

RECEIPT

DATE

8/5/20

No.

735873

RECEIVED FROM

HMA Trucking LLC

\$

350.00

Three hundred fifty and ⁰⁰/₁₀₀

DOLLARS

☐ FOR RENT☒ FOR

DE-SW-2121

ACCOUNT

PAYMENT

BAL. DUE

☐ CASH☒ CHECK☐ MONEY
ORDER☐ CREDIT
CARD

FROM

3231

TO

BY

M.M.



RECEIVED

SOLID WASTE TRANSPORTER PERMIT APPLICATION

AUG 05 2026

Language Preference:

DNREC - WHS

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- 2121 Expiration Date 6/30/2026

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

SCRAP TIRES ONLY

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

ALL OTHERS

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

2. Release to Public

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

3. Company Information

Company Name HMA TRUCKING LLC

Location Address:	Mailing Address:
85 TOBY DR SUCCASSUNNA, NJ 07876	85 TOBY DR SUCCASSUNNA, NJ 07876

Contact: ALEX CASTANEDA Title: MANAGING MEMBER/OWNER

Business Phone: 973-229-1428 Fax: _____

E-mail: HMAtruckingllc@gmail.com

24 hr Emergency Contact Phone: 973-229-1428

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 A

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

- ☐ Attachment _____
☒ No parent company

5. Company locations in Delaware

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

- ☐ Attachment _____
☒ No Delaware locations

6. Company Affiliates

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

- ☐ Attachment _____
☒ No affiliates

7. Type of Waste to be Transported

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

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

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

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

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

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

8. Treatment, Storage, and Disposal Facilities

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

9. Other Transporter Permits

- (a). Attach a copy of your home state solid waste transporter permit. (N/A if Delaware is your home state.)
- ☐ Attachment _____
- ☒ Not applicable-No transporter permit required for these solid waste types in our home state.
- (b). List solid waste transporter permits held in other states.
- ☒ Attachment B _____
- ☐ No transporter permits in other states
- (c). Indicate your Federal DOT number and Motor Carrier number:
- DOT# 3202623 MC# 186125
- ☐ 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 ☐	\$300,000.00 ☐
Commercial Waste	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☐
Industrial Waste	\$750,000.00 + MCS-90 ☐	\$300,000.00 ☐
Dry Waste	\$750,000.00 + MCS-90 ☒	\$300,000.00 ☐
Ash	\$750,000.00 + MCS-90 ☐	\$350,000.00 ☐
Infectious Waste	\$1,000,000.00 + MCS-90 ☐	\$750,000.00 + MCS-90 ☐
Non-Hazardous Petroleum Contaminated Soils	\$750,000.00 + MCS-90 ☒	\$300,000.00 ☐
Asbestos	\$1,000,000.00 + MCS-90 ☐ (For Hire & Private)	\$300,000.00 ☐
Scrap Tires Only	\$300,000.00 ☐	\$300,000.00 ☐

11. Spill Control and Safety

List all spill control and safety equipment that will be carried on each vehicle. (**Note:** Separate lists by type of vehicle and type of waste may be required.) Attach a copy of the Spill Control Plan. The Spill Control Plan **must** contain the following elements: (1) List of safety and spill control equipment carried in the vehicle, (2) Driver preventive measures, (3) Driver immediate corrective actions, (4) Company internal communications, (5) Company external communications including the **Delaware Emergency Reporting Numbers: 1-800-662-8802 and 302-739-9401**, and (6) Cleanup and decontamination measures.

X Spill Control Plan: Attachment 2

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 2

13. Vehicle Identification

On the form provided with this application, list **MAKE, MODEL, YEAR, SERIAL NUMBER, LICENSE PLATE NUMBER, STATE OF REGISTRATION, MANUFACTURER'S GVWR and OWNERSHIP** of all vehicles used for the transportation of solid waste. You must list both motorized and container units. (If you maintain a list of company vehicles in a computer database you may submit a print out of the vehicles provided it contains the information requested herein.)

NOTE: You must notify CAPS in writing of any changes to information contained within this application, such as additions or deletions of vehicles, in accordance with conditions of the issued permit.

☒ Vehicle List Attached

14. Vehicle Operator Information

Is a list of all vehicle operators attached? ☒ Yes

What tax form do you submit to the IRS for your vehicle operators?

