RECEIPT

DATE 7/6/26 No. 735843

RECEIVED FROM Town of Middletown $ 1500.00

One thousand five hundred fifty and 00/100 DOLLARS

○ FOR RENT
⊗ FOR DE-SW-0101D

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 251520 TO

BY M.M.

3-11

The Mayor and Council of Middletown

Public Works Department
431 Haveg Road
Middletown, DE 19709

June 23, 2026

Department of Natural Resources and Environmental
Control Solid and Hazardous Waste Management
Section
89 Kings Highway
Dover De, 19901

RECEIVED
JUL 06 2026
DNREC - WHS

RE: Delaware Solid Waste Transporter Permit

Enclosed is our Solid Waste Transporter Permit Application, check in the amount of $350.00 and attachments as required.

If you need and additional information or if we neglected to include something, please feel free to contact me at 302-378-5140

THE MAYOR AND COUNCIL OF MIDDLETOWN

Ryan Chambers Municipal
Service Foreman 302-378-5140

Enclosures:
Check # 251520
Insurance Certificate
Spill Control Plan
Drivers Training Program
Vehicle ID
Pre-trip vehicle Inspection Checklist

DELAWARE DEPARTMENT OF
NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL

89 Kings Highway
Dover, DE 19901
302-739-9403
dnrec.delaware.gov

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- 0101 D 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 Town of Middletown

Location Address:	Mailing Address:
431 Haven Rd Middletown DE 19709	19 West Green St Middletown DE 19709

Contact: Ryan Chambers Title: Foreman

Business Phone: 302-378-2211 Fax: 302-378-5719

E-mail: RChambers@middletownde.org

24 hr Emergency Contact Phone: 302-378-2211

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: _____
- ☐ 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 N/A

(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

431 Haves Rd
Middletown DE 19709

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 _____
☒ No transporter permits in other states

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

DOT# _____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.

Municipality

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 ☐	$300,000.00 ☐
Commercial Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Industrial Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
Dry Waste	$750,000.00 + MCS-90 ☐	$300,000.00 ☐
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 ☐	$300,000.00 ☐
Asbestos	$1,000,000.00 + MCS-90 (For Hire & Private) ☐	$300,000.00 ☐
Scrap Tires Only	$300,000.00 ☐	$300,000.00 ☒

11. Spill Control and Safety

List all spill control and safety equipment that 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 X

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 6/29/26

Print Name Ryan Chambers Title Foreman

A legal owner or corporate officer must sign the application*

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:
   1). Reflectors and/or flares
   2). Fire extinguisher
   3). First aid kit
   4). Heavy-duty gloves, hard hat
   5). Flashlight
   6).

(2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.

(3) The driver will perform the following pre-trip inspections:
   1).

   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: 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:

(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 Vehicle Inspection Checklist

1. While walking towards the truck:
   - _____ Keys are in pocket/hand.
   - _____ While walking towards truck, you inspect under the truck to make sure nothing is hanging or dragging and also notice any leaks or puddles under truck.

2. Chock wheels, unlatch hood straps and open hood.

   CHECK:
   - ____ 4-way flashers
   - ____ Turn signals
   - ____ Headlights
   - ____ High beams

3. Drivers side engine compartment:
   - ____ Radiator
   - ____ Shroad
   - ____ Fan blades
   - ____ Upper radiator hose
   - ____ Overflow tank
   - ____ Small radiator hose
   - ____ Air in-take hose
   - ____ Frame
   - ____ Shock absorber
   - ____ Tie-rod
   - ____ Center link
   - ____ Pitman arm
   - ____ Drag Link
   - ____ Steering ring knuckle
   - ____ Spindle
   - ____ Inner tire
   - ____ Inner rim
   - ____ Tire tread (4/32)
   - ____ Outside tire
   - ____ Hub
   - ____ Hub nuts
   - ____ Hub oil reservoir
   - ____ Hub oil level
   - ____ Wires for headlights
   - ____ Brake drums
   - ____ Wheel studs
   - ____ Oil dipstick (level)
   - ____ Starter
   - ____ Wires for starter
   - ____ Air compressor (mechanical driven)
   - ____ Air hoses off of or com.
   - ____ Power steering fluid (level)
   - ____ Power steering hoses
   - ____ Steering box
   - ____ Steering arm (shaft)
   - ____ Universal joints for arm
   - ____ Leaf springs
   - ____ Leaf spring housing
   - ____ Leaf spring shackles
   - ____ Leaf spring U-bolt
   - ____ Outside rim
   - ____ Lug nut
   - ____ Spacers
   - ____ Valve stem
   - ____ Wire harness
   - ____ Air hoses on firewall
   - ____ Brake comber
   - ____ Air hoses
   - ____ Slack adjuster – no move than 1" play

