RECEIPT

DATE 7/21/26 No. 735855

RECEIVED FROM Livile Logistics Inc. $ 350.00

Three hundred fifty and 00/100 DOLLARS

○ FOR RENT
⊗ FOR New DE-SW-2233

ACCOUNT		
PAYMENT		
BAL. DUE		

○ CASH
⊗ CHECK
○ MONEY ORDER
○ CREDIT CARD

FROM 1906 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 21 2026
DNREC - WHS

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- _____ 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 Livile Logistics Inc

Location Address:	Mailing Address:
4 Gerald Ave	Same
Feasterville, PA 19053	

Contact: Vinicius S Goncalves Title: Owner

Business Phone: (267) 678-8382 Fax: _____

E-mail: livilelogistics@gmail.com

24 hr Emergency Contact Phone: (267) 678-8382

4. Company Ownership Information

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

  City: Philadelphia State: PA Date: 11/3/2022
- ☐ Municipality
- ☐ Public institution
- ☐ Limited Liability Corporation (LLC) State: _____
- ☐ Other: (must specify) _____

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

☑ Attachment _____

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

- ☐ Attachment _____
- ☑ No parent company

Ownership List

Name	Title	Mailing Address	DOB	% Ownership
[redacted]	Owner	[redacted]		100%

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 _____ PA DEP - Pending Application
☐ 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# 4396573 MC# 1725344

☐ 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

WASTE FACILITIES

WM – DRPI Landfill

198 Marsh Ln, New castle, DE 19720

- Residual Dry Waste from construction and demolition debris.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/13/2026

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	KD SMITH INSURANCE INC 729 E Susquehanna St Allentown, PA 18103 License #: 56356
CONTACT NAME:	Ana Landers
PHONE (A/C, No, Ext):	(610)791-5362
FAX (A/C, No):	(610)791-5936
E-MAIL ADDRESS:	coi@kdsmithinsurance.com
INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Arch Insurance Company	11150
INSURED	LIVILE LOGISTICS INC 4 GERALD AVE FEASTERVILLE TREVOS, PA 19053
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** 00006078-260423121648 **REVISION NUMBER:** 2

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						EACH OCCURRENCE	$
	☐ CLAIMS-MADE ☐ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$
	☐ POLICY ☐ PRO-JECT ☐ LOC						PRODUCTS - COMP/OP AGG	$
	OTHER:							$
A	AUTOMOBILE LIABILITY			FBCAT0672100	04/22/2026	04/22/2027	COMBINED SINGLE LIMIT (Ea accident)	$ 1,000,000
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY ☐ / SCHEDULED AUTOS ☒						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY ☐ / NON-OWNED AUTOS ONLY ☐						PROPERTY DAMAGE (Per accident)	$
								$
	☐ UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE	$
	☐ EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE	$
	☐ DED ☐ RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ PER STATUTE ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ (Mandatory in NH)	N / A					E.L. EACH ACCIDENT	$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	CARGO			FBCAT0672100	04/22/2026	04/22/2027	Deductible $1,000	$25,000

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

DOT 4396573

2016 FREIGHLINER 3AKJGEBG2GSHK9147
2016 FREIGHLINER
3AKJGEBG6GSHM9658
(continued on ACORD 101 Additional Remarks Schedule)

CERTIFICATE HOLDER

DELAWARE DEPARTMENT OF NAURAL RESOURCES
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

Ana Landers

(AIL)

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
KD SMITH INSURANCE INC	LIVILE LOGISTICS INC
POLICY NUMBER: FBCAT0672100	
CARRIER: Arch Insurance Company / NAIC CODE: 11150	EFFECTIVE DATE: 04/22/2026

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

(continued from Description of Operations)
2016 FREIGHLINER 3AKJGEBG9GSHJ7674

TRAILERS

2001 EAST MANUFACTORING 1E1U2Y2811RH30144
2002 EAST MANUFACTORING 1E1U2Y2802RG31056
2004 MAC TRAILER 5MAMN48254C007636
2000 EAST MANUFACTORING 5MATN4826YC004315

(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 Driver Tra

0MB No.: 2126-0008 Expiration: 06/30/2027

USDOT Number: _____ Date Received: _____

Please note, the expiration date as stated on this form relates to the process for renewing the Information Collection Request for this form with the Office of Management and Budget. This requirement to collect information as requested on this form does not expire. For questions, please contact the Office of Registration and Safety Information, Registration, Licensing, and Insurance Division.