- ☒ Form W-2
☐ Form 1099-Misc
☐ Other

15. Environmental Record

List all criminal citations, arrests, convictions, civil or administrative violations, and civil or administrative enforcement actions, and the disposition(s) thereof for the violation or alleged violation of any environmental statute, regulation, permit, license, approval, or order, regardless of the state in which it occurred. Indicate whether it was a local, state, or federal violation or alleged violation. List all such items for the applicant, and if the applicant is other than an individual, for any employee while employed by the applicant, or any partner, officer, or director of the applicant as an individual or for any former business of such partner, officer, or director. For civil or administrative violations or alleged violations, list all such items for the last five (5) years from the date of the application. Information submitted under this section is subject to verification. **Failure to submit complete and accurate information may lead to permit denial or revocation.**

- ☐ Attachment _____
☒ No violations within the specified time period

16. Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, upon personal knowledge and information, the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information.

**Signature  Date 6/30/26
Print Name ALEX CASTANEDA Title MANAGING MEMBER / 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 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]

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.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/16/2026

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 All Fronts Insurance Services Inc 225 Gordon's Corner Road Suite 2F Manalapan NJ 07726	CONTACT NAME: Customer Service	
	PHONE (A/C, No, Ext): (888) 878-4252 FAX (A/C, No): (347) 348-0840	
	E-MAIL ADDRESS: coi@allfrontsins.com	
INSURED HMA TRUCKING LLC 85 TOBY DR SUCCASSUNNA NJ 07876	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: United States Liability Insurance Company	25895
	INSURER B: American Millennium Insurance Company	26140
	INSURER C: Pie Casualty Insurance Company	10997
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES**CERTIFICATE NUMBER:** 25-26**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	☒ COMMERCIAL GENERAL LIABILITY			GL1172599C	10/20/2025	10/20/2026	EACH OCCURRENCE	\$ 1,000,000
	☐ CLAIMS-MADE ☒ OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
	☒ Blanket AI						MED EXP (Any one person)	\$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY	\$ 1,000,000
	☒ POLICY ☐ PROJECT ☐ LOC						GENERAL AGGREGATE	\$ 2,000,000
	OTHER:						PRODUCTS - COMP/OP AGG	\$ 2,000,000
B	AUTOMOBILE LIABILITY			CAL13660	09/23/2025	09/23/2026	Employee Benefits	\$
	☐ ANY AUTO						COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	☐ OWNED AUTOS ONLY	☒ SCHEDULED AUTOS					BODILY INJURY (Per person)	\$
	☐ HIRED AUTOS ONLY	☐ NON-OWNED AUTOS ONLY					BODILY INJURY (Per accident)	\$
A	☒ UMBRELLA LIAB			XL1633121C	10/20/2025	10/20/2026	PROPERTY DAMAGE (Per accident)	\$
	☐ EXCESS LIAB	☐ CLAIMS-MADE					Uninsured motorist	\$ 35,000
	☐ DED	☐ RETENTION \$					EACH OCCURRENCE	\$ 1,000,000
							AGGREGATE	\$ 1,000,000
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC PI 3275905-000	11/26/2025	11/26/2026		\$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					☒ PER STATUTE ☐ OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below	Y	N/A				E.L. EACH ACCIDENT	\$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT	\$ 1,000,000

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

CERTIFICATE HOLDER**CANCELLATION**Delaware Department of Natural Resources and Environmental Control
Compliance and Permitting Section

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

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USDOT Number: 3202623

Date Received: 05/02/2018

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 HMA TRUCKING LLC of NJ
(Motor Carrier name) (Motor Carrier state or province)

Dated at 09/23/2025 on this _____ day of _____,

Amending Policy Number: CAL13660-03 Effective Date: 09/23/2025

Name of Insurance Company: American Millennium Insurance Company

Countersigned by: [Signature]
(authorized company representative)

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by 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: 973-628-6060.

Cancellation of this endorsement may be effected by the company of 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).

(continued on next page)

EXPIRES: 10/31/2026

NEW JERSEY APPORTIONED CAB CARD

KEEP THIS CERTIFICATE IN YOUR VEHICLE

PLATE
NUMBER:

AW837S

UNIT NO. 2	YEAR 2020	MAKE MAC	ACCOUNT NUMBER NJ-63052	
VEHICLE IDENTIFICATION NUMBER 1M2GR4GC3LM016911		FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 11/01/2025
		DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202663052001000
OWNER HMA TRUCKING LLC				

REGISTRANT

HMA TRUCKING LLC
85 TOBY DRIVE
SUCCASUNNA, NJ 07876

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
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	** ** ** ** *
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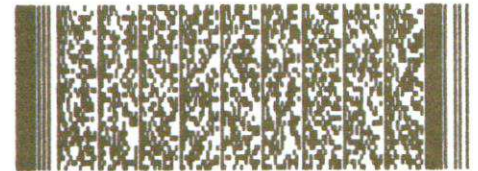
THE VEHICLE DESCRIBED HEREIN HAS BEEN
 PROPORTIONALLY REGISTERED BETWEEN THE
 STATE OF NEW JERSEY AND THE ABOVE
 JURISDICTIONS.

