RECEIPT

DATE 7/29/26 No. 73586T

RECEIVED FROM Guardian Environmental Services $650.00

Six hundred fifty and 00/100 DOLLARS

○ FOR RENT
⊗ FOR DE-SW-1261

ACCOUNT	
PAYMENT	
BAL. DUE	

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 28359 TO

BY M.M.

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

RECEIVED
JUL 29 2026
DNREC - WHS

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English

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- 1261 Expiration Date Dec. 31, 2026

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

SCRAP TIRES ONLY

☐ One Year - $75.00

☐ Two Years - $125.00

☐ Three Years - $175.00

☐ Four Years - $225.00

☐ Five Years - $275.00

ALL OTHERS

☐ One Year - $350.00

☑ Two Years - $650.00

☐ Three Years - $950.00

☐ Four Years - $1250.00

☐ Five Years - $1550.00

2. Release to Public

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

3. Company Information

Company Name Guardian Environmental Services Co., Inc.

Location Address:	Mailing Address:
70 AlbeDrive, Newark DE 19702	Same

Contact: Nicholas Delduco Title: Fleet Manager

Business Phone: 302-562-5561 Fax: 302-834-1959

E-mail: ndelduco@gesoncall.com

24 hr Emergency Contact Phone: _____

4. Company Ownership Information

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

  City: Bear State: DE Date: 6/27/2006
- ☐ 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 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 B
☐ 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) C
☑ 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# 1543131 MC# MC809467

☐ 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 D

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 E

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 7/27/26

Print Name Joseph A, Cunane Title Owner

*****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
MACK-CV713-2004	Rolloff	1M2AG11C84M011546	CL108883, DE	73,280	Guardian Environmental Services, Co., Inc.
Ford-F35-2016	Dump Truck	1FD8X3H66GLB72003	C15455, DE	14,000	Guardian Environmental Services, Co., Inc.

ATTACHMENT A
OWNERS

Guardian Environmental Services Company, Inc.

Officers:

NAME	TITLE	ADDRESS	DOB	%
Joseph A. Cunane	Owner	70 Albe Dr. Newark, DE 19702	[redacted]	100%

ATTACHMENT B

GES LOCATIONS

70 Albe Drive, Newark, DE 19702

ATTACMENT C

DSWA LOCATIONS

DSWA

DSWA - Northern Cherry Island Landfill Wilmington,

DE

DSWA - Central Sandtown Landfill

Sandtown, DE

ATTACHMENT D

GUARDIAN ENVIRONMENTAL SERVICES

Guardian Environmental Services Company, Inc.

70 Albe Drive
Newark, DE 19702

Spill Plan For Transportation Emergencies

Revised: July 14, 2026

GUARDIAN ENVIRONMENTAL SERVICES

Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

I. GENERAL

A. This plan is intended to guide GES employees in the proper procedures to follow to prevent or minimize the potential for a spill, accidental release or other transportation emergencies and to properly report and respond to spills, accidental releases or other transportation emergencies.

B. Copies of this plan will be placed in GES owned vehicles used to transport permitted waste material. (i.e. solid waste materials). Additionally, copies shall be retained in the corporate files for review/inspection by insurance carriers, government agencies and other concerned personnel or groups.

C. The most important step in spill control is to implement policies/procedures that prevent a spill from occurring. With this in mind, GES has taken the following steps to prevent spills:

1. Personnel Dept. conducts background checks including MVA records on all new employees.

2. Safety training programs are conducted covering procedures to follow when handling or transporting Solid Wastes.

3. All loads will be enclosed, covered, tarped or secured to prevent accidental discharge during transport.

4. Driver pre-trip inspections are conducted to insure vehicle is in safe operating condition and carries proper safety and emergency equipment. Additionally, the driver shall inspect the load to verify load and any containers are secure and containers are not damaged in order to prevent accidental spill.