United States Department of Transportation
Federal Motor Carrier Safety Administration

Endorsement for Motor Carrier Policies of Insurance for Public Liability under Sections 29 and 30 of the Motor Carrier Act of 1980

FORM MCS-90

Issued to LIVILE LOGISTICS INC *(Motor Carrier name)* **of** PA *(Motor Carrier state or province)*

Dated at 12:01 AM **on this** 22 **day of** APRIL , 2026

Amending Policy Number: FBCAT0672100 **Effective Date:** 04-22-2026

Name of Insurance Company: ARCH INSURANCE COMPANY

Countersigned by: _____
(authorized company representative)

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

☒ *This insurance is primary and the company shall not be liable for amounts in excess of* $1,000,000 *for each accident.*

☐ *This insurance is excess and the company shall not be liable for amounts in excess of _ for each accident in excess of the underlying limit of _ for each accident.*

Whenever required by the Federal Motor Carrier Safety Administration (FMCSA), the company agrees to furnish the FMCSA a duplicate of said policy and all its endorsements. The company also agrees, upon telephone request by an authorized representative of the FMCSA, to verify that the policy is in force as of a particular date. The telephone number to call is: 303-534-1171.

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

Filings must be transmitted online via the Internet at https://portal.fmcsa.dot.gov/UrsRegistrationWizard/.

(continued on next page)

DEFINITION AS USED IN THIS ENDORSEMENT

Accident includes continuous or repeated exposure to conditions or which results in bodily injury, property damage, or environmental damage which the insured neither expected nor intended.

Motor Vehicle means a land vehicle, machine, truck, tractor, trailer, or semitrailer propelled or drawn by mechanical power and used on a highway for transporting property, or any combination thereof.

Bodily Injury means injury to the body, sickness, or disease to any person, including death resulting from any of these.

Property Damage means damage to or loss of use of tangible property.

Environmental Restoration means restitution for the loss, damage, or destruction of natural resources arising out of the accidental discharge, dispersal, release or escape into or upon the land, atmosphere, watercourse, or body of water, of any commodity transported by a motor carrier. This shall include the cost of removal and the cost of necessary measures taken to minimize or mitigate damage to human health, the natural environment, fish, shellfish, and wildlife.

Public Liability means liability for bodily injury, property damage, and environmental restoration.

The insurance policy to which this endorsement is attached provides automobile liability insurance and is amended to assure compliance by the insured, within the limits stated herein, as a motor carrier of property, with Sections 29 and 30 of the Motor Carrier Act of 1980 and the rules and regulations of the Federal Motor Carrier Safety Administration (FMCSA).

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo. It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insu red. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

It is further understood and agreed that, upon failure of the company to pay any final judgment recovered against the insured as provided herein, the judgment creditor may maintain an action in any court of competent jurisdiction against the company to compel such payment.

The limits of the company's liability for the amounts prescribed in this endorsement apply separately to each accident and any payment under the policy because of anyone accident shall not operate to reduce the liability of the company for the payment of final judgments resulting from any other accident.