0000001324

Motor Carrier Responsible for Safety

USDOT Number: 3202623

HMA TRUCKING LLC
85 TOBY DR
SUCCASSUNNA, NJ 07876



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.**



New Jersey Motor Vehicle Commission
 Acting Chair and Chief Administrator

EXPIRES: 10/31/2026

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

A311AA

UNIT NO. 4		YEAR 2025		MAKE PET		ACCOUNT NUMBER NJ-63052	
VEHICLE IDENTIFICATION NUMBER 1NPCX4TX7SD758382				FLEET NO. 001		SUPP. NO. 0000	
REG. CODE 11							
TYPE TK		AXLES 4		GROSS WEIGHT 80000		FUEL D	
REGISTRATION DATE 11/01/2025							
DESCRIPTION COMMERCIAL TRUCK				TRANS ID # IU202663052001000			
OWNER HMA TRUCKING LLC							
REGISTRANT HMA TRUCKING LLC 85 TOBY DRIVE SUCCASUNNA, NJ 07876							

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
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.

0000001325

Motor Carrier Responsible for Safety

USDOT Number: 3202623

 HMA TRUCKING LLC
 85 TOBY DR
 SUCCASUNNA, NJ 07876


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



New Jersey Motor Vehicle Commission
Acting Chair and Chief Administrator

EXPIRES: 10/31/2026

NEW JERSEY APPORTIONED CAB CARD
 KEEP THIS CERTIFICATE IN YOUR VEHICLE

 PLATE
 NUMBER:

AU610S

UNIT NO. 1	YEAR 2017	MAKE MAC	ACCOUNT NUMBER NJ-63052		NJ 080000	AL 080000	AR 080000	AZ 080000
VEHICLE IDENTIFICATION NUMBER 1M2AX07C3HM033879				FLEET NO. 001	SUPP. NO. 0000	REG. CODE 11	CA 080000	CO 080000
TYPE TK	AXLES 4	GROSS WEIGHT 80000	FUEL D	REGISTRATION DATE 11/01/2025		DE 080000	FL 080000	CT 080000
		DESCRIPTION COMMERCIAL TRUCK	TRANS ID # IU202663052001000		GA 080000	IL 080000	IN 080000	DC 080000
OWNER HMA TRUCKING LLC					MA 080000	MD 080000	MO 080000	IA 080000
REGISTRANT HMA TRUCKING LLC 85 TOBY DRIVE SUCCASUNNA, NJ 07876					ME 080000	MI 080000	MN 080000	KS 080000
					MS 080000	MT 080000	NC 080000	ND 080000
					NE 080000	NH 080000	NM 080000	NV 080000
					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.

0000001326

Motor Carrier Responsible for Safety

USDOT Number: 3202623

 HMA TRUCKING LLC
 85 TOBY DR
 SUCCASUNNA, NJ 07876


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.



New Jersey Motor Vehicle Commission
 Acting Chair and Chief Administrator

EXPIRES: 10/31/2026

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

AY521A

UNIT NO. 3		YEAR 2020		MAKE WES		ACCOUNT NUMBER NJ-63052	
VEHICLE IDENTIFICATION NUMBER 5KKMABDR3LPLU5732				FLEET NO. 001		SUPP. NO. 0000	
REG. CODE 11		TYPE TK		AXLES 4		GROSS WEIGHT 80000	
FUEL D		REGISTRATION DATE 11/01/2025		DESCRIPTION COMMERCIAL TRUCK		TRANS ID # IU202663052001000	
OWNER HMA TRUCKING LLC							

NJ 080000	AL 080000	AR 080000	AZ 080000
CA 080000	CO 080000	CT 080000	DC 080000
DE 080000	FL 080000	GA 080000	IA 080000
ID 080000	IL 080000	IN 080000	KS 080000
KY 080000	LA 080000	MA 080000	MD 080000
ME 080000	MI 080000	MN 080000	MO 080000
MS 080000	MT 080000	NC 080000	ND 080000
NE 080000	NH 080000	NM 080000	NV 080000
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	** ** **
** ** **	** ** **	** ** **	** ** **
** ** **	** ** **	** ** **	** ** **

