

RECEIPT

DATE

9/28/2019

No.

992909

RECEIVED FROM

MDM Contracting LLC

\$

350.00

Three hundred and fifty dollars, 00 cents

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-1321

ACCOUNT	
PAYMENT	
BAL. DUE	

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

1568

TO

BY

EB



RECEIVED

SEP 28 2026

DNREC

WHS

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:

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- 1321 Expiration Date 12/31/2026

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

SCRAP TIRES ONLY

- ☐ One Year - \$75.00
- ☐ Two Years - \$125.00
- ☐ Three Years - \$175.00
- ☐ Four Years - \$225.00
- ☐ Five Years - \$275.00

ALL OTHERS

- ☒ One Year - \$350.00
- ☐ Two Years - \$650.00
- ☐ Three Years - \$950.00
- ☐ Four Years - \$1250.00
- ☐ Five Years - \$1550.00

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.

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 MDM Contracting llc

Location Address:	Mailing Address:
596 N. Mill Rd Vineland NJ 08360	596 N Mill Road Vineland NJ 08360

Contact: Dawn Martin Title: owner

Business Phone: 8564662400 Fax: _____

E-mail: mdmcontracting@comcast.net

24 hr Emergency Contact Phone: 8564662400

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 4 B

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

☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

- (a). Do you cross state lines with the waste? ☒ Yes ☐ No
- (b). Identify in an attachment ***all*** solid waste Treatment, Storage, Disposal Facilities, Reclamation Facilities and Transfer Stations to which the waste will be transported.
- ☐ Delaware Solid Waste Authority locations: (attachment) _____
 - ☒ Clean Earth of New Castle, Inc. (thermal treatment facility for PHC-soils)
 - ☐ Delaware Recyclable Products, Inc. (dry waste, commercial, industrial, and PHC-soils)
 - ☐ Other in-state solid waste facilities, including private facilities: (attachment) _____
 - ☒ Out of state solid waste TSD facilities: (attachment) 8 B

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 9 A
 - ☐ 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 9B
- ☐ No transporter permits in other states

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

DOT# 161750437 MC# 562671

- ☐ 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 11

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 12

SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

- (1) Spill control and safety equipment carried in each vehicle:
 - 1). Reflectors and/or flares
 - 2). Fire extinguisher
 - 3). First aid kit
 - 4). Heavy-duty gloves, hard hat
 - 5). Flashlight
 - 6).
- (2) All loads will be enclosed, covered, or tarped to prevent accidental discharge of the waste during transport to the disposal facility.
- (3) The driver will perform the following pre-trip inspections:
 - 1).
 - 2).
- (4) If there is an accident or other emergency which causes a portion of the load to be spilled, the driver, if uninjured, will contact the following designated company coordinator:
Name: _____ Phone: _____
- (5) The designated coordinator will contact the state and municipal authorities where the accident occurred. If the accident or spill has the potential to cause environmental damage, (either due to the nature of the waste, location of the accident, or additional factors such as leaking oil, gasoline, or hydraulic fluid) the person contacted will notify the state emergency response team, by calling one of the following numbers:
Delaware: 911, (302) 739-9401 or 1-800-662-8802 *(Other numbers may be listed as follows, however, the listed Delaware numbers **must** be included in the spill control plan.)*
Maryland:
New Jersey:
- (6) The designated coordinator will contract for clean-up services with another company. *(This is optional, however, if another company is to be contracted, please append a list of cleanup companies by either region or state.)*
- (7) This plan will be carried in all vehicles, along with the permit.

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 Dawn Martin **Title** 9/20/26

