject: RE: Delaware Solid Waste Transporter Permit

Hello,

Please let me know the status of this information :
Section 1-New transporters must select one year for $75.00, and you sent us a check for $275.00. Please mail a check for $75.00. Section 8(b)- Please provide a list of the Delaware solid waste Disposal Facilities you plan to use. Section 10- The Certificate of Insurance that you submitted did not have the auto liability insurance on it. Please provide a certificate of insurance with policy that covers your vehicle.

Thank you,

DaQuan Davis

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

From: WHStransporters
Sent: Friday, May 15, 2026 9:57 AM
To: 'george@martinrecyclingusa.com' <george@martinrecyclingusa.com>
Subject: RE: Delaware Solid Waste Transporter Permit

Hello,

Please address the items listed below:
Section 1-New transporters must select one year for $75.00, and you sent us a check for $275.00. Please mail a check for $75.00. Would you like me to shred the other check? Please provide an answer. Section 8(b)- Please provide a list of the Delaware solid waste Disposal Facilities you plan to use. Section 9(c)- The DOT # that was provided on the application is invalid. Please provide a valid number.Section 10- The Certificate of Insurance that you submitted did not have the auto liability insurance on it. Please provide a certificate of insurance with policy that covers your vehicle.

Please provide a response to this email today.

Thank you,

DaQuan Davis

DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
302-739-9403
WHStransporters@delaware.gov

89 Kings Hwy SW, Dover, DE 19901
dnrec.delaware.gov

From: WHStransporters
Sent: Wednesday, May 6, 2026 4:29 PM
To: george@martinrecyclingusa.com
Subject: Delaware Solid Waste Transporter Permit

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 1-New transporters must select one year for $75.00, and you sent us a check for $275.00. Please mail a check for $75.00. Would you like me to shred the other check? Please provide an answer. Section 8(b)- Please provide a list of the Delaware solid waste Disposal Facilities you plan to use. Section 9(c)- The DOT # that was provided on the appliaction is invalid. Please provide a valid number.Section 10- The Certificate of Insurance that you submitted did not have the autoliabilty insurance on it.. Please provide a certficate of insurance with policy that covers your vehcile.

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
WHStransporters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901
dnrec.delaware.gov

ATTACHMENT TO SECTION 8B- Treatment, Storage, and Disposal Facilities

Waste Tire Permit Application

Attachment: Scrap Tire Solutions Facility Information

Facility Name:
Scrap Tire Solutions

Facility Address:
195 Hay Road
Edgemoor, DE 19809

This attachment is submitted in support of Section 8B of the Waste Tire Permit Application and provides the required facility information for the proposed waste tire processing/disposal location.

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

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

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

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

1. Type of Permit

☑ New – **SCRAP TIRES ONLY** Submit a check or money order, payable to the "State of Delaware," in the amount of $75.00.

☐ New – **ALL OTHERS** Submit a check or money order, payable to the " State of Delaware" in the amount of $350.00.

☐ Renewal: Permit # DE-SW-_____ Expiration Date _____

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

SCRAP TIRES ONLY	ALL OTHERS
☐ One Year - $75.00	☐ One Year - $350.00
☐ Two Years - $125.00	☐ Two Years - $650.00
☐ Three Years - $175.00	☐ Three Years - $950.00
☐ Four Years - $225.00	☐ Four Years - $1250.00
☑ Five Years - $275.00	☐ Five Years - $1550.00

2. Release to Public

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

3. Company Information

Company Name MARTIN RECYCLING CO LLC

Location Address:	Mailing Address:
2251 FRALEY STREET, UNIT J	3524 MEADOWLARK DR
PHILADELPHIA, PA 19137	HUNTINGDON VALLEY PA 19006

Contact: GEORGE MARTINOS Title: MANAGING DIRECTOR

Business Phone: 215 841 8134 Fax: _____

E-mail: GEORGE@MARTINRECYCLINGUSA.COM

24 hr Emergency Contact Phone: [redacted]

4. Company Ownership Information

(a). Please indicate the company type:
- ☐ Proprietorship
- ☐ Partnership
- ☑ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

  City: _____ State: _____ Date: _____
- ☐ Municipality
- ☐ Public institution
- ☑ Limited Liability Corporation (LLC) State: PA
- ☐ Other: (must specify) _____

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

☑ Attachment _____

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

- ☐ Attachment _____
- ☑ No parent company

5. Company locations in Delaware

List name and *street* address of each company location, including freight terminals, within the State of Delaware.

