

RECEIPT

DATE

6-26-26

No.

735820

RECEIVED FROM

Dandy Enterprises LLC

\$

350.00

Three hundred and fifty and 00/100 DOLLARS

☐ FOR RENT☐ FOR

New SW

ACCOUNT		
PAYMENT		
BAL. DUE		

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

621

TO

BY

JWS



ENTERPRISES LLC

325-45TH ST UNION CITY, NJ 07087

USDOT 3754364 MC 1334009

GVW 80,000

RECEIVED

JUN 26 2026

DNREC - WHS

D&Y ENTERPRISES LLC

Ownership (%):

100

Date of Birth:

Mailing Address:

325 45th St, Union City, NJ 07087

IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

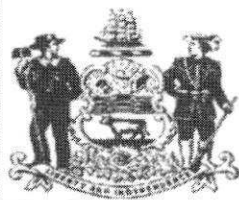
Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to 8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*.

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English or Spanish

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

- ☐ 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 D&Y Enterprise llc

Location Address:	Mailing Address:
6900 Nolan Ave, North Bergen NJ 07047	325 45th st, Union City NJ 07087

Contact: Yoham Manuel Jimenez Title: Owner

Business Phone: 2012869440 Fax: _____

E-mail: llcenterprisedy@gmail.com

24 hr Emergency Contact Phone: [REDACTED]

4. Company Ownership Information

(a). Please indicate the company type:

- ☐ Proprietorship
☐ Partnership
☐ Corporation - If company is a corporation, indicate city, state, and date of incorporation.

City: _____ State: _____ Date: _____
☐ Municipality
☐ Public institution
☒ Limited Liability Corporation (LLC) State: NJ
☐ Other: (must specify) _____

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

☒ Attachment _____

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

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☒ Delaware Solid Waste Authority locations: (attachment) yes
 - ☐ 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 yes
- ☐ 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# 3754364 MC# 1334009

☐ 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 yes

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.

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

☒ Driver Training, attachment yes

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** _____

Print Name Yoham Manuel Jimenez **Title** Owner

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

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

[illegible]

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). Check truck and make sure everything is good.
 - 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: Yoham Manuel Jimenez Phone: 2012404757
- (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.

GENERAL GUIDELINES

All employees of the company must sign and comply with the requirements listed below:

- Employees must meet DOT requirements and learn about the FMCSA regulations.
- Employees are required to pass a pre-employment drug and alcohol test and random tests any time they are selected.
- Employees are responsible for pre/post vehicle inspections and hand in DVIR if there are any mechanical problems.
- Drivers must ensure that the trip tickets are correct and signed.
- Drivers must hand in all tickets received for each load.
- Drivers must hand in any tickets and vehicle inspection reports received IMMEDIATELY.
- In case of an accident, drivers must immediately call Yoham Manuel Jimenez or Geraldo. Always remember to take many pictures of the damages, and collect information of all the parties involved, including name, phone number, insurance policy information, copy of registration, copy of driver's license, and if it is a commercial motor vehicle, take a picture of the company name. You must wait for Safety's instructions on whether you need a Post Drug and Alcohol test immediately. You must complete a Driver's Statement and provide any citations, and the Incident Report slip received from the police, if any. If police arrive to the scene, you must never leave the scene of an accident without their release.
- If a driver receives a ticket for unsafe driving, the company will give him a first verbal warning, second a fine of \$100 per violation, and third a week's suspension (no pay).
- If any employee does not wish to continue working for the company, we ask that they give us 2 weeks notice as a courtesy.

(This document is subject to changes at any time)

I have read, understood and agree to the conditions mentioned above to be a driver of the company.

Full Name

Employee Signature

D&Y ENTERPRISES LLC
225-45TH ST
UNION CITY, NJ 07087

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: Yoham Manuel Jimenez
Phone: (201) 870-3439

(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, the person contacted will notify the state emergency response team.

Delaware: 911, (302) 739-9401 or 1-800-662-8802

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.

Safety and Compliance (Drivers Responsibilities)

Due to recent DOT violations and a severe impact on Safety Rating, D&Y ENTERPRISES LLC is putting into effect company fines for any violations due to driver negligence. Fines will reflect on any violations on Driver Vehicle Inspection Report. Fines could range from \$25 and up to \$300 (depending on the severity of the violation). The company will not tolerate any driver that is not performing his duties in a safe and professional manner.