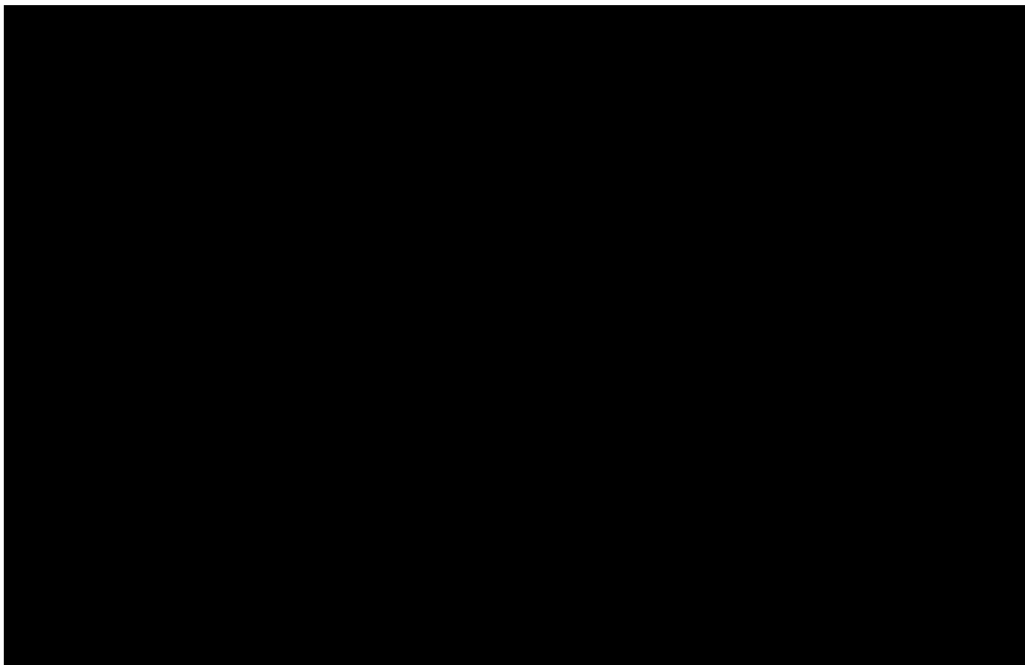
****A legal owner or corporate officer must sign the application****

Use this form, or other format which provides the same information, to answer the VEHICLE IDENTIFICATION requirement of 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.

[illegible]

4B

DAWN L. MARTIN 100% owner



J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

HAZMAT DRIVER TRAINING
DOT 49 CFR §172.700-704

October 26, 2024
Completion Date

Edward A. Bell
Trainer

8b

Solid Waste Facilities

Clean Earth Pa

3201 S 61 st Street

Phila. Pa 19153

Clean Earth Morrisville Pa

7 Steel Rd East

Morrisville Pa. 19067

Clean Earth Carteret

24 Middlesex Ave

Carteret NJ 07088

Clean Earth Kearney

115 Jacobus Ave

Kearney NJ 07032

9A & 9B



New Jersey Department of Environmental Protection
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, PO Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2027
Decal Number: SWL-27-000968
Vin ID#: 1NKZX4TX4PJ251075 NJ
License Plate #: AU449T
Vehicle Type: Single Unit Vehicle
Vehicle leased?: N
If Yes, lessor's name:

LICENSED SOLID WASTE

NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
NORTH VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: 31066

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.



New Jersey Department of Environmental Protection
Compliance and Enforcement
Vehicle Registration Unit
9 Ewing Street, Mail Code 09-01, P.O. Box 420
Trenton, NJ 08625-0420
(609) 292-7081 LRU@dep.nj.gov

NJDEP Transporter Vehicle Registration Card

Expiration Date: 06/30/2027
Decal Number: HWL-27-400737
Vin ID#: 1NKZX4TX4PJ251075 NJ
License Plate #: AU449T
Vehicle Type: Single Unit Vehicle
Vehicle leased?: N
If Yes, lessor's name:

LICENSED HAZARDOUS WASTE

NJDEP Registered Transporter:

MDM CONTRACTING LLC
596 N MILL RD,
VINELAND, NJ 08360

NJDEP Registered Transporter:
MDM CONTRACTING LLC
NJDEP #: 50253

This card must be carried in the cab of the vehicle at all times.
This registration card & decal are valid for use only by the listed registrant.
Leased equipment can only be used to transport waste by the listed registrant.