REGISTRANT

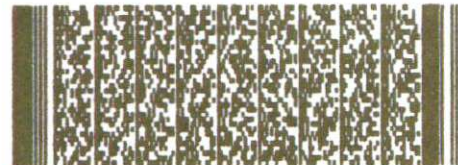
HMA TRUCKING LLC
 85 TOBY DRIVE
 SUCCASUNNA, NJ 07876

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0000001327

Motor Carrier Responsible for Safety

USDOT Number: 3202623

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 85 TOBY DR
 SUCCASSUNNA, NJ 07876


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New Jersey Motor Vehicle Commission
 Acting Chair and Chief Administrator

DELEWARE SOLID WASTE TRANSPORTER – ATTACHMENTS

A. OWNERS

a. MERCEDES CASTANEDA, 99% owner

i.

ii.

b. ALEX CASTANEDA, 1% OWNER

i.

ii.

B. PERMITS

a. NYS DEC 364 WASTE TRANSPORTER PERMIT #NJ-1292

b. NYC BIC PERMIT NUMBER # 504472

c. PA DEP WH19648

d. DE SW-2121

C. OPERATORS

a.

b.

c.

d.

Driver Safety, Training, and Competency Program

I. Licensing, Qualification, and Ongoing Training Requirements

- **Commercial Licensing & Endorsements**
 - Requirement of a valid Commercial Driver's License (CDL) Class A or B, appropriate to the vehicle Gross Vehicle Weight Rating (GVWR).
 - Mandatory specialized endorsements where applicable (e.g., Hazardous Materials [H], Tanker [N], or Combination [X]).
 - Mandatory pre-employment screening, including Medical Examiner Certificate (DOT Physical) verification and Drug & Alcohol Clearinghouse checks.
- **Specialized Environmental & Safety Training**
 - *OSHA/Asbestos Awareness Training*: Required prior to initial dispatch for specialized waste routes; covers identification, handling, and PPE requirements.
 - *DOT Hazardous Materials / Solid Waste Regulation Training*: Initial completion within 90 days of hire (49 CFR 172.704) with required re-certification every 3 years.
 - *Training Records Management*: Digital tracking of all completion dates, certification records, and upcoming expiration warnings maintained in driver personnel files.
- **Ongoing Company Safety Programs**
 - *Weekly Safety Meetings ("Tailgate / Toolbox Talks")*: Brief, mandatory weekly sessions focusing on seasonal hazards, defensive driving, equipment blind spots, and load securement.
 - *Annual Refresher Courses*: Comprehensive mandatory yearly training covering updated DOT/EPA regulations, emergency response procedures, and defensive driving techniques.
 - *Driver Mentorship*: New hires shadow senior drivers for a minimum of 2–4 weeks prior to solo dispatch.

II. Driver Record Monitoring & Progressive Discipline Policy

- **Periodic Motor Vehicle Record (MVR) Checks**
 - *Annual Review*: Standard mandatory review of state MVRs for all active drivers at least once every 12 months.
 - *Continuous Monitoring System*: Enrollment in state automated MVR alert systems (where available) to receive real-time notifications of citations, license suspensions, or moving violations.
 - *Self-Reporting Mandate*: Driver policy requiring immediate notification (within 24 hours) to management of any off-duty or on-duty traffic citations or license status changes.
- **Point System & Progressive Discipline Matrix**
 - *Point Assignment*: Violations assigned points based on severity (e.g., minor speeding/lane violations = 1–2 points; major violations such as reckless driving or tailgating = 3–5 points).
 - *Threshold Actions*:

- **1–3 Points (Verbal Counseling):** Review of company safety expectations and informal coaching.
- **4–6 Points (Written Warning & Re-Training):** Formal written reprimand, mandatory behind-the-wheel defensive driving re-training, and increased MVR audit frequency.
- **7+ Points (Suspension or Termination):** Immediate suspension of driving privileges, review by safety committee, and potential termination of employment.
- *Zero-Tolerance Policy:* Immediate termination for severe infractions, including driving under the influence (DUI/DWI), operating with a suspended license, or hit-and-run incidents.