If a driver is fined, it will be deducted from the following week payroll, NO EXCEPTIONS. If a driver gets another violation after he was already fined from a previous violation, the driver will be terminated immediately. If a driver is involved in an accident, and it is proved to be the driver's fault, the driver will be terminated.

Also, a monthly safety bonus will be rewarded every month for drivers who perform their duties in a safe and professional manner. This includes maintaining their trucks clean, reporting any repairs needed, ensuring equipment is properly maintained, and having proper equipment such as hard hat, safety shoes, and vest at all times. No violations that month.

Every day, a proper PRE-TRIP is required and MANDATORY. Pre-Trip inspections include the following: Make sure all lights are working (headlights, turn signals, overhead lights, license plate light, etc.), make sure tires are properly inflated and in good condition. Wipers are in working order. Horn works. Windshield is clean and clear. License plate is clean of any dirt and is visible. Make sure your fire extinguisher is charged and secured. This takes 5 minutes to do; this is mandatory, failure to comply will result in termination.

Let's all work together and make a difference in bringing our Safe Score down. If you have any questions, please do not hesitate to come and talk to management.

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

DRIVING AND TRAFFIC VIOLATION POLICY

We deeply value the safety well-being of all employees. Due to the risk of motor vehicle accidents resulting from traffic congestion, unsafe driving habits, road conditions and distraction, D&Y ENTERPRISES LLC has instituted a safety driving policy and rules. This safety policy applies to all employees who operate a motor vehicle on company business and/or company time, whether operating a company vehicle or personal vehicle.

Safety Rules

1. Inspect vehicles prior to use to ensure that they are in safe operating condition.
 - a) If a vehicle does not pass inspection, immediately notify company staff.
 - b) Vehicles are not to be operated unless in a safe operating condition.
2. Drivers must be physically and mentally able to drive safely. Fatigue, medications, and physical injuries can affect an employee's ability to safely operate a vehicle.
3. Drivers must conform to all traffic laws and make allowances for adverse weather and traffic conditions. Speeding and aggressive behavior will not be tolerated.
4. Seat belts must be worn whenever a vehicle is in motion. D&Y ENTERPRISES LLC recognizes that seat belts are extremely effective in preventing injuries and loss of life. Therefore, all employees of D&Y ENTERPRISES LLC must wear seat belts when operating a company-owned vehicle, or any vehicle on company premises or on company business.
5. Cell phone usage, including texting, is prohibited while driving for company purposes.
6. Use of radar detectors is forbidden in all vehicles owned or used by the company.
7. Hitchhikers and passengers other than company employees are not permitted.
8. Cargo should be secured, and all doors should be locked, both when the vehicle is on route and when it is parked.
9. Respect the rights of other drivers and pedestrians.
10. Drivers may not be under the influence of drugs or alcohol while operating a vehicle for company purposes.
11. All traffic violations, whether on company or personal time, must be reported to the manager within 24 hours or by the next business day. CDL drivers will also be required to complete a violation review form.
12. D&Y ENTERPRISES LLC will review motor vehicle reports annually.

POLICY DRIVER RECEIPT

I acknowledge receipt of the D&Y ENTERPRISES LLC Driving & Traffic Violation Policy.

I have read, understand, and agree to the terms set forth in this Driving and Traffic Violation Policy.

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

Safety and Compliance

Due to an increase in the number of violations, we will implement a system of Disciplinary Actions. The disciplinary action for the same or different complaint/violation shall progress in the following manner:

1. Verbal warning
2. Written reprimand and a \$200.00 deduction for any infraction in the yard, on the road or at the landfills. If we receive a complaint regarding speeding, tailgating, careless driving, PPE, etc., we will immediately take action. NO EXCEPTIONS.
3. Suspension
4. Discharge

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

Accident Protocol Acknowledgement and Acceptance

I _____ acknowledge receipt of D&Y ENTERPRISES LLC Accident Protocol Policy. I have read, understood, and agree to the terms.

NO EXCEPTIONS

I have read and agree to these terms.

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

Mandatory Safety Gear Policy

Attention ALL Drivers of D&Y ENTERPRISES LLC

You must come to work prepared and be dressed accordingly. If our clients find that our drivers are careless, this will decrease better runs for all of you. It is mandatory to wear your safety gear at all times while you are operating our trucks.