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COMMONWEALTH OF PENNSYLVANIA Waste Transportation Safety Program Written Authorization

0386270751

Phone No. (856)-466-2400

VIN# 1NKZX4TX4PJ251075
WH10386
Expires Jun 2027

MDM CONTRACTING, LLC
DAWN MARTIN
596 N MILL RD
VINELAND, NJ 08360-2635

THIS WRITTEN AUTHORIZATION MUST BE KEPT WITH THE
WASTE TRANSPORTATION VEHICLE AT ALL TIMES.
If lost or damaged contact DEP immediately at 717-783-9258.
A replacement fee is required.
Duplication or Photocopies of this original documentation
are not valid.

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.

[illegible]

EXPIRES: 03/31/2027

NEW JERSEY APPORTIONED CAB CARD
KEEP THIS CERTIFICATE IN YOUR VEHICLEPLATE
NUMBER:

AU449T

UNIT NO. 03	YEAR 2023	MAKE KEN	ACCOUNT NUMBER NJ-36951	NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1NKZX4TX4PJ251075				FLEET NO. 001	SUPP. NO. 0000	CT 080000	DC 080000
REG. CODE 11				ID 080000	FL 080000	GA 080000	IA 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 04/01/2026	IL 080000	IN 080000	KS 080000
DESCRIPTION COMMERCIAL TRUCK				TRANS ID # IU202736951001000	LA 080000	MA 080000	MD 080000
OWNER MDM CONTRACTING LLC				ME 080000	MI 080000	MN 080000	MO 080000
REGISTRANT MDM CONTRACTING LLC				MS 080000	MT 080000	NC 080000	ND 080000
596 N MILL ROAD				NE 080000	NH 080000	NM 080000	NV 080000
VINELAND, NJ 08360				NY 080000	OH 080000	OK 080000	OR 080000
				PA 080000	RI 080000	SC 080000	SD 080000
				TN 080000	TX 080000	UT 080000	VA 080000
				VT 080000	WA 080000	WI 080000	WV 080000
				WY 080000	AB 036281	BC 036281	MB 036281
				NB 036281	NL 036281	NS 036281	ON 036281
				PE 036281	QC 04 AXL	SK 036281	** *****
				** *****	** *****	** *****	** *****
				** *****	** *****	** *****	** *****

THE VEHICLE DESCRIBED HEREIN HAS BEEN PROPORTIONALLY REGISTERED BETWEEN THE STATE OF NEW JERSEY AND THE ABOVE JURISDICTIONS.

0000005965

Motor Carrier Responsible for Safety

USDOT Number: 1466103

MDM CONTRACTING LLC
596 N MILL ROAD
VINELAND, NJ 08360



This document is the property of the State of New Jersey. It may be recalled at any time if it is determined that the registrant supplied incorrect information and/or failed to pay appropriate registration fees.

This document grants **registration reciprocity** with the states/provinces whose two-letter postal abbreviation appears on this page. You must still comply with all other laws a state/province may have regarding intra and interstate operations.

Change of name or address must be reported in writing to the New Jersey Motor Vehicle Commission, Motor Carriers Unit, PO BOX 133, Trenton, NJ 08666-0133, within thirty(30) days.

Remember: Compulsory vehicle insurance is the law in New Jersey.

R



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

USDOT Number: 1466103 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. Its 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-RRA, 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

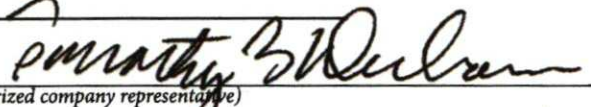
FORM MCS-90

Issued to MDM Contracting LLC of New Jersey
(Motor Carrier name) (Motor Carrier state or province)

Dated at Jericho, NY on this 11th day of March, 2026

Amending Policy Number: RKT0718-1848-01 Effective Date: 3/11/2026

Name of Insurance Company: Universal Casualty Risk Retention Group

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: _____.

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).