4. Front of vehicle:
   - ____ Reflectors (2)
   - ____ Headlights lens (2)
   - ____ Turn signal lens (2) orange-front/amber-rear
   - ____ Grill
   - ____ Windshield
   - ____ Bumper

5. Passenger side engine compartment:

____ Air filter
____ Alternator
____ Wires to alternator
____ Drive belt (no more than ¾" play from center)
____ Water pump
____ Frame
____ Tie rod
____ Center link
____ Shock absorber
____ Spacers
____ Hub
____ Hub nuts
____ Hub oil level
____ Hub oil reservoir
____ Brake drums
____

____ Water pump
____ Radiator cap
____ Lower radiator hose
____ Air intake hose
____ Transmission fluid dip stick
____ Brake comber
____ Air hose
____ Slack adjustor (no more than 1" play)
____ Spindle
____ Inner tire
____ Inner rim
____ Tire tread (4/32 ")
____ Outside tire
____ Outside rim
____ Valve stems
____ Lug nuts
____ Wheel studs

6. Passenger side of truck:

____ Hood latch
____ Mirror
____ Door hinges
____ Door latch
____ Pull-up bar
____ Steps
____ Drive shaft
____ Universal joints for drive shaft
____ Brake chambers
____ Air hoses for brake chambers
____ Slack adjustors-no more than 1" of play.
____ Inner tires of both tires
____ Inner rims of both tires
____ Tire treads of both tires (2/32")
____ Outside tires of both tires
____ Outside rims of both tires
____ Brake drums on both tires
____ Spacers
____ Both tires are exactly the same – not toushing, not mix match, both are radial, nothing stuck between tires, tires are same size.
____ Spacers (washers) on both tires
____ Hub on both tires
____ Wheel studs on both tires

____ Body lights
____ Reflector
____ Tarp
____ Arm for tarp
____ Frame
____ Battery box
____ Batteries
____ Battery cables
____ Battery terminals
____ Batteries not leaking

____ Leaf springs
____ Leaf spring housing
____ Leaf spring shackles
____ Leaf spring U-bolts
____ Mud flap
____ Splash guards
____ Exhaust pipe
____ Muffler
____ Exhaust stack
____ Header board
____ Air tank
____ Hose for air tank
____ Lug nuts on both tires
____ Hub nuts on both tires
____ Valve stem on both tires

7. Rear of truck:

____ Back up light lens (2)
____ Brake light/turn signal light lens (4)
____ Body lights (2)
____ Reflectors (2)
____ Tail gate
____ Rear
____ U-bolts for rear
____ License plate