☐ Attachment _____
☑ No Delaware locations

6. Company Affiliates

List name, location and mailing addresses, nature of business relationship of all company Affiliates, which affiliates are engaged in the business of waste transport, treatment, storage, disposal, recovery or reclamation. (Affiliated companies are defined as those companies owned by the same owners, corporate officers, or parent company.)

☐ Attachment _____
☑ No affiliates

7. Type of Waste to be Transported

(a). Check all that apply. Refer to Delaware's *Regulations Governing Solid Waste* for definitions of waste categories.

☐ Residential waste
☐ Commercial waste (from **non-manufacturing, non-processing** businesses and offices
☐ Industrial waste (from a manufacturing or industrial process)
☐ Dry waste: ☐ construction/demolition debris
☐ trees/stumps
☐ other (must specify) _____
☐ Ash: ☐ municipal incinerator
☐ coal ash
☐ other (must specify) _____
☐ Infectious waste
☐ Non-hazardous petroleum-hydrocarbon contaminated soils
☐ Asbestos-containing waste
☑ Scrap Tires

(b). Does your company collect and transport residential (household) waste from single family homes, condominiums and apartment complexes in Delaware? ☐ Yes ☑ No

(c). If you answered "YES" to question 7.b., above, does your company provide recycling services to those customers? ☐ Yes ☐ No ☑ N/A

(d). If you offer recycling services, does your company collect and transport the recyclables separately from the waste generated by your customers? ☑ Yes ☐ No

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

8. Treatment, Storage, and Disposal Facilities

(a). Do you cross state lines with the waste? ☑ Yes [ ] No

(b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.

☐ Delaware Solid Waste Authority locations: (attachment) _____
☐ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
☑ Other in-state solid waste facilities, including private facilities: (attachment) _____
☐ 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 PA TIRE PR
☐ No transporter permits in other states

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

DOT# 1978242 MC# _____

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

10. Proof of Financial Responsibility

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

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

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

	FOR-HIRE INTERSTATE	ALL OTHERS
Residential Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Ash	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Infectious Waste	$1,000,000.00 + MCS-90 ☐	$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	$750,000.00 + MCS-90 ☐	$350,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	$350,000.00 ☐
Scrap Tires Only	$350,000.00 ☑	$350,000.00 ☐

11. Spill Control and Safety

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

✓ Spill Control Plan: Attachment _____

12. Driver Training

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

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

✓ Driver Training, attachment _____

13. Vehicle Identification

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

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

☑ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☑ Yes

What tax form do you submit to the IRS for your vehicle operators?
☑ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

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

☐ Attachment _____
☑ No violations within the specified time period

16. Certification

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

**Signature _____ Date 4/24/26

Print Name GEORGE MARTINOS Title MANAGING DIRECTOR

A legal owner or corporate officer must sign the application

VEHICLE INFORMATION - See Item 13 of the application.
Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of the application. List all vehicles, both motorized and container (if a license plate is required on the container) to be used to haul solid waste in the state of Delaware. In addition, list the vehicle owner, owner's address, and domicile address if different from the company address provided in the application.

MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	LICENSE PLATE # and STATE of REGISTRATION	mfgr's GVWR	OWNERSHIP
2002 Mack		1M2P267C62M063302	PA-ZSB0563	72300	Martin Recycling Co. 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
   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 [redacted]ving pre-trip inspections:
   1
   2

(4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
   Name: George Martinos Phone: [redacted]

(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.

Company Ownership Information- See item 4B of the application

Owner Name: George Martinos
Date of Birth [redacted]
Title/Position: Managing Director
Ownership Percentage: 100%

Mailing Address:
3524 Meadowlark Drive
Huntingdon Valley, PA 19006

Driver Qualifications, Training, and Safety Procedures- See item 12 of the application

Martin Recycling Driver Qualifications, Training, and Safety Procedures

Martin Recycling Co. LLC maintains strict standards for driver qualification, training, and safety to ensure compliance with all applicable federal and state regulations governing the transportation of scrap tires.

1. **Driver Qualifications:**
   All drivers are required to hold a valid Commercial Driver's License (CDL) appropriate for the class of vehicle operated. Applicants must have a minimum of two (2) years of commercial driving experience and maintain a satisfactory driving record.