III. Transport Procedures & Technical Instruction

- **Handling Procedures for Solid Waste Transport**
 - *Waste Identification & Segregation:* Classroom and hands-on instruction covering non-hazardous solid waste vs. regulated waste streams to prevent prohibited material acceptance.
 - *Load Securement & Tarping:* Rigorous protocol training on proper tarping, door-latching, and containment techniques to prevent spillage, blowing debris, or leaking during transit.
 - *Weight Compliance & Distribution:* Instruction on axle weight limits, legal GVWR restrictions, and proper load distribution prior to departing transfer stations or landfills.
- **Accidental Discharge Containment Plan (Spill Control Plan)**
 - *On-Board Emergency Kits:* All vehicles equipped with standard spill response kits (absorbent pads, booms, neutralizers, drain covers, and personal protective equipment).
 - *Immediate Containment Protocols:* Step-by-step instruction on safety-first spill response: stop the source, contain the spread, protect storm drains/waterways, and secure the area.
 - *Notification & Reporting Chain:* Mandatory protocols for immediate reporting to dispatch, local emergency response (if required), and state/federal environmental agencies per regulatory guidelines.
- **Solid Waste Transporter Permit Compliance**
 - *Permit Visibility & Documentation:* Requirement for active permit copies, registration certificates, and route authorizations to remain inside the vehicle cab at all times.
 - *Authorized Routes & Dumping Sites:* Strict instruction on adhering strictly to permitted transportation corridors, state-designated haul routes, and approved disposal facilities.
 - *Inspection Readiness:* Driver training on conducting pre-trip and post-trip vehicle inspections (DVIR) and presenting clean, compliant documentation during roadside DOT/environmental inspections.

SPILL RESPONSE TELEPHONE NUMBERS (REFERENCE LIST)

Emergency

Emergency Coordinator Phone Number:

Coordinator:

973-229-1428 (cell)

ALEX CASTANEDA

85 TOBY DR. SUCCASUNNA, NJ 07876

ALEX CASTANEDA, Transportation Manager

Spill Reporting Phone Numbers:

Phone Number:

USDOT National Response Center

201-874-1175

Center for Disease Control

404-633-5313

USCG National Response Center

202-426-2675

800-424-8802

Delaware DNREC 24-hour Hotline

302-739-9401

(in state only)

800-662-8802

New Jersey DEP 24-hour Hotline

609-292 -7172

New York State DEC 24-hour Hotline

518-457-7362

800-457-7362

Pennsylvania DEP 24-hour Answering Service

717-787-4343

PS Emergency Management Agency

717-783-8150(24-hr)

Region 1 (Norristown)

215-270-1900

Region 2 (Wilkes-Barre)

717-826-2511

Region 3 (Harrisburg)

717-657-4585

Region 4 (Williamsport) (9am-5pm)

717-327-3646

(24-hour)

717-327-3696

Region 5 (Pittsburgh)

412-645-7100

Region 6 (Meadville)

814-724-8557

PA local Police and Fire Departments

911or (0) Operator

Maryland DEP 24-hour Answering Service

866-633-4686

EMERGENCY RESPONSE EQUIPMENT

The following emergency response equipment is to be maintained on each HMA TRUCKING LLC vehicle while hauling contaminated waste or contaminated material.

1. Emergency Eyewash Kit
2. First Aid Kit
3. Portable ABC Dry Chemical Fire Extinguisher
4. Equipment and Protective Clothing, as follows:
 - Safety Goggles and/or Shield
 - PVC Boots
 - PVC Gloves
 - Rain Gear
 - Disposable Coveralls (e.g. Tyvek)
 - Triangle Reflectors
 - Hard Hat
 - Duct Tape (at least one roll)
 - Tool Kit
 - Flash Light
 - Sorbent Pads, OH-Dri
 - 85 Gallon Overpack Drum (for drum shipments)
 - Bung Wrench (Non-Sparking, for drum shipments)
 - Shovel
 - Spill Kit

All emergency response equipment is to be inspected daily by the DRIVER during his/her Pre-Trip inspection. Emergency equipment which is damaged or missing should be replaced prior to departure.

In the event of a spill, HMA TRUCKING LLC emergency response contractors can provide additional equipment, such as vacuum trucks, dump trucks, front end loaders and other equipment necessary to contain and remove contaminants.

SPILL CLEANUP AND EMERGENCY REPORTING PROCEDURES

All Personnel will follow this plan in the event of a spill/discharge of any material during pickup, transportation or delivery.

All actions taken and notification made following a report of a spill/discharge or other emergency must be done only with the full knowledge and approval of the Cerberus Transport LLC Emergency Coordinator in charge and in compliance with applicable local, state and federal regulations.