8. Drivers side of truck:

____ Reflectors
____ Body light
____ Tarp
____ Arm for tarp
____ Brake Chambers
____ Air hose
____ Slack adjustor-no more than 1" play
____ Hydraulic reservoir
____ Hydraulic oil level
____ Hydraulic oil reservoir cap
____ Hydraulic line
____ Hydraulic line w/shut-off valve
____ Leaf springs
____ Leaf spring housing
____ Leaf spring shackles
____ Leaf spring U-bolts
____ Frame
____ Air tank
____ Fuel tank
____ Fuel cap
____ Straps for fuel tank
____ Fuel line
____ Steps
____ Tarp
____ Arm for tarp
____ Mirror
____ Inner tires on both tires
____ Inner rim on both tires
____ Brake drums on both tires
____ Tire tread on both tires (2/32")
____ Outside tires on both tires
____ Outside rims on both tires
____ Spacer
____ Both tires are exactly the same- not touching, not mix matched, both are radial, nothing stuck between tires, tires are same size.
____ Lug nuts on both tires
____ Wheel studs on both tires
____ Spacers (washers) on both tires
____ Hub nuts on both tires
____ Hub on both tires
____ Valve stem on both tires
____ Hoses for air tank
____ Pull up box
____ Door latch
____ Door hinges
____ Hood latch
____ Body light
____ Reflectors
____ Header board

*This completes the pre-trip inspection on the outside of the truck.

9. Inside of cab:

____ Driver side door
____ Driver side glass (window)
____ Driver side door latch
____ Driver side window check
____ Seat belts (2)
____ Air horn
____ Steering wheel (no more than 2" play
____ Service horn
____ Windshield
____ Wiper blade
____ Wiper arms
____ Air pressure gauge
____ Oil pressure gauge
____ Volt meter
____ Coolant temperature
____ Engine oil gauge
____ Warning lights and buzzes
____ 3-red triangles
____ Accelerator (gas pedal)
____ Service brake pedal
____ Parking brake
____ Mirrors
____ Headlight switch
____ Dimmer switch
____ Turn signal switch
____ 4-way flasher switch
____ Body light switch
____ Heater/defroster
____ Passenger side door
____ Passenger side glass (window)
____ Passenger side door latch
____ Passenger side window crank
____ Back window
____ Transmission controls
____ Self resetting circuit breaker
____ Fire extinguisher

10. Air brake test: *Make sure air tanks are full (125 PSI)

____ Low pressure warning signal (60 PSI)
____ Spring brakes come on automatically (30 PSI)
____ Air pressure build up (85 to 100 PSI within 45 seconds)
____ Air compressor governor shut-off (125 PSI)

Air leakage rate:

____ 1. Turn off engine, release service brake, time air pressure (loss should be less than 2 PSI in 1 minute)
____ 2. Apply brake after initial pressure drop.

____ Parking brake
____ Service brake – Note any pulling to one side or the other. Any unusual feel or delayed stopping action.

*This completes the pre-trip inspection.

11. SKILLS TEST:

____ Drive forward between 2 rows of cones and bring vehicle to a complete stop as close to boundary marks without going beyond the line. CONES HIT: ____

____ Back vehicle in a straight line between 2 rows of cones without touching or crossing over the boundary lines. CONES HIT: ____

____ Alley dock:
- Cones hit : ____
- 4-Way Flashers: ____

____ Parallel parking - drivers side:
- ____ Turn signals
- ____ Cones hit
- ____ Stay within boundary lines
- ____ Pulling out

____ Parallel parking – passenger side:
- ____ Turn signals
- ____ Cones hit
- ____ Stay within boundary lines
- ____ Pulling out

____ Right turn:
- ____ Turn signal
- ____ Cones hit

____ Back serpentine
- ____ 4-way flasher
- ____ Cones hit
- ____ Stay within boundary lines

*This completes the skills test.

12. ON ROAD DRIVING TEST:

TURNS
- ____ Check traffic
- ____ Use turn signal
- ____ Slow down smoothly
- ____ Smooth stop without skidding
- ____ Complete stop behind stop line, crosswalk or stop sign
- ____ See tires on vehicle ahead when stopped
- ____ Vehicle roll any
- ____ Checking mirrors when making turn
- ____ Vehicle move into oncoming traffic
- ____ Turn signal off

12. ON ROAD DRIVING TEST (continued):

INTERSECTIONS
____ Check traffic in all directions
____ De-accelerate
____ Brake smoothly
____ Any lane change

LANE CHANGE
____ Check traffic
____ Proper signals
____ Change lanes smoothly

STOP / START
____ Stop as if you were going to get out
____ Turn signals
____ Check traffic
____ Vehicle parallel to curb or shoulder
____ Vehicle out of traffic flow
____ Vehicle blocking driveways, fire hydrants, intersections, signs, etc.
____ Cancel turn signals
____ 4-way Flashers
____ Apply parking brake
____ Gear shift in neutral or park
____ Cancel turn signal

DURING TRIP INSPECTION
____ Instruments
____ Air pressure gauge
____ Temperature gauge
____ Pressure gauge
____ Amp-meter / volt meter
____ Mirror
____ Tires
____ Cargo
____ See, hear, smell or feel anything that could be wrong with truck.