Prior to employment, all driver applicants undergo a comprehensive review process, including verification of:

- Driving experience
- Employment history
- Motor Vehicle Record (MVR)

2. **Ongoing Driver Monitoring:**
   Martin Recycling Co. LLC conducts periodic reviews of each driver's Motor Vehicle Record at least annually to monitor moving violations, suspensions, or other safety-related concerns. Drivers are required to report any traffic violations, accidents, or changes in license status immediately.
3. **Disciplinary Policy:**
   The company enforces a progressive discipline policy based on the severity and frequency of violations. Minor infractions may result in warnings, while repeated violations or accumulation of points may lead to suspension of driving privileges or termination.

Serious violations including reckless driving, driving under the influence, or license suspension result in immediate disqualification from operating company vehicles.

4. **Driver Training:**
   All drivers receive training in the proper transportation and handling of scrap tires. Drivers are also trained to perform pre-trip and post-trip vehicle inspections to ensure vehicles are in safe operating condition. Training includes:

- Safe loading and unloading procedures
- Proper securing of loads
- Compliance with applicable weight limits
- Adherence to environmental and transportation regulations

2500FM-LRWM081 Rev. 10/2002

PENNSYLVANIA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTE TIRE TRANSPORTER AUTHORIZATION

WTT1314	08/31/2026	4
AUTHORIZATION NO.	EXPIRATION DATE	NO. OF COPIES

-VOID UNLESS VALIDATED

VALIDATED
08/27/2025

NAME & ADDRESS

MARTIN RECYCLING CO LLC

3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

pennsylvania
DEPARTMENT OF ENVIRONMENTAL PROTECTION

BUSINESS PHONE NO.

215-888-8662

SEE REVERSE FOR ADDITIONAL CONDITIONS -

ADDITIONAL CONDITIONS

This Authorization must be carried on the waste tire transport vehicle while transporting waste tires which are picked up or delivered within the Commonwealth of Pennsylvania.

A copy of the most recent transporter contingency plan must be carried on the transport vehicle and implemented if a spill of waste tires from that vehicle occurs in Pennsylvania.

This Authorization is non-transferrable and shall only be used by the individual or company or its employees of the Authorized party.

Photocopies or other reproductions of this authorization are not valid.

PENNSYLVANIA VEHICLE REGISTRATION

PLEASE SIGN YOUR CREDENTIAL - To validate your credential, you need to sign your name in ink as indicated below. The registration must be available when the vehicle is used.

PENNSYLVANIA'S LITTERING LAWS - As a reminder, Pennsylvania has laws against littering on our roadways and on public and private property. Under law, PennDOT is required to include this statement on vehicle credentials to remind motorists of littering laws. By signing your registration credential, you acknowledge that you have received notice of this provision.

Section 3709 of the Pennsylvania Vehicle Code provides for a fine of up to $300 for dropping, throwing or depositing, upon any highway, or upon any other public or private property without the consent of the owner thereof or into or on the waters of this Commonwealth from a vehicle, any waste paper, sweepings, ashes, household waste, glass, metal, refuse or rubbish or any dangerous or detrimental substance, or permitting any of the preceding without immediately removing such items or causing their removal.

For any violation of Section 3709, you may be subject to a fine of up to $300 upon conviction, including any violation resulting from the conduct of any other persons operating, in possession of or present within the vehicle with your permission, if you do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

PLEASE DRIVE SAFELY AND REMEMBER TO BUCKLE UP

Detach Here

COMMONWEALTH OF PENNSYLVANIA REGISTRATION CREDENTIAL

EXPIRY: Dec 31, 2026 **VALID:** Jan 17, 2026

PLATE:	ZSB0563
TITLE:	86092791601 MA
VIN:	1M2P267C62M063302
YR/MAKE:	2002 /MACK
TYPE:	TK
WID:	26017 3410 008495 001

REG GROSS WT: 72300
REG GROSS COMB WT: 0
UNLADEN WEIGHT: 17790
CLASS: 20

Detach Here

SIGNATURE

I hereby acknowledge this day that I have received notice of the provisions of Section 3709 of the Vehicle Code.

MARTIN RECYCLING CO LLC
2251 FRALEY ST
PHILADELPHIA PA 19137

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

MARTIN RECYCLING CO LLC
3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

Date Issued	02/26/2026
Letter ID	L0041757971
FEIN	**-***9456
Account ID	60014167828
Period Ending	12/31/2026

IFTA License

This IFTA License may be carried via paper or electronic format.