(continued on next page)

SCHEDULE OF LIMITS – PUBLIC LIABILITY

Type of carriage	Commodity transported	January 1, 1985
(1) For-hire (in interstate or foreign commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Property (nonhazardous)	$750,000
(2) For-hire and Private (in interstate, foreign, or intrastate commerce, with a gross vehicle weight rating of 10,001 or more pounds).	Hazardous substances, as defined in 49 CFR 171.8, transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2, and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.	$5,000,000
(3) For- hire and Private (in interstate or foreign commerce, in any quantity; or in intrastate commerce, in bulk only; with a gross vehicle weight rating of 10,001 or more pounds).	Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials, and hazardous substances defined in 49 CFR 171 .8 and listed in 49 CFR 172.101, but not mentioned in (2) above or (4) below.	$1,000,000
(4) For-hire and Private (In interstate or foreign commerce, with a gross vehicle weight rating of less than 10,001 pounds).	Any quantity of Division 1.1, 1.2, or 1.3 material ; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material ; or highway route controlled quantities of a Class 7 material as defined in 49 CFR 173.403.	$5,000,000

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

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

(1) Spill control and safety equipment carried in each vehicle:

1). Reflectors and/or flares
2). Fire extinguisher
3). First aid kit
4). Heavy-duty gloves, hard hat
5). Flashlight

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

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

- Driver Pre-Trip/ Inspection Checklist (Driver will check vehicle and fill out the driver Pre-Trip/Post-Trip Inspection Checklist, as required by the D.O.T. Federal Motor Carrier Safety Regulations)

(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: Vinicius Goncalves
Legal Trucking

Phon[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.

DRIVER TRAINING

Livile Logistics Inc

The drivers are required to comply with FMCSA Driver Qualification File requirements for Commercial Driver's License.

BEFORE OPERATING THE VEHICLE

New employee orientation (NEO) training:

- Company driver safety policy.
- Insurance requirements.
- Sample cell phone/texting policy
- SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

Motor vehicle records review:

- Employee motor vehicle records report (MVR) – Annually
- Consequences of violations or accidents

Basic driver safety training:

- Pre-trip inspection log
- Emergency equipment kit
- Local driving environment and inclement weather conditions
- Driver fitness to drive (alert, sober, focused, distraction free)
- Driving behavior expectations
- Incident reporting procedures
- Basic defensive driving techniques
- Standard vehicle safety features (seatbelts, brakes, anti-lock brakes, e-brake, airbags, stability control)
- Reporting vehicle maintenance issues

Specific vehicle safety systems – Transport Solid Waste

- Drivers are instructed to follow disposal facilities rules and instructions.
- Drivers are instructed of proper handling procedures for accidental discharge.
- Drivers are instructed to ensure safe operation of the vehicle during transportation of the solid Waste.

FIRST TRIP

- Ride-along driving assessment and coaching
- When starting the job and as needed
- Use a ride-along risk assessment worksheet as a guide
- Demonstrate vehicle safety systems
- Coach to address risky behaviors

Within Six Months

- Comprehensive driver training
- Describe the three main categories of collisions:
  - Driver behavior
  - Environmental conditions (roadways, weather, other road users)
  - Vehicle conditions (brakes and tires)
- Include essential elements of defensive driver training
  - Focus on driver actions to spot hazards
  - Learn to anticipate dangerous situations
  - Combine classroom and computer learning with practical, behind-the-wheel training
- Tailor topics based on driver assessment and/or telematics report
- Describe the top five causes of crashes:
  - Speeding
  - Aggressive driving
  - Drugs and alcohol
  - Distractions
  - Bad weather
- Cover vehicle safety best practices guide
- Include journey management planning
- Demonstrate vehicle safety systems

Periodic

- Classroom review every two years
- Spill Control Plan for Solid Waste Haulers review
- Remedial training for high-risk drivers when
  - Vehicle monitoring systems show unsafe driving behaviors
  - Driver is involved in a collision
  - MVR shows a history of moving vehicle violations

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
FRHT - Cascadia - 2016	TT	3AKJGEBG6GSHM9658	AH34760 - PA	80000	JM Express Inc
FRHT - Cascadia - 2016	TT	3AKJGEBG9GSHJ7674	811212 - PA Temp	80000	JM Express Inc
FRHT- Cascadia - 2018	TT	3AKJHLDV4JSJW9665	AH32863	80000	JM Express Inc
FRHT- Cascadia - 2019	TT	3AKJHLDR1KSKX4023	814978 - Temp	80000	JM Express Inc