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

(continued on next page)

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/21/2026

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 Central Jersey Insurance Associates 51 James Way Suite 102 Eatontown NJ 07724	CONTACT NAME: Kelly Soldo PHONE (A/C, No, Ext): (732) 383-7158 FAX (A/C, No): (732) 383-7539 E-MAIL ADDRESS: kellysoldo@centraljerseyins.com																					
INSURED MDM Contracting LLC 596 N Mill Rd Vineland NJ 08360	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>USLI</td><td></td></tr><tr><td>INSURER B:</td><td>Universal Casualty Risk Retention</td><td></td></tr><tr><td>INSURER C:</td><td>Great American Ins Group</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></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	USLI		INSURER B:	Universal Casualty Risk Retention		INSURER C:	Great American Ins Group		INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 26-27 Master REV#1

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER:			GL 1332684	03/11/2026	03/11/2027	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☒ HIRED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ NON-OWNED AUTOS ONLY			RKT0718-1848-01	03/11/2026	03/11/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UM \$ 100,000
	☒ UMBRELLA LIAB ☐ EXCESS LIAB DED RETENTION \$			XL 1690044	08/27/2026	08/27/2027	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	☐ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N ☐	N/A				PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Motor Truck Cargo			IMP F575309 00	08/27/2026	08/27/2027	Per Conveyance \$ 100,000 Deduct/\$1,000

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

See MCS 90 endorsement attached

CERTIFICATE HOLDER

CANCELLATION

State of Delaware DNREC

89 Kings Highway

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



Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Friday, October 2, 2026 12:59 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit

Follow Up Flag: Follow up
Flag Status: Flagged

Thanks! Sorry my phone cut out like it always does on the bridge.
Have a great weekend I will send this back once I get home later today.
Dawn
Sent from my iPhone

On Oct 2, 2026, at 11:00 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Per our phone conversation today, please state if you are the only driver and please hand sign the application attached and scan it back.

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

<cdqq0r5m0rr.pdf>

Davis, DaQuan (DNREC)

From: WHStranporters
Sent: Friday, October 2, 2026 10:46 AM
To: Dawn Martin
Subject: RE: Spill plan Mdm contracting

Hello,

Thank you for providing a spill control plan. Please address the items listed below:

- Section 12- Please provide driver training or years of driving experience if you are a small operation. Driver training requirements include:
 - (a). 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.
- Section 14-You did not provide a list of vehicle operators.
- Section 16- Please have the owners sign and date the application.

Please provide the requested information via email 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

Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Friday, October 2, 2026 4:30 PM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit

I'm so sorry I sent you my copy, I cold;'t figure out what you meant about signing it, I have the signed one here. I'll send both over
Dawn

On 10/02/2026 11:00 AM EDT WHStranporters <whstranporters@delaware.gov> wrote:

Hello,

Per our phone conversation today, please state if you are the only driver and please hand sign the application attached and scan it back.



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



Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Saturday, October 3, 2026 10:42 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: 2026 De letter & sign page.pdf

On Oct 2, 2026, at 11:00 AM, WHStranporters <WHStranporters@delaware.gov> wrote:

Hello,

Per our phone conversation today, please state if you are the only driver and please hand sign the application attached and scan it back.

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png> 302-739-9403

<image003.png> WHStranporters@delaware.gov

<image004.png> 89 Kings Hwy SW, Dover, DE 19901

<image005.png> dnrec.delaware.gov

<image006.png> <image007.png> <image008.png>

<cdqq0r5m0rr.pdf>

Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Saturday, October 3, 2026 10:50 AM
To: WHStranporters
Subject: Re: Delaware Solid Waste Transporter Permit
Attachments: attachment 1.pdf

Sent from my iPhone

On Oct 2, 2026, at 12:59 PM, Dawn Martin <mdmcontracting@comcast.net> wrote:

Thanks! Sorry my phone cut out like it always does on the bridge.
Have a great weekend I will send this back once I get home later today.
Dawn
Sent from my iPhone

On Oct 2, 2026, at 11:00 AM, WHStranporters
<WHStranporters@delaware.gov> wrote:

Hello,

Per our phone conversation today, please state if you are the only driver and please hand sign the application attached and scan it back.