You are the face of our company, and you must respect it by wearing your safety gear every day.

It is mandatory for ALL of you to wear the following upon entering your truck:

- Reflective Safety Vest
- Hard Hat
- Safety Goggles
- Steel Toe Boots
- Pants (no shorts allowed)
- Long Sleeve Shirt
- Bluetooth
- Shovel (for snow)

Date

Employee Signature

Disclaimer: This policy is intended for reference purposes only; please consult all applicable state and local laws or statutes prior to implementation.

ATTENTION DRIVERS

IN CASE YOU ARE INVOLVED IN AN ACCIDENT YOU MUST CALL YOHAM MANUEL JIMENEZ IMMEDIATELY AND TAKE MANY PICTURES OF THE TRUCK AND ANY OTHER VEHICLES IMPACTED BY THE ACCIDENT.

YOU MUST RETRIEVE THE INFORMATION FROM ALL OF THE PARTIES INVOLVED IN THE ACCIDENT INCLUDING:

- Picture of driver's license
- Picture of insurance information
- Picture of license plate
- Picture of police report number

YOU MUST NEVER LEAVE THE SCENE OF AN ACCIDENT WITHOUT RELEASE FROM THE POLICE OFFICER.

IF YOU ARE NOT SURE THAT YOU ARE RELEASED, CALL THE OFFICE AND HAVE SAFETY SPEAK WITH THE POLICE OFFICIAL.

IF YOU ARE GIVEN A TICKET AND ANY OF THE VEHICLES IMPACTED IN THE ACCIDENT ARE TOWED AWAY, YOU MUST TAKE A POST ACCIDENT DRUG AND ALCOHOL TEST IMMEDIATELY.

IF THERE IS AN INJURY OR DEATH REPORTED, YOU MUST TAKE A POST ACCIDENT TEST IMMEDIATELY.

SPILL CONTROL PLAN FOR NON-HAZARDOUS SOLID WASTE TRANSPORTERS

**ALL PERMITTED TRANSPORTERS MUST PREPARE
AND
CARRY A SPILL CONTROL PLAN IN EACH VEHICLE**

At a minimum, the following information is required. You may attach additional pages or submit your company's prepared spill control plan.

1. A list all safety equipment carried in each vehicle, including spill containment and control materials.

✓	Safety Equipment in the Vehicle	✓	Safety Equipment in the Vehicle, continued
	Emergency reflective triangles and/or flares		
	Fire extinguisher		
	First aid kit		
	Wheel Chocks		
	Gloves		
	Reflective Vest		
	Hard hat		
	Flashlight		

2. The transporter acknowledges that all loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the treatment, storage, disposal or recycling facility.
3. The transporter acknowledges that in the event of an accident, the driver, if able, will contact the company's designated coordinator(s) listed under "EMERGENCY CONTACTS, COMPANY COORDINATOR(S)."
4. The transporter acknowledges that if a company coordinator cannot be reached, or there is none, the driver is responsible for contacting state and municipal authorities where the accident occurred.
5. In the event an incident causes any portion of a load to be spilled, or if there is a release of vehicle fluids, the transporter acknowledges that they are responsible for containing the release, proper management of all resulting waste, and any required remediation.
6. Explain the measures to be taken to contain any spilled waste. In the case of vehicle fluids, explain how the spill will be prevented from entering sewers or storm drains, or spreading from the spill location into adjoining soils or waterways.

Attached

Spill Control Plan for Non-Hazardous Solid Waste Transporters
Page 2 of 2

7. Measures to contain releases will be performed by:

- ☐ The driver, who is familiar with and appropriately trained to perform the activity.
- ☐ The transporter through company representatives appropriately trained to perform the activity and available to immediately respond.
- ☐ A regional third-party contractor identified under "EMERGENCY CONTACTS; CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS."

8. The transporter acknowledges should additional clean-up services be required to address releases, including vehicle fluids, the contractor(s) under "EMERGENCY CONTACTS, CONTRACTORS IMMEDIATELY AVAILABLE TO RESPOND TO RELEASES/SPILLS" will be called.

9. If the accident results in a release/spill exceeding a Delaware Reportable Quantity as included in the regulations of 7 Del. Admin. Code 1203, *Reporting of a Discharge of a Pollutant or Air Contaminant* or has the potential to impact human health or 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 transporter acknowledges the company coordinator or driver will immediately notify Delaware's state emergency response team, by calling one of the numbers included under "EMERGENCY CONTACTS, REPORTING A RELEASE OR SPILL IN DELAWARE."