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

JM EXPRESS INC
11014 PROCTOR RD
PHILADELPHIA, PA 19116-3424

LICENSE PLATE: **AH34760** VALIDATION DATE: **06/01/2026** EXPIRES: **05/31/2027**

ACCOUNT NO:	FLEET NO:	SUPP NO:	USDOT NO:	ISSUE DATE:	EQUIPMENT NO:
00092861	**1**	**0**	**002599834**	**05/19/2026**	**60**

YEAR:	MAKE:	VIN:	UNLADEN WEIGHT:	GROSS VEH WT	GROSS COMB WT:
2016	**FRHT**	**3AKJGEBG6GSHM9658**	**17,800 LBS**	**0 LBS**	**80,000 LBS**

REGISTRANT NAME: **JM EXPRESS INC**	TYPE:	AXLES:	SEATS:	FUEL:	WGT CLASS:
STREET ADDRESS: **11014 PROCTOR RD**	**TR**	**3**	**0**	**D**	**25**
CITY, STATE, ZIP: **PHILADELPHIA, PA 19116-3424**					

OWNER:	TITLE NO:	O. CODE:
JM EXPRESS INC	**89461496**	**PVT**

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
PA	80,000	AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000
DC	80,000	DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000
IN	80,000	KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000
NE	80,000	NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000
OK	80,000	OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000
UT	80,000	VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000
AB	36,287	BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287
PE	36,287	QC	5 AXL	SK	36,287	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

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

Safety USDOT Number: 002599834

SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
J M EXPRESS INC
11014 PROCTOR RD
PHILADELPHIA, PA 19116

PENNSYLVANIA'S LITTERING LAW - Section 3709 of the 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, I 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 this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

Note: This Lease Agreement should be maintained in the Equipment during the term of the Agreement.

I. I, Livile Logistics Inc (Carrier/Registrant)

Address: 4 Gerald Ave , Feasterville, PA 19053, and

JM Express Inc (Equipment Owner)

are parties to a written Lease Agreement (Agreement), whereby the Equipment Owner has leased to the Carrier certain motor vehicle equipment listed below, owned and controlled by the Equipment Owner, whereby the Equipment Owner is providing the Carrier as operator or operators of the Equipment for the purpose of loading, transporting and unloading freight.

II. The Original Agreement is cn file at the Carrier's General Office. A copy of this Lease Agreement and receipt for the Equipment must be carried on the Equipment as required by 49 CFR §376. Carrier verifies that the Equipment is being operated by the Carrier, pursuant to the terms of the Agreement.

III. Equipment Owner/Equipment Information

Name: JM Express Inc

dba:

Address: 11014 Porctor Rd

Philadelphia, PA 19116

Phone #: 2679451271

Contact: Marcileia Oliveira

FEIN: 36-4805902

Year: 2016 Make: Freightliner Cascadia VIN: 3AKJGEBG6GSHM9658 Unit #: 60

IV. Duration of Lease Agreement

The Lease Agreement shall begin on the date below and shall remaing in effect for one year and renews continously every 30 days

MOTOR CARRIER/REGISTRANT

By: Livile Logistics Inc

Date: 04/22/2026

MC #: 1725344

USDOT #: 4396573

EQUIPMENT OWNER

By: Marcileia Oliveira

Date: 4/22/2026

Driver List

Name	Driver's License	State
[redacted]		PA
		PA
		PA
		PA
[redacted]		
[redacted]		

MV-586 (4-25)

Pennsylvania
Department of Transportation

TEMPORARY EVIDENCE OF APPORTIONED REGISTRATION AUTHORIZATION

Permit Number: 811212

Issued: 5/28/26 Begins: 6/1/2026 Expires: 7/31/2026 VOID IF ISSUED AFTER DECEMBER 31, 2026