CURVE
____ Check traffic
____ Speed reduce
____ Vehicle stayed in lane

12. ON ROAD DRIVING TEST (continued):

BRIDGE / OVERPASS
____ Posted clearance or height
____ Weight limit

During driving test:
____ Seat belts
____ Obey all trafafic signs, signals and lows
____ Any accident or moving violations
____ Ride or pump broken
____ Brake harshly
____ Unless instructed, if vehicle stayed in right lane

---

*THIS COMPLETES DRIVING TEST

N-O-T-E-S

Driver Training

See attached Policy 4-2 Driver's License Requirement from the Personnel Policy Manual for the Town of Middletown.

Monthly safety meetings for all Public Works employees are conducted on the first Thursday of each month. The meetings are coordinated by the town's Safety Coordinator.

The department foremen are responsible for making all drivers aware of the details contained in the solid waste transporter's permit, the Spill Control Plan, and the proper handling procedures for the type of solid waste being transported. The foremen discuss the items with new hires and routinely at departmental meetings.

4-2 DRIVER'S LICENSE REQUIREMENT

A. DEFINITIONS

Commercial driver's license means a commercial driver's license (CDL) of any type or class, issued by any state.

Notwithstanding any other State or Federal definition, in this section 4-2, **Commercial Motor Vehicle** means any self-propelled or towed motor vehicle used on a highway in interstate commerce to transport passengers or property when the vehicle:

1) Has a gross vehicle weight rating to gross combination weight rating, or gross vehicle weight or gross combination weight, of 4537 kg (10,001 lb) or more; whichever is greater, or
2) Is designed or used to transport more than 8 passengers (including the driver) for compensation, or;
3) Is designed or used to transport more than 15 passengers including the driver, and is not used passengers for compensation; or
4) Is used in transporting material found by the Secretary of Transportation to be hazardous under 49 U.S.C. 5103 and transported in a quantity requiring placarding under regulations prescribed by the Secretary under 49 CFR, subtitle B, chapter I, subchapter C.

Notwithstanding any other provisions of this Policy, in Section 4-2,

EMPLOYEE means any employee of the Town, including any temporary, seasonal, or part-time employee.

EMPLOYER means the Town of Middletown.

MEDICAL CERTIFICATION means the certification required under the Federal Motor Carrier Safety Regulations, to operate a commercial motor vehicle.

Not withstanding any other State or Federal definition, in this Section 4-5,

PASSENGER VEHICLE means any car, station wagon, pickup truck, or utility vehicle weighing less that 10,000 pounds (with or without a trailer), designed to carry less than 16 passengers, including the driver, and not placarded for the transportation of hazardous material.

PASSENGER VEHICLE LICENSE means a license to operate a passenger vehicle.

B. POLICY

Any employee including any temporary, seasonal, or part-time employee who operates any Town-owned vehicle, must have a valid driver's license and must be of insurable status. In addition, Public Works employees, and all other employees who are authorized and/or required in the performance of their employment duties to drive a commercial vehicle, must have a commercial driver's license (CDL) upon employment, and at all times during employment with the Town. Any employee who loses the right to drive is prevented from fully executing his or her duties. This, in turn, reduces the Town's ability to provide its citizens with the most efficient and effective delivery of public services. The loss of the right to drive may thus be a basis for discipline up to, and including termination of employment.