Safety Rules Enforcement / Motor Vehicle Report Standards

13. If an employee has a change in license status, including a renewal, he or she must give a copy of his or her new license to the supervisor for the employee's file.

14. Employees are responsible for maintaining a valid driver's license.

Safety Rules Enforcement

Employees will be subject to disciplinary action up to and including termination for violating any of the above rules.

Accidents

Any employee who is involved in an accident while driving for company purposes will be required to complete an accident report on the same day to ensure the information is complete. The employee must go for his or her post-accident drug and alcohol analysis at one of our designated facilities. The employee may also be required to discuss the accident with Human Resources or the safety manager.

Management will review all accidents and determine whether they were preventable or non-preventable. A preventable accident is defined as an accident in which the driver failed to do everything reasonably possible to prevent it from occurring.

Motor Vehicle Report (MVR): Standards

MVRs will be checked annually for all employees who may be required to drive for company purposes. The MVR will be reviewed to ascertain whether the employee holds a valid license and whether his or her driving record is within the parameters set by the company.

Drivers will be disqualified from driving vehicles for company purposes for any of the following reasons:

1. More than one violation for driving under the influence of alcohol or a controlled substance will result in permanent suspension of driving privileges at D&Y ENTERPRISES LLC.
2. Any criminal conviction that involves a motor vehicle (e.g., a felony, hit and run, negligent homicide) in the previous five years.
3. Any of the following violations incurred in the previous three years:
 - a. Any combination of more than three moving violations (any violation resulting in an at-fault auto accident automatically counts as two violations)
 - b. Any violation less than three years old for an alcohol- or controlled substance-related

driving offense

- c. Refusing to take a breathalyzer test
- d. Careless or reckless driving that results in injury to persons or property
- e. Passing a stopped school bus
- f. Leaving the scene of an accident without stopping to file a report
- g. Racing

4. Any combination of more than two moving violations and/or at-fault accidents in the past 12 months.

WHStranporters

From: Yoham M Jimenez Cuellar <llcenterprisesdy@gmail.com>
Sent: Tuesday, August 18, 2026 3:08 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: Delaware dep coi.pdf

Here you go.

On Tue, Aug 18, 2026 at 1:30 PM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

I will need you to add the **Department of Natural Resources and Environmental Control, 89 Kings HWY, Dover, DE 19901**, as the certificate holder on the Certificate of Insurance.

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

📍 [89 Kings Hwy SW, Dover, DE 19901](#)

🌐 dnrec.delaware.gov



From: Yoham M Jimenez Cuellar <llcenterprisesdy@gmail.com>
Sent: Tuesday, August 18, 2026 12:29 PM
To: WHStranporters <WHStranporters@delaware.gov>
Subject: Re: Delaware Solid Waste Transporter Permit

Here you go, Sorry that was an outdated policy.

On Tue, Aug 18, 2026 at 10:49 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

The MCS-90 endorsement form must have the same policy number that's on the certificate of insurance. The policy number on certificate of insurance was 26037600011.



DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

 302-739-9403

 WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 dnrec.delaware.gov



From: Yoham M Jimenez Cuellar <llcenterprisesdy@gmail.com>

Sent: Tuesday, August 18, 2026 10:31 AM

To: WHStranporters <WHStranporters@delaware.gov>

Subject: Re: Delaware Solid Waste Transporter Permit

Hello, Thank you for your prompt response.

Section 4b: Ownership information is as follows:

Yoham Manuel Jimenez Cuellar, [REDACTED] ownership percentage is 100%, preferred mailing address is 6313 polk st, west new york nj 07093.

Section 9a: I dont have an NJDEP number yet, i operate under NJDEP 29681 (DJM Transport LLC) and under the A901 of DJM Transport llc 003487

Section 10: attached below.

Section 13: State of Registration for all those trucks is NJ. The GVWR IS 80,000 and ownership 100% D&Y nterprises llc

Section 16: Signed and dated.