1. In the event of a spill/discharge or other emergency during delivery, transportation or pickup, the Driver will use his/her common sense to IMMEDIATELY and safely take appropriate action to protect human health and the environment including:
 - a. Secure the area to unauthorized access by people or other vehicles
 - b. Keep all sources of ignition (e.g. pipes, cigarettes, flares, etc.) away from the scene
 - c. Set up warning signals around the scene to prevent further accidents. Flame producing signals such as flares should not be used during incidents involving combustible or flammable materials
 - d. Attempt to contain the spill and stop or reduce the flow of the leak
 - e. Obtain help in the immediate area to assist in securing the site
2. The DRIVER will contact (or have a responsible person in the area call) the Cerberus Transport LLC Emergency Coordinator(s) via the phone numbers listed previously. The DRIVER or alternate caller will provide the Emergency Coordinator with the information requested in the following section.
3. The DRIVER is then to continue to monitor the scene and remain in contact with the Emergency Coordinator while an appropriate course of action is determined.
4. The Emergency Coordinator, DRIVER, or other authorized individual shall be responsible for contacting the appropriate authorities as well as the necessary contractors.

PRELIMINARY SPILL INFORMATION

A. Who is reporting the spill? If other than the driver, note the driver's name.

B. Where are you calling from and what is the telephone number or the site you are calling from?

C. Where **is** the spill? _____

D. Who **is** the Generator of the waste spilled? _____

E. What wastes have spilled and how much of each waste were spilled?

WASTE

AMOUNT

F. What **is** being done to stop, slow or clean up the spill/dischARGE? _____

G. What type of truck are you driving? (Tri-Axle dump truck, Roll-Off, etc.) _____

H. Has anyone been injured? How bad are their injuries? _____

I. How much damage is there to the vehicle involved and the surrounding property?

J. What authorities (e.g. police, fire, EPA, etc.) are already at the scene? _____

IMMEDIATE CONTAMINATED MATERIALS INCIDENT NOTIFICATION

At the earliest practical moment after a spill/discharge occurs, the Emergency Coordinator or the Driver shall initiate contact with the USDOT/USEPA/USCG National Response Center by telephone at 1-800-424-8802 if the incident involves contaminated materials during transportation, unloading or storage and results in one or more of the following:

1. A person is killed
2. A person receives injuries requiring hospitalization
3. Estimated damage to carrier or other property exceeding \$50 000
4. A situation though it does not meet one of the criteria exists of such a nature that in the judgement of the carrier, it should be reported even though it does not meet one of the criteria listed above (e.g. a continuing danger to life exists at the scene)

In making the telephone report, the Emergency Coordinator, Driver or other authorized individual shall provide the following information to the extent possible:

1. Name of the REPORTER
2. The name and address of the transporter as follows:
 - Name address:
3. Telephone number where the REPORTER can be contacted
4. The location, date and time that the incident occurred
5. Identify the extent of injuries, if any
6. The classification, name and quantity of contaminated materials involved, if such information is available. For each material involved in the incident, an attempt should be made to supply the following specific information:
 - a. Generator's name
 - b. Generator's EPA identification number
 - c. Proper DOT shipping name
7. A brief description of the type of incident and the nature of contaminated material involvement and whether a continuing danger to life exists at the scene.

DETAILED CONTAMINATED MATERIALS INCIDENT REPORT

A written report, in duplicate on DOT Form F 5800.1, must be made within 15 days of discovery of an incident arising out of the transportation, loading, unloading or storage of contaminated materials as follows:

- a) As a follow-up to any such incident reported by telephone during the immediate notification process described previously.
- b) As a result of an unintentional release of contaminated materials from any packaging including a cargo tank.

CONTAMINATED SUBSTANCE DISCHARGE NOTIFICATION

A discharge of a contaminated substance into or upon navigable water must be reported to the USDOT/USEPA/USCG Coast Guard National Response Center at 1-800-424-8802 or 1-202-426-2675. (Note: Only spills of hazardous substance which equal or exceed the designated "Reported Quantity" are required to be reported.)

Reportable Quantity values may be found as an Appendix to 49 CFR 172.101

The notification should be made by the designated Emergency Coordinator or alternately the driver as soon as that person has knowledge of the spill or damage.

The discharge notification should include the same information as that which is provided to the USDOT National Response Center during the Federal immediate notification process outlined previously

DRIVER TRAINING

All drivers will have Class A or Class B CDL license. All drivers review the FMCSA share the road safely truck and bus driver tips annually and sign and date the documents as a read and acknowledge. Documents are stored in the cab of the vehicle as well. Drivers shall review the DOT Motor Carrier Safety Regulations. FMCSA will also conduct safety audits.