As a reminder. when stopped by law enforcement, electronic credentials may be shown as an image on a computer, tablet or smart phone. If an individual voluntarily chooses to prove credentials by presenting the traffic officer, or other government employee, with an electronic device, the officer or official may need to temporarily take possession of the device to verify the validity of the credential. The individual also waives all claims for any damage caused to the electronic device, or believed to be caused, by the traffic officer, or other government employee.

The electronic image must be accurate, accessible and readable. The department suggests the image be stored on an electronic device in each vehicle to ensure access to documentation while in areas of no service or Wi-Fi. If you are unable to provide proof of credentials, you may be cited and required to present proof of registration in a court of law. As mentioned above, accounts may also choose to carry paper versions of these credentials. Only one license is issued for the decal number(s) listed below, therefore a legible copy must be in each qualifying vehicle. For questions, please contact us at ra-pamotorfuelinfo.pa.gov.

Filing requirements
Pursuant to Chapter 96 of the Pennsylvania Vehicle Code, International Fuel Tax Agreement (IFTA) taxpayers are required to submit the quarterly report (IFTA-100 and IFTA-101) and payment on or before the last day of April, July, October, and January for operations during the preceding quarter. When the due date is on a weekend or state holiday, the due date becomes the next business day. The department no longer mails paper versions of the above referenced reports.

IFTA quarterly reports, renewals, and additional decal requests can be filed electronically through the department's online *myPATH* platform. To register and use *myPATH*, visit mypath.pa.gov. All payments of $1,000 or more must be paid electronically. Electronic payments should be paid through *myPATH*. Payments of $1,000 or more that are not submitted electronically are subject to a penalty of 3% of the face value of the check up to a maximum penalty of $500. Payments less than $1,000 may voluntarily be paid electronically.

Failure to file and pay an IFTA report on time will result in a penalty of 10% of the tax or $50, whichever is greater. Jurisdictional interest as per the IFTA will be applied per month per jurisdiction on the IFTA report. Taxes due shall bear Department of Revenue interest at the rate of 1% per month or fraction thereof until the tax is paid in full. Reports that are remitted timely without a payment are subject to a penalty of 10% of the tax. A returned payment fee of 10% of the face value of the payment (not to exceed $100, nor be less than $25) will be imposed on all returned payments.

REV-1399L (01-13)

PA DEPARTMENT OF REVENUE
MOTOR AND ALTERNATIVE FUEL TAXES
PO BOX 280646
HARRISBURG PA 17128-0646

pennsylvania
DEPARTMENT OF REVENUE
HARRISBURG PA 17128-2005

International Fuel Tax Agreement (IFTA) License

MARTIN RECYCLING CO LLC
3524 MEADOWLARK DR
HUNTINGDON VALLEY PA 19006-3312

THIS IS NOT TRANSFERABLE TO ANY OTHER MOTOR CARRIER

LICENSE/ACCOUNT NUMBER	
26261945601	
DATE ISSUED	EXPIRATION DATE
02/26/2026	**12/31/2026**
FOR BUREAU USE ONLY	
DECAL NUMBERS	
6135627 - 6135629	

This IFTA license or a legible copy thereof must be carried in every qualified motor vehicle displaying IFTA decals. The license is valid for operations in all member jurisdictions until the above expiration date, unless sooner cancelled, suspended or revoked for cause by the Secretary of Revenue.

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD

INSURANCE COMPANY NAME
Erie Insurance Exchange

NAIC CODE
26271

POLICY NUMBER
Q09 0132374

EFFECTIVE	UNTIL
03/01/2026	**09/01/2026**

NOT VALID MORE THAN SIX MONTHS FROM EFFECTIVE DATE

YEAR	MAKE	V.I.N. If only 5 digits, they are last 5.
2002	**MACK**	**1M2P267C62M063302**

NAMED INSURED
MARTIN RECYCLING CO LLC
2251 FRALEY ST
PHILADELPHIA PA
19137-1824

SEE IMPORTANT MESSAGE BELOW

YOU NEED THE I.D. CARD FOR VEHICLE INSPECTION AND OTHER PA STATE REQUIREMENTS.

YOUR AUTO POLICY IS EFFECTIVE FROM: **09/01/2025** TO: **09/01/2026**

TO COMPLY WITH PENNSYLVANIA LAW, WE WILL:
1. Issue a 6 month I.D. card on the policy effective date.
2. Six months later issue another 6 month I.D. card.
3. Issue a card for replacement or additional vehicle(s).