B. PROCEDURE

1) Verification

For any employee who is authorized and/or required to operate any Town passenger vehicle, the Town shall request, on a yearly basis, and the employee shall submit, for inspection and copying purposes, a current and valid passenger vehicle license.

a) For any employee who is authorized and/or required to operate any Town commercial vehicle, the following apply;

1) The Town shall request, and the employee shall submit, on a yearly basis, for inspecting and copying purposes, a current and valid commercial driver's license (CDL).
2) The employee shall not drive any Town owned commercial vehicle unless he/she is physically capable and qualified to do so, and has certification to do so, as required under the Federal Motor Carrier Safety Regulations, subparagraph E §391.41, 391.43, 391.45.
3) The employee shall submit to a medical examination, by a physician of the Town's choice, to obtain medical certification required by the Federal Motor Carrier Safety Regulations, every 2 years.
4) A Consent and Release shall be executed by all current employees, and any prospective employee, upon application for employment, authorizing any inquiry of that employees driving record.

2. INQUIRIES AND REVIEW OF COMMERCIAL DRIVER'S LICENSES

a) An inquiry shall be made into the driving record of each employee who is authorized and/or required to operate any Town commercial motor vehicle at least once every 12 months. Or at any other time the Town deems necessary, covering at least the preceding 12 months to the appropriate agency of every State in which the employee held a commercial motor vehicle operator's license or permit during that time period.
b) An inquiry shall be made into the driving record of any prospective employee who will be authorized and/or required to operate any Town commercial vehicle upon application for employment, for the preceding (3) year period to appropriate agency of every State in which the employee held a motor vehicle operator's license or permit during those 3 years.
c) The Town Manager shall review the driving record of each driver received response to the inquiry made in (a) or (b) above, and any other response received from the applicable State agency, to determine whether that driver meets the minimum requirements for safe driving or disqualified to drive a commercial motor vehicle under any State or Federal law.
d) The Town Manager shall also review and evaluate the driving record, and any other response received from the applicable State agency, to determine if the employee/driver meets the Town's minimum requirements for safe driving.

DRIVER'S LICENSE REQUIREMENT (cont)

1) Driver eligibility
All type A violations (as defined below) will result in suspension and/or termination of driving privileges for Town employees, may result in termination of employment, and will disqualify any potential driver employee.

2) Any drivers (employees or applicants) showing any one of the following will be restricted from Town vehicles:

i) One (1) or more type "A" Violations in the past 3 years.
ii) Three (3) or more "at fault" accidents in the past 3 years.
iii) Any combination of accidents and type "B" violations that equal four (4) or more in the last 3 years.

Type "A" Violations:

- Driving while intoxicated.
- Driving while under the influence of drugs.
- Negligent homicide arising out of the use of a motor vehicle (gross negligence).
- Operating during a period of suspension or revocation.
- Using a motor vehicle for the commission of a felony.
- Aggravated assault with a motor vehicle.
- Operating a motor vehicle without the owners' authority (grand theft).
- Permitting an unlicensed person to drive.
- Reckless driving.
- Speed contest (racing).
- Hit and run (bodily injury or significant property damage the driver knew or should have known occurred.

Type "B" Violation

- All moving violations not listed as type "A"

3)Reinstatement of an employee's license from the appropriate state agency does not permit the employee to operate a Town vehicle as long as a reference to a DUI exists on the employee's MVR.

e) A copy of the response received from each State agency to the inquiry made in (a), a note naming the person who performed the review under (b) and (c), and the date of the review shall be maintained in the employee's personnel file for 3 years during employment, and subsequent to employment.