Carrier: JM Express Inc Account Number: 97861

Address: 11014 Proctor Rd USDOT Number of the Motor Carrier Responsible

Tulsa, Pa 19116 for Safety: 4396573

Unit	Year	Make	Serial No.	Axles/Seats	Fuel	Reg. Gross Wt.	Comb. Gross Wt.	Plate No.
HO	16	FRHT	3AKJGEDG9GSHJ7674	3/2	D		80,000	Pending

State	Weight	State	Weight	State	Weight	State	Weight	State	Weight	State	Weight
AL	80,000	ID	80,000	MI	80,000	NY	80,000	TX	80,000	MB	80,000
AR		IL		MN		NC		UT		NB	
AZ		IN		MS		ND		VT		NF	
CA		IA		MO		OH		VA		NS	
CO		KS		MT		OK		WA		ON	
CT		KY		NE		OR		WV		PE	
DE		LA		NV		RI		WI		QC	
DC		ME		NH		SC		WY		SK	80,000
FL		MD		NJ		SD		AB			
GA	80,000	MA	80,000	NM	80,000	TN	80,000	BC	80,000		

I certify that the vehicle described is a part of a fleet which is proportionally registered, and that application for registration will be filed within 5 days.

Signature of Registrant: [signature] Date: 5/28/26

Issuing Authority: [signature] (Signature) [illegible] (Print) 109 TA Agent# 215-427-1520 Telephone#

Carrier is hereby authorized to operate the vehicle described above in these jurisdictions pending issuance of permanent registration credentials. A copy of this authority must be carried in the vehicle.

ANY ALTERATION OR ERASURE RENDERS THIS PERMIT VOID.

VEHICLE COPY

Note: This Lease Agreement should be maintained in the Equipment during the term of the Agreement.

I. I, Livile Logistics Inc (Carrier/Registrant)
Address: 4 Gerald Ave , Feasterville, PA 19053, and
JM Express Inc (Equipment Owner)
are parties to a written Lease Agreement (Agreement), whereby the Equipment Owner has leased to the Carrier certain motor vehicle equipment listed below, owned and controlled by the Equipment Owner, whereby the Equipment Owner is providing the Carrier as operator or operators of the Equipment for the purpose of loading, transporting and unloading freight.

II. The Original Agreement is on file at the Carrier's General Office. A copy of this Lease Agreement and receipt for the Equipment must be carried on the Equipment as required by 49 CFR §376. Carrier verifies that the Equipment is being operated by the Carrier, pursuant to the terms of the Agreement.

III. Equipment Owner/Equipment Information

Name: JM Express Inc
dba:
Address: 11014 Porctor Rd
Philadelphia, PA 19116

Phone #: 2679451271
Contact: Marcileia Oliveira
FEIN: 36-4805902

Year: 2016 Make: Freightliner Cascadia VIN: 3AKJGEBG9GSHJ7674 Unit #: 40

IV. Duration of Lease Agreement

The Lease Agreement shall begin on the date below and shall remaing in effect for one year and renews continously every 30 days

MOTOR CARRIER/REGISTRANT

By: Livile Logistics Inc
Date: 04/22/2026
MC #: 1725344
USDOT #: 4396573

EQUIPMENT OWNER

By: Marcileia Oliveira
Date: 4/22/2026

pennsylvania
DEPARTMENT OF TRANSPORTATION
www.dmv.pa.gov

For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section • PO Box 68612 • Harrisburg, PA 17106-8612

MV-106(4-14)

IRP CAB CARD

The vehicle described below has been proportionally registered in Pennsylvania and the following jurisdictions at the weights not exceeding those indicated as shown below:

Messenger ID 377000
JM EXPRESS INC
11014 PROCTOR RD
PHILADELPHIA, PA 19116-3424

LICENSE PLATE: **AH32863** VALIDATION DATE: **06/01/2026** EXPIRES: **05/31/2027**

ACCOUNT NO:	FLEET NO:	SUPP NO:	USDOT NO:	ISSUE DATE:	EQUIPMENT NO:
00092861	1	3	004396573	06/25/2026	45

YEAR:	MAKE:	VIN:	UNLADEN WEIGHT:	GROSS VEH WT	GROSS COMB WT:
2018	FRHT	3AKJHLDV4JSJW9665	17,900 LBS	0 LBS	80,000 LBS

REGISTRANT NAME: JM EXPRESS INC STREET ADDRESS: 11014 PROCTOR RD CITY, STATE, ZIP: PHILADELPHIA, PA 19116-3424	TYPE:	AXLES:	SEATS:	FUEL:	WGT CLASS:
	TR	3	0	D	25

OWNER:	TITLE NO:	O. CODE:
JM EXPRESS INC	89641144	PVT

JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT	JUR	WEIGHT
PA	80,000	AL	80,000	AR	80,000	AZ	80,000	CA	80,000	CO	80,000	CT	80,000
DC	80,000	DE	80,000	FL	80,000	GA	80,000	IA	80,000	ID	80,000	IL	80,000
IN	80,000	KS	80,000	KY	80,000	LA	80,000	MA	80,000	MD	80,000	ME	80,000
MI	80,000	MN	80,000	MO	80,000	MS	80,000	MT	80,000	NC	80,000	ND	80,000
NE	80,000	NH	80,000	NJ	80,000	NM	80,000	NV	80,000	NY	80,000	OH	80,000
OK	80,000	OR	80,000	RI	80,000	SC	80,000	SD	80,000	TN	80,000	TX	80,000
UT	80,000	VA	80,000	VT	80,000	WA	80,000	WI	80,000	WV	80,000	WY	80,000
AB	36,287	BC	36,287	MB	36,287	NB	36,287	NL	36,287	NS	36,287	ON	36,287
PE	36,287	QC	5 AXL	SK	36,287	**	****	**	****	**	****	**	****

It is the registrant's responsibility to ensure that the information listed on the IRP cab card is correct.

The apportioned cab card must be carried in the vehicle to which it is issued and must be presented on demand, for inspection by law enforcement officers.

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

Safety USDOT Number: 004396573

SIGNATURE
MOTOR CARRIER RESPONSIBLE FOR SAFETY
LIVILE LOGISTICS INC
4 GERALD AVE
FEASTERVILLE, PA 19053

PENNSYLVANIA'S LITTERING LAW - Section 3709 of the 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, I 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 this vehicle with my permission, if I do not with reasonable certainty identify the driver of the vehicle at the time the violation occurred.

Note: This Lease Agreement should be maintained in the Equipment during the term of the Agreement.

I. I, Livile Logistics Inc (Carrier/Registrant)

Address: 4 Gerald Ave , Feasterville, PA 19053, and

JM Express Inc (Equipment Owner)

are parties to a written Lease Agreement (Agreement), whereby the Equipment Owner has leased to the Carrier certain motor vehicle equipment listed below, owned and controlled by the Equipment Owner, whereby the Equipment Owner is providing the Carrier as operator or operators of the Equipment for the purpose of loading, transporting and unloading freight.

II. The Original Agreement is on file at the Carrier's General Office. A copy of this Lease Agreement and receipt for the Equipment must be carried on the Equipment as required by 49 CFR §376. Carrier verifies that the Equipment is being operated by the Carrier, pursuant to the terms of the Agreement.

III. Equipment Owner/Equipment Information

Name: JM Express Inc

dba:

Address: 11014 Porctor Rd

Philadelphia, PA 19116

Phone #: 2679451271

Contact: Marcileia Oliveira

FEIN: 36-4805902

Year: 2018 Make: Freightliner Cascadia VIN: 3AKJHLDV4JZJW9665 Unit #: 45

IV. Duration of Lease Agreement

The Lease Agreement shall begin on the date below and shall remaing in effect for one year and renews continously every 30 days

MOTOR CARRIER/REGISTRANT

By: Livile Logistics Inc

Date: 04/22/2026

MC #: 1725344

USDOT #: 4396573

EQUIPMENT OWNER

By: Marcileia Oliveira

Date: 4/22/2026

Note: This Lease Agreement should be maintained in the Equipment during the term of the Agreement.