YOUR AGENT PHONE: (215) 742-3743
TERRA INSURANCE SERVICES LLC
1879 COTTMAN AVE
PHILADELPHIA, PA 19111-3845

Erie Insurance®
100 Erie Insurance Place • Erie, PA 16530

THIS CARD MUST BE CARRIED FOR PRODUCTION UPON DEMAND.
IT IS SUGGESTED THAT YOU CARRY THIS CARD IN THE INSURED VEHICLE.

Authorized Representative

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without required financial responsibility may have his/her registration suspended or revoked.

IN THE EVENT OF AN ACCIDENT OR LOSS

- Help any injured. Get names, addresses, auto license plate numbers of involved, including all witnesses.
- Do not discuss an accident with anyone except the police or our representative.
- Protect your auto and any property from further damage.
- Promptly call the police if someone is injured, damage is extensive, or in case of theft. In case of "hit-and-run", you must report the accident to the police within 24 hours or as soon as possible.
- Notify your Agent or ERIE of the accident or loss.

FRAUD FINDERS ® HOTLINE

To confidentially report information on insurance fraud activities, **Call our FRAUD FINDERS ® HOTLINE Toll-Free 1-800-368-6696**

IMPORTANT NOTICE
Regarding your Financial Responsibility Insurance Identification Card.

The ERIE INSURANCE COMPANY is required by Pennsylvania Law to send you an I.D. card. The card shows that an insurance policy has been issued for the vehicle(s) described satisfying the financial responsibility requirements of the law.

If you lose the card, contact your insurance company for a replacement.

The I.D. card information may be used for vehicle registration and replacing license plates. If your liability insurance policy is not in effect, the I.D. card is no longer valid.

You are required to maintain financial responsibility on your vehicle. It is against Pennsylvania Law to use the I.D. card fraudulently such as using the card as proof of financial responsibility after the insurance policy is terminated.

NOTE: THIS CARD IS REQUIRED WHEN:

(1) You are involved in an auto accident.

(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.

(3) You are stopped for violating any provision of the Vehicle Code (75 Pa. C.S. §101-9910) and requested to produce it by a police officer.

(4) You take the described vehicle to an inspection station to be inspected.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

CLAIM SERVICE - For Claim service anywhere in U.S. or Canada, call YOUR AGENT or, using the list below, call the Claim Office NEAREST YOUR HOME.

State	* Branch/Claim Office	Call Toll Free
DC	SILVER SPRING	1-800-492-2709
IL	PEORIA	1-888-335-3743
IN	FORT WAYNE	1-800-892-5655
	INDIANAPOLIS	1-800-624-1620
KY	WEST VIRGINIA	1-800-642-1948
MD	SILVER SPRING	1-800-492-2709
	HAGERSTOWN	1-800-533-5602
NC	CHARLOTTE	1-800-473-3882
	RALEIGH	1-800-533-3982
NY	ROCHESTER	1-800-333-0823
OH	CANTON	1-800-362-6541
	COLUMBUS	1-800-282-1702

State	* Branch/Claim Office	Call Toll Free
PA	ALLENTOWN/BETH	1-800-322-9026
	ERIE	1-877-771-3743
	HOME OFFICE (ERIE)	1-800-458-0811
	HARRISBURG	1-800-382-1304
	JOHNSTOWN	1-800-241-4209
	MURRYSVILLE	1-800-553-3367
	PHILADELPHIA	1-800-821-2902
	PITTSBURGH	1-800-922-1824
TN	KNOXVILLE	1-888-922-3743
VA	RICHMOND	1-800-322-3743
	ROANOKE	1-800-533-3743
	WAYNESBORO	1-800-542-2250
WI	WISCONSIN	1-877-740-3743
WV	WEST VIRGINIA	1-800-642-1948

*Our phones answer 24 hours a day, 7 days a week!

To report your claim after hours (5:30 p.m. to 8:00 a.m.) or on weekends, please call your Agent or our After Hours Claims Service **Toll-Free at 1-800-367-3743**

FRAUD FINDERS ® HOTLINE

To confidentially report information on insurance fraud activities, **Call our FRAUD FINDERS ® HOTLINE Toll-Free at 1-800-368-6696**

To report an auto glass claim, **Call ERIEGlass SM Toll-Free at 1-800-552-3743**

Please note that this document may not meet format requirements for insurance identification (ID) cards in your state. If a replacement ID card is required, please contact your Agent.