I work with my insurance carrier to verify driving records. If a driver were to obtain a moving violation there would be a formal meeting held with the driver reviewing the incident and written warning which the driver and president of the company will sign stating if a second violation is received they will be terminated from the company. They are responsible for making payment on the violation as well and attending a motor vehicle training class.

Driver(s) will ensure vehicle transporting solid waste is covered to prevent discharge or release of solid waste to the environment. Waste will be disposed of at approved facilities as in attached facility list. The driver(s) shall maintain a log of shipments which will also be utilized for annual reporting to Delaware. The driver(s) shall coordinate the schedule for truck arrival and material deliveries at the facility. The delivery shall be compatible with the availability of equipment and personnel for material handling operations at the job site. The driver(s) shall inspect all vehicles leaving the site to ensure that contaminated soils adhering to the wheels or undercarriage are removed prior to the vehicle leaving the site. The driver(s) shall not deliver waste to any facility other than the disposal facility(ies) listed on the shipping manifest. The driver(s) shall ensure that trucks are protected against contamination by properly covering and lining them with compatible material or by decontaminating them prior to any use other than hauling contaminated materials.

All drivers review the spill control plan, sign and date as training records of a read and acknowledge training session. Spill control plan is retained in the cab of the vehicle. In addition, all vehicles will carry safety equipment as per Motor Carrier Safety Regulations DOT 49 CFR.

Driver(s) will review the 1301 Regulations Governing Solid Waste to ensure familiarity with conditions of permit.

Driver's Vehicle Inspection Report

Check ANY Defective Item and Give Details under "Remarks."

DATE: _____

TRUCK/TRACTOR NO. _____

- | | | |
|--|--|--|
| ☐ Air Compressor | ☐ Horn | ☐ Springs |
| ☐ Air Lines | ☐ Lights | ☐ Starter |
| ☐ Battery | Head – Stop | ☐ Steering |
| ☐ Brake Accessories | Tail – Dash | ☐ Tachograph |
| ☐ Brakes | Turn Indicators | ☐ Tires |
| ☐ Carburetor | ☐ Mirrors | ☐ Transmission |
| ☐ Clutch | ☐ Muffler | ☐ Wheels |
| ☐ Defroster | ☐ Oil Pressure | ☐ Windows |
| ☐ Drive Line | ☐ On-Board Recorder | ☐ Windshield Wipers |
| ☐ Engine | ☐ Radiator | ☐ Other |
| ☐ Fifth Wheel | ☐ Rear End | |
| ☐ Front Axle | ☐ Reflectors | |
| ☐ Fuel Tanks | ☐ Safety Equipment | |
| ☐ Heater | Fire Extinguisher | |
| | Flags – Flares – Fuses | |
| | Spare Bulbs & Fuses | |
| | Spare Seal Beam | |

TRAILER(S) NO (S). _____

- | | | |
|--|---------------------------------------|------------------------------------|
| ☐ Brake Connections | ☐ Hitch | ☐ Tarpaulin |
| ☐ Brakes | ☐ Landing Gear | ☐ Tires |
| ☐ Coupling Chains | ☐ Lights – All | ☐ Wheels |
| ☐ Coupling (King) Pin | ☐ Roof | ☐ Other |
| ☐ Doors | ☐ Springs | |

Remarks: _____

- ☐ Condition of the above vehicle is satisfactory

Driver's Signature _____

- ☐ Above Defects Corrected

- ☐ Above Defects Need NOT Be Corrected For Safe Operation Of Vehicle

Mechanic's Signature _____ Date _____

Driver's Signature _____ Date _____

WHStranporters

From: Daniel Wymard MSAcc <dwymard@gmail.com>
Sent: Monday, October 12, 2026 2:58 PM
To: WHStranporters; HMA Trucking LLC
Subject: [External] Re: Last Week: Delaware Solid Waste Transporter Permit
Attachments: COI-Department of Natural Resources and Environmental Control.pdf

External Email - **DO NOT CLICK** links or open attachments unless you recognize the sender.

Good morning DaQuan,

Please see the attached insurance certificate as requested.