D. In any emergency situation, time and clear thinking are crucial. The driver shall follow these established procedures to control the situation and minimize adverse impact. In the event of a release the vehicle and/or area shall be secured and proper personnel/authorities notified. Driver shall take appropriate actions to control the spill, if safe to do so.

Guardian Environmental Services Company, Inc.
Spill Plan For Transportation Emergencies

II. SPECIFIC SPILL RESPONSE PROCEDURES

A. In a spill situation, decisions must first be made with regard to the safety of the workers and personnel in the area of the situation. In addition, potential for property or environmental damage must be addressed. Finally, regulatory agencies may need to be notified.

B. Employees must take measures to protect themselves by staying upwind and away from the source of the suspected spill. They should not touch any spilled material and avoid breathing any fumes/smoke generated by the spilled material. No personnel should eat, drink or smoke near the area of the spilled material.

C. Driver shall attempt to remove any sources of ignition, such as flames or sparks, in the area of the spilled material. Vehicles should not be started or used near the spill location until it can be determined that there is no threat of a potential vapor ignition.

D. No personnel or equipment should track through the spilled material.

E. Wearing proper personal protective equipment, the driver shall secure the area, set up road triangles, and if safe to do so based on the spilled material, take actions to control the spill using absorbent material (if needed such as gasoline or diesel spilled from the vehicle). Solid waste material will be recovered using absorbent material (as needed) broom and/or shovel and shall be properly repackaged for transport and disposal.

III. FURTHER ACTIONS TO BE TAKEN

A. Specific measures to control spills and accidental releases of waste materials are to be performed only by GES trained personnel. The employee discovering the spill should contact the Newark office at 302-918-3070 and request to speak to the Operations Manager, Direct cell (302-562-5561), and inform him of the situation and request that a Response Team be activated (as needed).

B. The Operations Manager will notify the following persons:

NAME	TITLE	EXT.	CELL PHONE
Joe Cunane	President	107	[redacted]

1. Ensure prompt medical attention to any injured person(s).
2. Plug, patch, or otherwise stop the leak or release.
3. Overpack or seal the leaking containers as needed and transfer to appropriate storage area to await disposal.
4. Transfer remaining material into a secondary container until the original container can be repaired or replaced.
5. Take steps to contain the spilled material to minimize potential impact of material onto surrounding environment.
6. Make arrangements for transportation and ultimate disposal of recovered material and associated contaminated materials.
7. Make appropriate reports to local authorities and regulatory agencies, where required.
8. Document all actions taken, persons/agencies contacted and times of significant events.
9. Photograph the entire scene of the incident during and after response actions taken.
10. Acquire names of all witnesses to the incident and contact persons for any agencies/groups that arrived during the response operations.
11. Notify corporate office and local agencies when the situation has returned to normal.

IV. EQUIPMENT AND SUPPLIES

The following equipment and supplies are available at the GES facility in Newark and may be transported to the scene of an incident to control spills and releases (as needed):

- Sorbent pads
- Sorbent boom materials
- Granular absorbent
- Plastic sheeting and drum/container liners
- Drum handling equipment
- Sand
- Shovels, rakes and hand tools
- Air-purifying, Full-face respirators
- Chemical Protective Clothing
- Material sampling equipment

- Decontamination supplies
- Emergency lighting and generators
- Skid Steers and Mini Excavators
- Loaders
- Dump trucks
- Mobile communications

Vehicles utilized to transport solid waste will carry the following emergency spill containment equipment in the event of a release:

- Sorbent pads and/or oil-dri
- Drum Liners
- Shovel and/or broom
- Fire extinguisher
- Cell phone
- Reflectors and/or flares
- First aid kit
- Work gloves
- Hard hat
- Flashlights

V. EMERGENCY TELEPHONE NUMBERS

The following telephone numbers are available for summoning emergency assistance in the event of a spill or release:

Police, Fire, Ambulance	911
Christiana Hospital	(302) 733-1000
Concentra Occupational Health	(302) 368-5100
Delaware Department of Natural Resources and Environmental Controls	(800) 662-8802 (in state only) or (302) 739-9404
Chemtrec	(800) 662-9300
National Response Center	(800) 424-8802
Regional Response Center	(215) 814-5122
Poison Control Center	(302) 655-3389

VI. SPILL INFORMATION REPORT

The following information is to be furnished by the employee or person reporting the spill or accidental release.