<image001.png>

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

<image002.png>

302-739-9403

<image003.png>

WHStranporters@delaware.gov

<image004.png>

89 Kings Hwy SW, Dover, DE 19901

<image005.png>

dnrec.delaware.gov

<image006.png>

<image007.png>

<image008.png>

<cdqq0r5m0rr.pdf>

Davis, DaQuan (DNREC)

From: Dawn Martin <mdmcontracting@comcast.net>
Sent: Thursday, October 1, 2026 4:23 PM
To: WHStranporters
Subject: Spill plan Mdm contracting
Attachments: DE SPILL PLAN.pdf

Categories: Red Category

Sent from my iPhone

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 - 1065

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 Dawn L. Martin Date 9-20-26

Print Name Dawn Martin Title 9/20/26

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

MDM CONTRACTING LLC

596 N Mill Road Vineland NJ 08360

8564662400

mdmcontracting@comcast.net

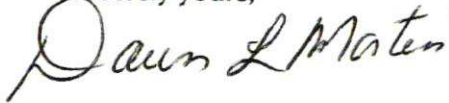
October 3, 2026

DaQuan L Davis
89 Kings Highway
Dover De. 19901

Dear Mr Davis

I, Dawn L Martin am the sole owner and operator at MDM Contracting LLC. I have been driving Commercial Motor vehicles for 40 years as of Sept 2026. I have owned and driven my own truck since February. 06., 2006 when I got my first truck, prior to that I drove for union construction companies and bus companies. I have worked in construction for thirty years and contaminated soils for 18 years now.. I have been permitted with Delaware since 2008 if I remember correctly. Sorry for any confusion I may have caused over my renewal. I only renewed for a year because I am not sure if I will have enough work in the current political environment to warrant a 2 to 5 year permit, I will cross that bridge next year when hopefully things will get better,

Sincerely yours,

A handwritten signature in cursive script that reads "Dawn L Martin". The signature is written in dark ink and is positioned below the typed name.

Dawn Martin

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

HAZMAT DRIVER TRAINING
DOT 49 CFR §172.700-704

October 26, 2024
Completion Date

Edward A. Bell
Trainer

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

HAZMAT SAFETY AND IN-DEPTH SECURITY
DOT 49 CFR §172.700-704

September 17, 2022
Completion Date

Edward A. Bell
Trainer

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

Hazard Communications/Right to Know
OSHA 29 CFR 1910-1200

September 17, 2022
Completion Date

Edward A. Bell
Trainer

J& D Trucking, INC
3526 N West Blvd
Vineland, NJ 08360

Dawn Martin
Employee Name

CERTIFICATION OF TRAINING

HAZMAT DRIVER TRAINING
DOT 49 CFR §172.700-704

September 17, 2022
Completion Date

Edward A. Bell
Trainer

(12)

EMPLOYEE TRAINING PROGRAM (FOR EMERGENCIES)

The company's Emergency Response Coordinators will monitor the in-house training and instruction of personnel with regard to the various emergency/contingency planning issues. Currently, outside driver training programs, consistent with DOT requirements, are supplemented by periodic meetings conducted by the company covering such topics as:

1. The proper use of equipment:
2. General maintenance of this equipment:
3. Inspection and reporting procedures:
4. Contingency plan implementations:
5. Knowledge of materials to be transported:
6. The proper use of safety and personal protective equipment:
7. Spill prevention practices and procedures:
8. Spill response procedures:
9. The health and safety hazards associated with handling hazardous materials:
10. Compliance with all applicable regulations pertaining to hazardous waste facilities and transportation.

⑪

TRANSPORTATION
SPILL CONTINGENCY
PLAN FOR
M D M CONTRACTING

11)

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). *eye protection*
- (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). *visual*
 - 2). *DOT pre trip*
- (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
Name: *Dawn Martin* Phone: 
- (5) The designated coordinator will contact the state emergency response team 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.

New York State DEC 24 Hour Hotline	518-457-7362 800-457-7362
Ohio DEP	614-224-0946 614-995-4364
Pennsylvania DEP 24 Hour	717-787-4343
PA Emergency Management Agency	800-424-7362 717-651-2001
Region I (Norristown)	215-270-1900
Region 2 (Wilkes-Barre)	717-826-2511
Region 3 (Harrisburg)	717-657-4585
Region 4 (Williamsport 9-5)	717-327-3646
24 Hour	717-327-3696
Region 5 (Pittsburgh)	412-645-7100
Region 6 (Meadville)	814-724-8557
PA Local Police & Fire Department	911 or (0) Operator
Rhode Island DEM	401-222-2797