Additionally, the dry facility election from the permit is:

Cherry Island Landfill
1706 E 12th St, Wilmington, DE 19809

Best regards,

Daniel Wymard

On Tue, Oct 6, 2026 at 10:19 AM WHStranporters <WHStranporters@delaware.gov> wrote:

Good morning,

Please provide an up-to-date certificate of insurance. Please provide this form and ensure you have the correct amount of automobile liability insurance and add the Department of Natural Resources and Environmental Control address in the Certificate Holder section. The address is 89 Kings Highway, Dover, DE 19901. Please provide a disposal facility that accepts dry waste for HMA Trucking LLC.

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](tel:302-739-9403)

✓ WHStranporters@delaware.gov

✓ [89 Kings Hwy SW, Dover, DE 19901](https://www.delaware.gov/89-Kings-Hwy-SW-Dover-DE-19901)

✓ dnrec.delaware.gov



From: Daniel Wymard MSAcc <dwymard@gmail.com>

Sent: Tuesday, June 30, 2026 5:44 PM

To: hmatruckingllc@gmail.com; Davis, DaQuan (DNREC) <daquan.davis@delaware.gov>

Subject: Re: Last Week: Delaware Solid Waste Transporter Permit

Good afternoon DaQuan,

Please find the attached documents for the Delaware Solid Waste Transporter renewal application for Carrier ID DE-SW-2121.

A check for the renewal fees has been sent via mail.

Please let me know if you need any additional information or have any questions.

Best regards,

Daniel Wymard MSAcc

On Wed, Jun 24, 2026 at 1:08 PM <hmatruckingllc@gmail.com> wrote:

Begin forwarded message:

From: WHStranporters <WHStranporters@delaware.gov>
Date: June 24, 2026 at 11:21:10 AM EDT
Subject: Last Week: Delaware Solid Waste Transporter Permit

Good morning,

This is the last week to get your application into our department for a renewal.

Please note that an application with missing information means you missed the due date of June 30th, 2026. If you missed the deadline, you will have to start over and wait 4-5 weeks to get another permit.

After June 30th, 2026, I will alert our officers of the businesses that have not renewed their permits to ensure no one is violating the law by transporting without a permit.

Thank you for your compliance.

DaQuan L. Davis

Environmental Scientist

Division of Waste and Hazardous Substances

[302-739-9403](tel:302-739-9403)

WHStranporters@delaware.gov

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

dnrec.delaware.gov

Daniel Wymard MSAcc.

Masters of Science in Accounting

P: [412-400-9997](tel:412-400-9997)

F: [202-852-6658](tel:202-852-6658)

1. Confidentiality Statement:

The content of this email is confidential and intended for the recipient specified in message only. It is strictly forbidden to share any part of this message with any third party, without a written consent of the sender. If you received this message by mistake, please reply to this message and follow with its deletion, so that we can ensure such a mistake does not occur in the future.

2. IRS Circular 230 Required Notice-IRS:

Regulations require that we inform you that to the extent this communication contains any statement regarding federal taxes, that statement was not written or intended to be used, and it cannot be used, by any person (i) for the purpose of avoiding federal tax penalties that may be imposed on that person, or (ii) to promote, market or recommend to another party any transaction or matter addressed herein.

Daniel Wymard MSAcc.
Masters of Science in Accounting
P: [412-400-9997](tel:412-400-9997)
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/06/2026

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 All Fronts Insurance Services Inc 225 Gordon's Corner Road Suite 2F Manalapan NJ 07726		CONTACT NAME: Customer Service PHONE (A/C, No, Ext): (888) 878-4252 FAX (A/C, No): (347) 348-0840 E-MAIL ADDRESS: coi@allfrontsins.com	
INSURED HMA TRUCKING LLC 85 TOBY DR SUCCASSUNNA NJ 07876		INSURER(S) AFFORDING COVERAGE INSURER A: United States Liability Insurance Company INSURER B: Accredited Speciality Ins Co INSURER C: Pie Casualty Insurance Company INSURER D: Underwriters at Lloyd's INSURER E: INSURER F:	
		NAIC # 25895 16835 10997 85202	

COVERAGES

CERTIFICATE NUMBER: 26-27

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR VWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR ☒ Blanket AI GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC ☐ OTHER			GL1172599C	10/20/2025	10/20/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000 Employee Benefits \$
B	☐ AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			CWS-NJ-19-S0379559-00	09/23/2026	09/23/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,500,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist \$ 50,000
A	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$			XL1633121C	10/20/2025	10/20/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ PER STATUTE ☒ OTH-ER ☐
C	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 ☒ Y ☐ N	N/A	WC PI 3275905-000	11/26/2025	11/26/2026	E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
D	Physical Damage			JSI07652500255	08/24/2026	08/24/2027	Deductible \$2,500

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

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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