- Where exactly is the incident?
- Where are you calling from?
- At what time did the spill occur or was noticed?
- What is the phone number at your location?
- What is the material that has spilled? (If known)
- Approximately how much material has spilled?
- Has anyone been hurt, including you?
- Has anything been done to contain the spill?
- Who is at the scene of the spill that can speak to responding personnel?
- Is there a telephone number that the person can be reached at?

VII. REPORTING RELEASES

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

ATTACHMENT E
DRIVER TRAINING

GES provides and/or requires the following driver training:

Security Awareness as per Department of Transportation's HM-232
How to Fill out Bills of Lading
Smith Systems Safety Videos
Driver Safety Defensive Driving
GES also provides Tool Box Talks about various driver safety issues such as: Driving in Snow Conditions, Distracted Driving, Seat Belt Safety, Traffic Control at Construction Sites, and Use of Spotters for Backing Up

In addition CDL Drivers will be provided the following training:
Must take road test issued by a current GES CDL Driver to demonstrate proficiency prior to driving GES vehicles
JJ Keller Hours of Service Drivers Guide Video/Quiz
General Hazmat Compliance

ATTACHMENT E

GES TRUCK DRIVER LISTING

TITLE	NAME	GES EMPOLYEE
CDL TRUCK DRIVER	[redacted]	Y
CDL TRUCK DRIVER		Y

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/6/2026

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
L & W Insurance Inc.
PO Box 918
Dover DE 19903

CONTACT NAME: Ashley Raab
PHONE (A/C, No, Ext): 302-674-3500 **FAX (A/C, No):**
E-MAIL ADDRESS: araab@lwinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Interstate Insurance	31895
INSURER B : Acadia Insurance Co.	31325
INSURER C : Liberty Mutual	23043
INSURER D : Fireman's Insurance Company of Washington, D.C.	21784
INSURER E : Westfield Specialty Brokerage	
INSURER F :	

INSURED GUARENV-01
Guardian Environmental Services Company, Inc
70 Albe Drive
Newark DE 19702

COVERAGES **CERTIFICATE NUMBER:** 161780100 **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	
B	X COMMERCIAL GENERAL LIABILITY			CPA4593335-41	7/1/2026	7/1/2027	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 500,000
							MED EXP (Any one person)	$ 10,000
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$ 2,000,000
	X POLICY X PRO-JECT X LOC						PRODUCTS - COMP/OP AGG	$ 2,000,000
	OTHER:							$
D	AUTOMOBILE LIABILITY			CAA4593336-41	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
B	X UMBRELLA LIAB X OCCUR			CPA4593335-41	7/1/2026	7/1/2027	EACH OCCURRENCE	$ 1,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$ 1,000,000
	DED RETENTION $							$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			AVWCDE3504012026	7/1/2026	7/1/2027	X PER STATUTE OTH-ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / N/A (Mandatory in NH)						E.L. EACH ACCIDENT	$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	$ 1,000,000
C	Leased/Rented Equipment			BMO66459860	7/1/2026	7/1/2027	Limit:	$350,000
E	Pollution			CPP-491828N-01	7/1/2026	7/1/2027	Limit:	$1,000,000
	Professional Liability						Limit:	$1,000,000

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

CERTIFICATE HOLDER

Delaware Solid Waste Authority
1128 South Bradford St
Dover DE 19904

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

STATE OF DELAWARE

Department of Finance
Division of Revenue

ACTIVE BUSINESS LICENSE
2006601634

EFFECTIVE 01/01/2026 - 12/31/2026

ISSUED TO
GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK DE 19702-1322

LOCATION
GUARDIAN ENVIRO SVCS CO INC
GUARDIAN ENVIRO SVCS CO INC
70 ALBE DR
NEWARK, DE 19702-1322

TRADE, BUSINESS, OR PROFESSIONAL ACTIVITY RESIDENT CONTRACTOR

2026

ISSUED: 01/04/2026
FEE PAID: $75.00

is hereby licensed to practice, conduct, or engage in the occupation or business activity indicated above in accordance with the license application duly filed pursuant to Title 30, Delaware Code.