UF1968 1/17

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 02291263
Effective Date: 06/25/2026
Policy Type: Commercial
NAIC Number: 11770
Expiration Date: 06/25/2027
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101
Named Insured(s):
MARTIN RECYCLING LLC
2251 FRALEY STREET
PHILADELPHIA, PA 19137

Year	Make	Model	VIN
2001	GMC	SIERRA C3500 HD	3GDKC34G71M104942

FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD

Your Agent:
TERRA INS SERVICES 1-215-742-3743

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

NOTE: THIS CARD IS REQUIRED WHEN:
(1) You are involved in an auto accident.
(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
(3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

FOLD PAGE ALONG PER

FINANCIAL RESPONSIBILITY IDENTIFICATION CARD PENNSYLVANIA

Policy Number: 02291263
Effective Date: 06/25/2026
Policy Type: Commercial
NAIC Number: 11770
Expiration Date: 06/25/2027
NOT VALID MORE THAN 1 YEAR FROM EFFECTIVE DATE.
Insurer: United Financial Casualty Company 1-800-444-4487
PO Box 94739 Cleveland, OH 44101

Named Insured(s):
MARTIN RECYCLING LLC
2251 FRALEY STREET
PHILADELPHIA, PA 19137

Year	Make	Model	VIN
2007	FRHT	16M	1FVACWCS97HY04115

FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD FOLD

Your Agent:
TERRA INS SERVICES 1-215-742-3743

This card must be carried for production upon demand. It is suggested that you carry this card in the insured vehicle.

WARNING: Any owner or registrant of a motor vehicle who drives or permits a motor vehicle to be driven in this State without the required financial responsibility may have his registration suspended or revoked.

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(1) You are involved in an auto accident.
(2) You are convicted of a traffic offense other than a parking offense that requires a court appearance.
(3) You are stopped for violating any provision of 75 Pa.C.S. (relating to Vehicle Code) and requested to produce it by a police officer.

You must provide a copy of this card to the Department of Transportation when you request restoration of your operating privilege and/or registration privilege which has been previously suspended or revoked.

RATION AND TEAR

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
5/28/2026

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	CONTACT NAME: NICOLE DANGLER	
TERRA INS SERVICES 1879 Cottman Ave Philadelphia PA 19111	PHONE (A/C, No, Ext): (215) 742-3743	FAX (A/C, No):
	E-MAIL ADDRESS: Nikki@InsureMePhilly.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ERIE INS EXCH	26271
INSURED MARTIN RECYCLING CO LLC 2251 FRALEY ST PHILADELPHIA PA 19137-1824	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. *LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. LIMITS SHOWN ARE INCLUSIVE OF AMOUNTS REQUESTED BY THE CERTIFICATE HOLDER AND MAY NOT REFLECT POLICY LIMIT AMOUNTS IN EXCESS OF THOSE REQUESTED. ***Not Applicable in WY**

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 ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ 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 ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			Q09-0132374	09/01/2025	09/01/2026	COMBINED SINGLE LIMIT (Ea accident)	$
							BODILY INJURY (Per person)	$ 250,000
							BODILY INJURY (Per accident)	$ 500,000
							PROPERTY DAMAGE (Per accident)	$ 250,000
								$
	☐ UMBRELLA LIAB ☐ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION $						EACH OCCURRENCE	$
							AGGREGATE	$
								$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBEREXCLUDED? ☐ N / A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						☐ PER STATUTE ☐ OTH-ER	
							E.L. EACH ACCIDENT	$
							E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$

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

CERTIFICATE HOLDER

State of Delaware Department of Natural (cont. in ACORD 101)
89 Kings Highway
Dover DE 19901

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Nicole Dangler

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY		NAMED INSURED
TERRA INS SERVICES		MARTIN RECYCLING CO LLC
POLICY NUMBER		
Q09-0132374		
CARRIER	NAIC CODE	
ERIE INS EXCH	26271	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 **FORM TITLE:** Certificate Of Liability Insurance

**Certificate Holder Name:

State of Delaware Department of Natural Resources & Environmental Control

Account Registrations Contact FMCSA

Customer Account

USDOT #1978242 - Active

BUSINESS INFORMATION

Update

Legal Business Name	MARTIN RECYCLING CO LLC
Doing Business As (DBA) Name	
Principal Place of Business	2251 FRALEY ST UNIT J, PHILADELPHIA, PA 19137
Mailing Address	2251 FRALEY ST UNIT J, PHILADELPHIA, PA 19137
Business Telephone No.	
Duns & Bradstreet	000000000
Tax ID	•••••••••
Form of Business	
State Incorporated	
Business Email	george@martinrecyclingusa.com

COMPANY OFFICIALS