4) Application for Employment

a) Upon application for employment, any employee who is authorized and/or required to operate any Town commercial motor vehicle, shall complete, date and sign an application for employment containing the following information:

1. The applicant's address, date of birth, and social security number

2. The address at which the applicant has resided during the preceding three (3) years.
3. The issuing State, number and expiration date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant
4. The nature and extent of the applicant's experience in the operation of motor vehicles, including the type of motor vehicle which he/she has operated.
5. A list of all motor vehicle accidents in which the applicant was involved during the preceding three (3) years, specifying the date and nature of each incident, and whether any fatalities or personal injury, of any degree were caused.
6. A list of all violations of motor vehicle laws or ordinances (other than parking violations) of which the applicant was convicted, or to which a plea of guilty was given, or which resulted in the forfeiture of bond or collateral during the preceding three (3) years.
7. A statement setting forth the facts and circumstances of any denial, revocation\, or suspension of any license, permit or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation or suspension has occurred.
8. A list of the names and addresses of all employees during the preceding three (3) years, specifying the dates of employment and the reasons for leaving the employment
9. A list of the names and addresses of all employers for which the applicant operated a commercial motor vehicle during the seven (7) year period preceding the three (3) year period contained above, the date of employment, and the reasons for leaving the employment.

b) The employee shall certify the application for employment was completed by the employee, and that all entries and information contained within it are true and complete to the best of their knowledge.

c) Any information provided by the applicant concerning employers during the preceding three (3) years, may be used, and any prior employer may be contacted to investigate the applicant's background.

4. Notice

a) Any employee who operates any Town owned vehicle, including any passenger or commercial vehicle, must give immediate written notice to the Town of any moving motor vehicle violation for which they have been charged.

b) Any employee whose driving privileges are suspended or revoked, or who has been placed on an uninsurable status by the Town's insurance carrier shall immediately notify his or her department supervisor, or if none, the Town Manager, and shall cease operating any Town Vehicle or equipment which requires a drivers license.

5. Random Drug Testing

The Town of Middletown may implement and conduct drug and alcohol testing of all drivers who may operate any Town vehicle, in compliance with all requirements of the U.S. Department of Transportation and other Federal, State and Town laws, regulations and ordinances.

6. Disciplinary Action

Any employee who operates a Town Vehicle without a valid drivers license (passenger, or a CDL if required), or while on uninsurable status, or who falsifies information about the status of his or her driving privileges, shall be subject to disciplinary action up to and including dismissal. Disciplinary action shall depend upon the severity of the incident.

Each employee whose driving privileges are suspended or revoked or who have been placed on an uninsurable status by the Town's insurance carrier shall notify his or her department supervisor immediately and shall cease operating any Town vehicle or equipment which requires a driver's license.

C. DISCIPLINARY ACTION

Any employee who loses the right to drive or who operates a Town vehicle without a valid driver's license or while on uninsurable status or who falsifies information about the status of his or her driving privileges shall be subject to disciplinary action up to and including dismissal. Disciplinary action shall depend on the severity of the incident.

PRE-TRIP

Daily Vehicle Inspection Form

DUMP TRUCKS: NO tailgates in down position. Tailgate must either be up or off.

Vehicle No: _____	Operator: _____	Date: _____
DEPT.: _____	Mileage/Hours: _____	

CHECK ANY DEFECTIVE ITEM(S) AND GIVE DETAILS UNDER REMARKS SECTION.

CHECKLIST ITEMS	ITEM OK	ADD or NEED REPAIR	Time A.M	Time P.M	R-E-M-A-R-K-S
Oil		Add			
Radiator		Add			
Battery		Add			
Transmission Fluid		Add			
Hydraulic Fluid		Add			
Brakes		Need repair			
Tire Pressure		Add air			
Tires: Wheels & Rims		Need repair			
Windshield Wipers		Need repair			
Horn		Need repair			
Turn Signals		Need repair			
Steering		Need repair			
Headlights		Need repair			
Taillights		Need repair			
Brake Lights		Need repair			
Door Handles		Need repair			
Mirrors		Need repair			
Tarp		Need repair			
Fire Extinguisher		Need repair			
First Aid Kit		Need repair			
DAMAGE					