On Tue, Aug 18, 2026 at 10:05 AM WHStranporters <WHStranporters@delaware.gov> wrote:

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 4(b)**- The ownership information that was submitted is missing the dates of birth, ownership percentages, titles, and the owner's preferred mailing address. Please update your ownership information and send it back.
- **Section 9(a)**- Please provide a copy of the company's home state(NJ) solid waste transporter permit.
- **Section 10**- Please provide an MCS-90 endorsement form with the policy number 26037600011.
- **Section 13**-The vehicle list submitted was missing the following: **STATE OF REGISTRATION, manufacturer's Gross vehicle weight rating (GVWR), and OWNERSHIP.**
- **Section 16**- -The owner's signature was missing. Please have the owner re-sign the application and ensure it has a date.

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

Thank you,

DaQuan Davis



DaQuan L. Davis
Environmental Scientist

Division of Waste and Hazardous Substances

☎ 302-739-9403

✉ WHStranporters@delaware.gov

 [89 Kings Hwy SW, Dover, DE 19901](#)

 [dnrec.delaware.gov](#)



IMPORTANT NOTICE

The Delaware Department of Natural Resources and Environmental Control (DNREC) Compliance and Permitting Section (CAPS) is dedicated to overseeing the waste transportation permit process. We carefully receive, review, and provide comments regarding submitted permit applications, requiring a complete application prior to public notice. It is important for transporters submitting applications to DNREC-CAPS to understand that all permit applications will now be publicly accessible during the required 15-day public notice period and are also subject to release under DNREC's Freedom of Information Act (FOIA) afterward.

To improve transparency, DNREC now publishes legal notices on its website that include the names of transporters applying for permits, along with convenient links to the original permit applications. This approach is designed to promote open communication and build public trust.

Before releasing each permit application, DNREC-CAPS ensures that all personally identifiable information (PII)—such as driver names, birthdates, and Social Security numbers—is properly redacted.

Transporters who wish to keep other certain information in their permit applications confidential—excluding personally identifiable information (PII) which is being redacted—must explicitly request confidentiality when they submit their original application. This request must comply with DNREC's Freedom of Information Act (FOIA) regulations. For detailed policies and procedures regarding confidentiality requests, refer to [8 DE Admin. Code § 900, titled *Policies and Procedures Regarding FOIA Requests*](#).

Please note that any request to hold specific information as confidential must be made in writing at the time you submit your original waste transporter application to DNREC-CAPS. Your request must include a justification for why the information should be kept confidential, as required by Subsections 6.2.1 through 6.2.4 of the *Policies and Procedures Regarding FOIA Requests*.

Additionally, if you are making a confidentiality claim, you are required to submit two applications: the original waste transporter permit application and a second version of the original application that redacts the information you wish to keep confidential.

We appreciate your cooperation in this matter.



STATE OF DELAWARE
DEPARTMENT OF NATURAL RESOURCES
AND ENVIRONMENTAL CONTROL
DIVISION OF WASTE AND HAZARDOUS SUBSTANCES
COMPLIANCE AND PERMITTING SECTION

89 KINGS HIGHWAY
DOVER, DELAWARE 19901

TELEPHONE: (302) 739-9403
FAX: (302) 739-5060

SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference: English or Spanish

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

- ☐ 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

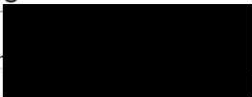
Company Name D&Y Enterprise llc

Location Address:	Mailing Address:
6900 Nolan Ave, North Bergen NJ 07047	325 45th st, Union City NJ 07087

Contact: Yoham Manuel Jimenez Title: Owner

Business Phone: 2012869440 Fax: _____

E-mail: llcenterprisedy@gmail.com

24 hr Emergency Contact Ph  _____

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: NJ
☐ Other: (must specify) _____

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

☒ Attachment _____

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

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment **all** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☒ Delaware Solid Waste Authority locations: (attachment) yes
- ☐ 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 yes
- ☐ 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# 3754364 MC# 1334009

- ☐ 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 yes

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.

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

✓ Driver Training, attachment yes

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 8/18/26

Print Name Yoham Manuel Jimenez Title Owner

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

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

[illegible]

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). Check truck and make sure everything is good.
 - 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: Yoham Manuel Jimenez Phone: 2012404757
- (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.

USDOT Number: 3754364 Date Received: 02/23/2026

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, Registration Division.

A Federal Agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0008. Public reporting for this collection of information is estimated to be approximately 2 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, Washington, D.C. 20590.

