## **IMPORTANT NOTICE**

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

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

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

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

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

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

We appreciate your cooperation in this matter.



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

**89 KINGS HIGHWAY** DOVER, DELAWARE 19901 TELEPHONE: (302) 739-9403 FAX: (302) 739-5060

#### SOLID WASTE TRANSPORTER PERMIT APPLICATION

Language Preference:

*Instructions:* You must complete this application in its entirety and attach all applicable documentation. (Note: For applicants renewing an existing permit, this application requires the submission of updated information and documentation. References to material submitted under previous applications are no longer accepted.)

The application must be signed by the company owner or a corporate officer. A check or money order payable to the "State of Delaware" must accompany this application and be sent to:

> Delaware Department of Natural Resources and Environmental Control Compliance and Permitting Section 89 Kings Highway Dover, DE 19901

## 1. Type of Permit

New - SCRAP TIRES ONLY Submit a check or money order, payable to the "State of Delaware," in the amount of \$75.00.

New – **ALL OTHERS** Submit a check or money order, payable to the "State of Delaware" in the amount of \$350.00.

Renewal: Permit # DE-SW-	Expiration Date	

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

SCRAP TIRES ONLY	ALL OTHERS
One Year - \$75.00	One Year - \$350.00
Two Years - \$125.00	Two Years - \$650.00
Three Years - \$175.00	Three Years - \$950.00
Four Years - \$225.00	Four Years - \$1250.00
Five Years - \$275.00	Five Years - \$1550.00

# 2. Release to Public

	Do you wish to be included on the list of trans Delaware permitted solid waste transporters?	orters that is provided to persons requesting a list of Yes \(\simega\) No
3.	Company Information	
	Company Name	
Lo	tion Address:	Mailing Address:
Co	act:T	itle:
Bu	ness Phone:I	ax:
E-1	ail:	
24	r Emergency Contact Phone:	
4.	Company Ownership Information	
	(a). Please indicate the company type: Proprietorship Partnership Corporation - If company is a corpor	ation, indicate city, state, and date of incorporation.
	City:S	tate:Date:
	Municipality Public institution Limited Liability Corporation (LLC) Other: (must specify)	
		Officer, attach a list with name, title, mailing address, all stockholders owning greater than 5% outstanding
	Attachment	
	(c). If company is owned by or affiliated with address & mailing address, and % owner	n a parent company, attach parent company name, ship.
	AttachmentNo parent company	

# 5. Company locations in Delaware

	List name and <u>street</u> 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 <i>Regulations Governing Solid Waste</i> 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
	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.	Trea	ntment, Storage, and Disposal Facilities									
	(a).	Do you cross state lines with the waste? Yes	No								
	(b). Identify in an attachment <i>all</i> 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 Delaware Recyclable Products, Inc. (dry waste, concept Other in-state solid waste facilities, including prival Out of state solid waste TSD facilities: (attachment)	t facility for Pommercial, inc ate facilities: (	lustrial, and PHC-soils ) (attachment)							
9.	Oth	er Transporter Permits									
	(a).	Attach a copy of your home state solid waste transport home state.)	er permit. (N/	'A if Delaware is your							
		Attachment Not applicable-No transporter permit required for t	hese solid was	te types in our home state.							
	(b).	List solid waste transporter permits held in other states									
		Attachment No transporter permits in other states									
	(c).	Indicate your Federal DOT number and Motor Carrier	number:								
		DOT# MC# _									
		N/A If N/A, please provide an explanation, on the required to have a DOT or MC number.	following pag	ge, as to why you are not							
10.	Proc	of of Financial Responsibility									
	Dela Insui Depa	transporter must submit proof of financial responsitives are segulations Governing Solid Waste. This progrance, with MCS-90 endorsement where applicable artment. (The Certificate of Insurance must identify the ironmental Control, Compliance and Permitting Section 1.	of may be esta , or by othe <b>Department</b>	ablished by a Certificate of r means approved by the of Natural Resources and							
	(a).	Are you for-hire in interstate commerce? Yes business of transporting, for compensation or payment than your own.)		e means you are in the ated by a company other							
		Do you transport in the State of Delaware Only (Intras Do you transport Interstate?		es No 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 Cor	ntrol Plan: <i>A</i>	Attachment
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#### 12. Driver Training

**IN SUMMARY OR OUTLINE FORM**, describe the procedures that your company takes to ensure that all company drivers are safe and competent drivers. Small owner-operators may describe their years of experience and driving record in lieu of a formal program.

- (a). Include requirements for special licenses (e.g. CDL, including any special endorsements), any special training received, including dates training was received (e.g. asbestos training), and any ongoing company programs. (e.g. weekly safety meetings or annual refresher courses);
- (b). Include your company procedure for periodic checks of the driver's records for moving violations, and your company policy on progressive counseling/discipline based on points;
- (c). Describe how drivers are instructed in the following:
  - (i) Knowledge of proper handling procedures for the type of solid waste being transported.
  - (ii) Familiarity with the approved accidental discharge containment plan. (Spill Control Plan)
  - (iii)Familiarity with the conditions of the solid waste transporter's permit.

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#### 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.

Att	achment					
No	violations	within	the s	pecified	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	Title	
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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.

			mfgr's		
MAKE - MODEL - YEAR	TYPE	VIN # (Serial Number)	of REGISTRATION	GVWR	OWNERSHIP

#### SPILL CONTROL PLAN FOR SOLID WASTE HAULERS

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/ I \	Cn1II	control	and	COLATA	aduinment	carriad in	each vehicle:
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- 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.