IS GAS CARD IN VEHICLE : ___YES ___NO

Was vehicle clean: ___YES ___NO

Is the condition of your vehicle satisfactory: ___YES ___NO

TRAILER NO: _____

CHECKLIST ITEMS	ITEM OK	ADD or NEED REPAIR	Time A.M.	Time P.M.	R-E-M-A-R-K-S
Hitch		Need repair			
Safety Chains		Need repair			
Light Plug		Need repair			
Taillights		Need repair			
Turn Signals		Need repair			
Brake Lights		Need repair			
Reflectors		Need repair			
Tires		Need repair			
Jack		Need repair			
DAMAGE					

Is the condition of your trailer satisfactory: ___YES ___NO

OTHER:

_____

_____

_____

CDL Driver List

[redacted]	[redacted]	Department	DOB	CDL License #	License Exp. Date	Notes
		Public Works			10/2/2026	
		Municipal Services			1/19/2027	
		Maintenance			7/8/2026	
		Water/Wastewater			4/30/2027	
		Water/Wastewater			9/2/2026	
		Electric			3/3/2027	
		Municipal Services			11/7/2026	
		Electric			2/18/2028	
		Electric			8/29/2026	
		Water/Wastewater			8/7/2027	
		Electric			2/17/2028	
		Maintenance			12/21/2026	
		Water/Wastewater			2/9/2028	
		Public Works			10/22/2028	
		Municipal Services			12/9/2027	
		Electric			6/24/2027	
		Municipal Services			2/16/2027	
		Municipal Services			7/17/2027	
		Municipal Services			8/22/2027	
		Municipal Services			12/10/2027	
		Electric			7/3/2026	
		Water/Wastewater			1/30/2026	
		Electric			2/27/2028	
		PW Admin - Mechanic			5/30/2027	
		Electric			1/8/2028	
		Water/Wastewater			3/12/2027	
		Electric			3/10/2027	
		Water/Wastewater			01/20/2028	
		Municipal Services			8/1/2026	
		Municipal Services			11/8/2026	
		Electric			8/29/2026	
		Municipal Services			4/9/2026	

	[redacted]	Water/Wastewater	[redacted]	10/17/2026	
		Electric		3/7/2027	
		Electric		2/16/2024	Need updated -email snt
		Municipal Services		1/12/2027	

Town of Middletown truck list

Truck	dept	yr	make	model	vin
21	M/S	2018	CHEV.	4X4 3500 HD DUMP	1GB3KVCGXKF17247
22	M/S	2018	CHEV.	4X4 3500 HD DUMP	1GB3KYCG8JZ19202
23	M/S	2019	FORD	4X4 F550 HD DUMP	1FDUF5HY5KDA1339
26	M/S	2015	FORD	F-750 DUMP	3FRXF7FK8FV720163
28	M/S	2020	I H	HV-507	3HAEDMMN1LL38398
29	M/S	2016	I H	999 DUMP	3HAWAMMN0GL37891
221	M/S	2019	CHEV.	4X4 3500 HD DUMP	1GB3KVCG8KF17259
34	M/S	2021	CHEV.	3500HD 4X4	1GB3YSE70MF213061

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 6/23/2026

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 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: Shannon DeFrancesco
Strategic Insurance Partners 492 Franklin Avenue Nutley NJ 07110	PHONE (A/C, No, Ext): (973)798-0958 FAX (A/C, No): (973)798-0978 E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Ascot Insurance Company	
INSURER B: Safety National Casualty Corporation	15105
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED: Town of Middletown, 19 West Green Street, Middletown DE 19709

COVERAGES **CERTIFICATE NUMBER:** Cert of Liability-Master **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE / X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY / PRO-JECT / LOC OTHER:			TRPK-4001413-01	9/1/2025	9/1/2026	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 100,000 $ 10,000 $ 1,000,000 $ 3,000,000 $ 3,000,000
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS / SCHEDULED AUTOS HIRED AUTOS / NON-OWNED AUTOS			TRPK-4001413-01	9/1/2025	9/1/2026	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000 $ $ $
A	X UMBRELLA LIAB / X OCCUR EXCESS LIAB / CLAIMS-MADE DED / RETENTION $			TRPK-4001413-01	9/1/2025	9/1/2026	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N: N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AGC 4067217	9/1/2025	9/1/2026	X PER STATUTE / OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Coverages are subject to Terms, Conditions and Exclusions on the policies.