United States Department of Transportation
Federal Motor Carrier Safety Administration

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

FORM MCS-90

Issued to D&Y ENTERPRISES LLC of New Jersey
(Motor Carrier name) (Motor Carrier state or province)

Dated at 12:30 AM on this 02 day of March, 2026

Amending Policy Number: CAR2900003006-0 Effective Date: 02/23/2026

Name of Insurance Company: NATIONAL SPECIALTY INSURANCE COMPANY

Countersigned by: [Signature]
President
(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 \$ 1500000.00 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: (855) 224-2247.

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. § 3201, 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/LrsRegistrationWizard/>.

(continued on next page)

DEFINITIONS 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 insured. 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 171.3, 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 171.3 and listed in 49 CFR 173.101, 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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/18/2026

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: CSR@VELOCITYINS.NET FAX (A/C, No): 201-617-1714	
INSURED D&Y ENTERPRISES LLC 325 45th St Union City NJ 07087		INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22608	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC ☐ OTHER:					EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY		CAR2900003006-0	02/23/2026	02/23/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y ☐ N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

ADDITIONAL INSURED:

CERTIFICATE HOLDER**CANCELLATION**Department of Natural Resources and
Environmental Control
89 Kings Hwy
Dover

DE 19901

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

Aileen Ogaldez



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/17/2026

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 Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047		CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: CSR@VELOCITYINS.NET FAX (A/C, No): 201-617-1714	
INSURED D&Y ENTERPRISES LLC 325 45th St Union City NJ 07087		INSURER(S) AFFORDING COVERAGE INSURER A: National Specialty Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 22608	

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

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY			26037600011	02/23/2026	02/23/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? ☐ Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

TRUCKING: 2016 PETERBILT VIN# 1NPCX4TX6GD358210, 2016 KENWORTH VIN# 1NKZPTX5GJ488501
2007 KENWORTH VIN# 1NKDXBEX37J144062, 2006 KENWORTH VIN# 1NKDXBEX06J145068, 2007 KENWORTH VIN# 1NKDXBEX87J179325,
2016 PETERBILT VIN# 1NPCX4TX6GD358209, 2016 KENWORTH VIN# 1NKZPTX3GJ488495, 2016 KENWORTH VIN# 1NKZPTX0GJ493685,
2016 KENWORTH VIN# 1NKZPTX2GJ493686

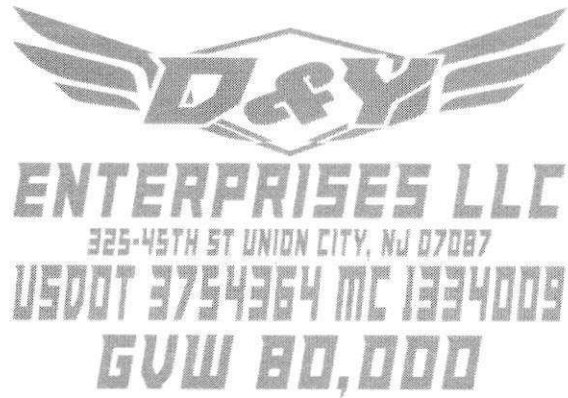
CERTIFICATE HOLDER**CANCELLATION**

DEPARTMENT OF NATURAL RESOURCES AND
ENVIRONMENTAL CONTROL COMPLIANCE & PERMITTING
89 KING HIGHWAY
DOVER, DELAWARE 19901

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

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Safety Meeting Attendance

Meeting Dates: Every Saturday at 1:00 PM



Authorized Company Representative

Signature: _____
Yoham Manuel Jimenez
D&Y Enterprises LLC



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/18/2026

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.

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PRODUCER Velocity Insurance 4514 Bergen Tpke North Bergen NJ 07047	CONTACT NAME: Aileen Ogaldez PHONE (A/C, No, Ext): 201-866-8807 E-MAIL ADDRESS: CSR@VELOCITYINS.NET FAX (A/C, No): 201-617-1714																					
INSURED D&Y ENTERPRISES LLC 325 45th St Union City NJ 07087	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>National Specialty Insurance Company</td><td>22608</td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	National Specialty Insurance Company	22608	INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
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INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
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DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

ADDITIONAL INSURED:

CERTIFICATE HOLDER**CANCELLATION**

PROOF OF INSURANCE

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

Aileen Ogaldez