I. I, Livile Logistics Inc (Carrier/Registrant)

Address: 4 Gerald Ave , Feasterville, PA 19053, and

JM Express Inc (Equipment Owner)

are parties to a written Lease Agreement (Agreement), whereby the Equipment Owner has leased to the Carrier certain motor vehicle equipment listed below, owned and controlled by the Equipment Owner, whereby the Equipment Owner is providing the Carrier as operator or operators of the Equipment for the purpose of loading, transporting and unloading freight.

II. The Original Agreement is on file at the Carrier's General Office. A copy of this Lease Agreement and receipt for the Equipment must be carried on the Equipment as required by 49 CFR §376. Carrier verifies that the Equipment is being operated by the Carrier, pursuant to the terms of the Agreement.

III. Equipment Owner/Equipment Information

Name: JM Express Inc

dba:

Address: 11014 Porctor Rd
Philadelphia, PA 19116

Phone #: 2679451271

Contact: Marcileia Oliveira

FEIN: 36-4805902

Year: 2019 Make: Freightliner Cascadia VIN: 3AKJHLDR1KSKX4023 Unit #:

IV. Duration of Lease Agreement

The Lease Agreement shall begin on the date below and shall remaing in effect for one year and renews continously every 30 days

MOTOR CARRIER/REGISTRANT

By: Livile Logistics Inc

Date: 06/25/2026

MC #: 1725344

USDOT #: 4396573

EQUIPMENT OWNER

By: Marcileia Oliveira

Date: 06/25/2026

MV-586 (4-25)

Pennsylvania Department of Transportation

TEMPORARY EVIDENCE OF APPORTIONED REGISTRATION AUTHORIZATION

Transfer+Renewal Plate Permit Number 814978

Issued 01/15/2026 Begins 01/15/2026 Expires 03/13/2026 VOID IF ISSUED AFTER DECEMBER 31, 2026

Carrier: UM EXPRESS INC Account Number: 92801

Address: 1104 PROCTOR RD USDOT Number of the Motor Carrier Responsible for Safety: 4396573

Philadelphia PA 19116

Unit	Year	Make	Serial No.	Axles/Seats	Fuel	Reg. Gross Wt.	Comb. Gross Wt.	Plate No.
20	19	FRHT	3AKJHLDR1KSKH4023	3/2	D		80,000	Pending

State	Weight	State	Weight	State	Weight	State	Weight	State	Weight	State	Weight
AL	80,000	ID	80,000	MI	80,000	NY	80,000	TX	80,000	MB	80,000
AR		IL		MN		NC		UT		NB	
AZ		IN		MS		ND		VT		NF	
CA		IA		MO		OH		VA		NS	
CO		KS		MT		OK		WA		ON	
CT		KY		NE		OR		WV		PE	
DE		LA		NV		RI		WI		QC	
DC		ME		NH		SC		WY		SK	80,000
FL		MD		NJ		SD		AB			
GA	80,000	MA	80,000	NM	80,000	TN	80,000	BC	80,000		

I certify that the vehicle described is a part of a fleet which is proportionally registered, and that application for registration will be filed within 5 days.

Signature of Registrant: [signature] Date: 01/15/2026

Issuing Authority: [signature] (Signature) A WINGATE (Print) 104 (PA Agent#) (215)424-1820 (Telephone#)

Carrier is hereby authorized to operate the vehicle described above in these jurisdictions pending issuance of permanent registration credentials. A copy of this authority must be carried in the vehicle.

ANY ALTERATION OR ERASURE RENDERS THIS PERMIT VOID.

STATE COPY (RETURN WITHIN 5 DAYS)

Driver List

Name	Driver's License	State
[redacted]		PA
		PA
		PA
		PA

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* Vinicius AS Goncalves Date 7 - 13 - 26

Print Name Vinicius Andre Da Silva Goncalves Title Owner

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