CERTIFICATE HOLDER

Delaware Dept of Natural Resources and
Environmental Control Compliance
and Permitting Section
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

David Wildt/SDF

Davis, DaQuan (DNREC)

From: Ryan Chambers <RChambers@Middletown.Delaware.Gov>
Sent: Monday, July 13, 2026 8:26 AM
To: WHStransporters
Subject: RE: Delaware Solid Waste Transporter Permit Application
Attachments: 20260713084315.pdf

From: WHStransporters <WHStransporters@delaware.gov>
Sent: Thursday, July 9, 2026 11:37 AM
To: Ryan Chambers <RCHAMBERS@MIDDLETOWN.DELAWARE.GOV>
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 13**-The vehicle list submitted was missing information. Please provide the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP.**

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

Thank you,

DaQuan Davis

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

Davis, DaQuan (DNREC)

From: Ryan Chambers <RChambers@Middletown.Delaware.Gov>
Sent: Monday, July 13, 2026 7:44 AM
To: WHStransporters
Subject: RE: Delaware Solid Waste Transporter Permit Application

Good morning sir

It's the last page of the packet of paper I sent you

From: WHStransporters <WHStransporters@delaware.gov>
Sent: Friday, July 10, 2026 11:19 AM
To: Ryan Chambers <RChambers@Middletown.Delaware.Gov>
Subject: RE: Delaware Solid Waste Transporter Permit Application

Okay.

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: Ryan Chambers <RChambers@Middletown.Delaware.Gov>
Sent: Friday, July 10, 2026 6:18 AM
To: WHStransporters <WHStransporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit Application

I will be back to work on Monday and send you the list sorry I forgot to print that off

Get Outlook for iOS

From: WHStransporters <WHStransporters@delaware.gov>
Sent: Thursday, 09 July 2026 17:37:07
To: Ryan Chambers <RCHAMBERS@MIDDLETOWN.DELAWARE.GOV>
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 13**-The vehicle list submitted was missing information. Please provide the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE**

PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP.

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

Thank you,

DaQuan Davis

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

Davis, DaQuan (DNREC)

From: WHStransporters
Sent: Friday, July 10, 2026 11:19 AM
To: 'Ryan Chambers'
Subject: RE: Delaware Solid Waste Transporter Permit Application

Okay.

DaQuan L. Davis
Environmental Scientist
Division of Waste and Hazardous Substances
302-739-9403
WHStransporters@delaware.gov
89 Kings Hwy SW, Dover, DE 19901
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Subject: Delaware Solid Waste Transporter Permit Application

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- **Section 13**-The vehicle list submitted was missing information. Please provide the **MAKE, MODEL, YEAR, VEHICLE IDENTIFICATION NUMBER (VIN), LICENSE PLATE NUMBER, STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP**.

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

Thank you,

DaQuan Davis

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

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
Chevy Silverado 18	Dump	1GB3KVCGXKF 172473	C31516 DE / 21	13200	TOWN
Chevy Silverado 18	Dump	1GB3KYCG8JZ 192025	C53600 DE / 22	13200	TOWN
Chevy Silverado 19	Dump	1FDUF5HY5KDA 13390	C37660 DE / 23	19500	TOWN
Chevy Silverado 21	Dump	1GB34SE7XMF 213061	C111478 DE / 34	13200	TOWN
Ford 750 15	Dump	3FRX F7FK8FV720163	CL40529 DE / 26	33000	TOWN
IH HV507 20	Dump	3HAED MMNILL 383988	C12988 DE / 28	33000	TOWN
IH 999 16	Dump	3HAWA MMNOGL 378915	C343750 DE / 29	33000	TOWN
Chevy Silverado 19	Dump	1GB3KVCG5KF175498	C61213 DE / 221	13200	TOWN
Isuzu NRR 226	Dump	JALE5W165N7 3 0 1311	C109426 DE / 226	19500	TOWN