POST CONSPICUOUSLY - NOT TRANSFERABLE

Davis, DaQuan (DNREC)

From: Marian Murphy <mmurphy@gesoncall.com>
Sent: Monday, August 3, 2026 7:55 AM
To: WHStransporters
Cc: Nick Delduco
Subject: Guardian current COI
Attachments: Delaware Dept. of Natural Resources & Environ_Guardian Environmental Services Com_Master 2026-2027 GES_7-6-2026_1305575099.pdf

Marian Murphy
Guardian Environmental Services, Inc.
Office 302.918.3070 | Fax 302.834.1959
Cell 302.229.8938
www.gesoncall.com

Davis, DaQuan (DNREC)

From: Nick Delduco <ndelduco@gesoncall.com>
Sent: Monday, August 3, 2026 7:19 AM
To: WHStransporters
Subject: RE: Delaware Solid Waste Transporter Permit Application

Follow Up Flag: Follow up
Flag Status: Flagged

We have received this and are working on it!

Nicholas S. Del Duco | Operations Manager
Priority Services LLC
70 Albe Drive Newark, DE 19702
Office (302) 562-5561 | Fax (302) 834-1959
ndelduco@gesoncall.com

From: WHStransporters <WHStransporters@delaware.gov>
Sent: Friday, July 31, 2026 2:53 PM
To: Nick Delduco <ndelduco@gesoncall.com>
Subject: Delaware Solid Waste Transporter Permit Application

Hello,

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

- **Section 10**-Provide an updated Certificate of Insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section the address is 89 Kings HWY, Dover, DE 19901.

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 7/6/2026

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
L & W Insurance Inc.
PO Box 918
Dover DE 19903

CONTACT NAME: Ashley Raab
PHONE (A/C, No, Ext): 302-674-3500 **FAX (A/C, No):**
E-MAIL ADDRESS: araab@lwinsurance.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : American Interstate Insurance	31895
INSURER B : Acadia Insurance Co.	31325
INSURER C : Liberty Mutual	23043
INSURER D : Fireman's Insurance Company of Washington, D.C.	21784
INSURER E : Westfield Specialty Brokerage	
INSURER F :	

INSURED GUARENV-01
Guardian Environmental Services Company, Inc
70 Albe Drive
Newark DE 19702

COVERAGES **CERTIFICATE NUMBER:** 1305575099 **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	
B	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: X POLICY X PRO-JECT X LOC OTHER:			CPA4593335-41	7/1/2026	7/1/2027	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 $ 500,000 $ 10,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
D	AUTOMOBILE LIABILITY X ANY AUTO OWNED AUTOS ONLY X HIRED AUTOS ONLY SCHEDULED AUTOS X NON-OWNED AUTOS ONLY			CAA4593336-41	7/1/2026	7/1/2027	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$ 1,000,000 $ $ $ $
B	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			CPA4593335-41	7/1/2026	7/1/2027	EACH OCCURRENCE AGGREGATE $	$ 1,000,000 $ 1,000,000 $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N ANYPROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		AVWCDE3504012026	7/1/2026	7/1/2027	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
C E	Leased/Rented Equipment Pollution Professional Liability			BMO66459860 CPP-491828N-01	7/1/2026 7/1/2026	7/1/2027 7/1/2027	Limit: Limit: Limit:	$350,000 $1,000,000 $1,000,000

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

CERTIFICATE HOLDER

Delaware Dept. of Natural Resources & Environmental Control
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