

C&H Veteran Enterprises Inc.

A CERTIFIED SDVOSB/SBE/DVBE/DBE COMPANY

PO Box 695
West Sacramento, CA 95691
Tel: (916) 371-0148
Fax: (916) 373-3176



C&H Veteran Enterprisesinc.

We have only one location in West Sacramento, Ca

Been in Business since 2004

Our services we provide are Bin rental, Haz & Non Haz Transportation & Disposal

California Certification Report

35850 - C & H VETERAN ENTERPRISES INC - MB | DVBE

Legal Business Name	C & H VETERAN ENTERPRISES INC		
Doing Business As	C & H VETERAN ENTERPRISES INC		
Address	PO BOX 695	Phone	(916) 371-0148
	WEST SACRAMENTO, CA 95691	FAX	(916) 373-3176
Email	mcaldwellpvbg@yahoo.com		
Web Page	http://www.chveteranenterprises.com		
Active Certifications	SB (micro) Aug 21, 2013 - Sep 30, 2017		
	DVBE Aug 21, 2013 - Sep 30, 2017		
Business Types	Construction; Service;		
Classifications	[211022] Forestry machinery and equipment		
	[701518] Forestry conservation services		
	[761016] Hazardous material decontamination		
	[761219] Hazardous waste disposal		
Keywords	[811015] Civil engineering		
	HAZARDOUS NON HAZARDOUS WASTE HAULING RESTRICTED WASTE TRANSPORTATION DISPOSAL. ROLL-OFF BIN RENTAL. WASTE TIRE HAULER, RENTAL EQUIPMENT AND WATER TRUCK , DEMOLITION, EXCAVATION, CONSTRUCTION SITE REMEDIATION		

ATTACHMENT VI

STATE OF CALIFORNIA - DEPARTMENT OF GENERAL SERVICES PROCUREMENT DIVISION DISABLED VETERAN BUSINESS ENTERPRISE DECLARATIONS

STD. 643 (Rev. 5/2005)

Instructions: The disabled veteran (DV) owner(s) and DV manager(s) of the Disabled Veteran Business Enterprise (DVBE) must complete this declaration when a DVBE contractor or subcontractor will provide materials, supplies, services or equipment (Military and Veterans Code Section 999.2). Violations are misdemeanors and punishable by imprisonment or fine and violators are liable for civil penalties. All signatures are made under penalty of perjury.

SECTION 1

Name of certified DVBE: CH Veteran Ent. DVBE Ref. Number: 35850

Description (materials/supplies/services/equipment proposed): _____

Solicitation/Contract Number: _____ SOPRS Ref. Number: _____

(FOR STATE USE ONLY)

SECTION 2

APPLIES TO ALL DVBEs. Check only one box in Section 2 and provide original signatures.

- ☐ I (we) declare that the DVBE is not a broker or agent, as defined in Military and Veterans Code Section 999.2 (b), of materials, supplies, services or equipment listed above. Also, complete Section 3 below if renting equipment.
- ☐ Pursuant to Military and Veterans Code Section 999.2 (f), I (we) declare that the DVBE is a broker or agent for the principal(s) listed below or on an attached sheet(s). (Pursuant to Military and Veterans Code 999.2 (e), State funds expended for equipment rented from equipment brokers pursuant to contracts awarded under this section shall not be credited toward the 3-percent DVBE participation goal.)

All DV owners and managers of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Brian Sperry Brian Sperry 2/1/16
(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

(Printed Name of DV Owner/Manager) (Signature of DV Owner/Manager) (Date Signed)

Firm/Principal for whom the DVBE is acting as a broker or agent:
(If more than one firm, list on extra sheets.) (Print or Type Name)

Firm/Principal Phone: _____ Address: _____

SECTION 3

APPLIES TO ALL DVBEs THAT RENT EQUIPMENT AND DECLARE THE DVBE IS NOT A BROKER.

- ☐ Pursuant to Military and Veterans Code Section 999.2 (c), (d) and (g), I am (we are) the DV(s) with at least 51% ownership of the DVBE, or a DV manager(s) of the DVBE. The DVBE maintains certification requirements in accordance with Military and Veterans Code Section 999 et. seq.
- ☒ The undersigned owner(s) own(s) at least 51% of the quantity and value of each piece of equipment that will be rented for use in the contract identified above. I (we), the DV owners of the equipment, have submitted to the administering agency my (our) personal federal tax return(s) at time of certification and annually thereafter as defined in Military and Veterans Code 999.2, subsections (c) and (g). Failure by the disabled veteran equipment owner(s) to submit their personal federal tax return(s) to the administering agency as defined in Military and Veterans Code 999.2, subsections (c) and (g), will result in the DVBE being deemed an equipment broker.

Disabled Veteran Owner(s) of the DVBE (attach additional pages with signature blocks for each person to sign):

JAMES CALDWELL x James Caldwell _____
(Printed Name) (Signature) (Date Signed)

PO Box 695 West Sacramento 916-371-0148 20-0717178
(Address of Owner) (Telephone) (Tax Identification Number of Owner)

Disabled Veteran Manager(s) of the DVBE (attach additional pages with sufficient signature blocks for each person to sign):

Brian Sperry Brian Sperry 2/1/16
(Printed Name of DV Manager) (Signature of DV Manager) (Date Signed)

Page ____ of ____

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2014-2017**

Registrant: C & H VETERAN ENTERPRISES, INC.
Attn: JAMES M CALDWELL
PO BOX 695
W SACRAMENTO, CA 95691

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 052714 551 026WY Issued: 05/27/2014 Expires: 06/30/2017
HM Company ID: 071698

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



STATE OF CALIFORNIA
DEPARTMENT OF CALIFORNIA HIGHWAY PATROL

HAZARDOUS MATERIALS TRANSPORTATION LICENSE

CHP 360H (REV. 1/00) OPI 062

CONTROL NUMBER	LICENSE NUMBER	ISSUE DATE	EFFECTIVE DATE	EXPIRATION DATE
218675	135368	2/25/2016	4/1/2016	3/31/2017
CHP CARRIER NUMBER	LOCATION	<input type="checkbox"/> Duplicate <input type="checkbox"/> Initial	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Renewal	
CA 273750	280			

PROPERTY OF THE CALIFORNIA HIGHWAY PATROL (CHP)

The original valid license must be kept at the licensee's place of business as indicated on the license and a legible copy must be carried in any vehicle or combination transporting hazardous waste materials and must be presented to any CHP officer upon request. This license is NON-TRANSFERABLE and must be surrendered to the CHP upon demand or as required by law. A majority change in ownership or control of the licensed activity shall require a new license. This license may be renewed by submitting an application and appropriate fee to the CHP. Persons whose licenses have expired or are otherwise no longer valid must immediately cease the activity requiring a license. THERE IS NO GRACE PERIOD. For licensing information contact CHP, Commercial Vehicle Section at (916) 843-3400.

LICENSEE NAME AND PHYSICAL STATION ADDRESS (if different than below)

C&H VETERAN ENTERPRISES INC
3208 W CAPITOL AVE
WEST SACRAMENTO CA, US 95691

LICENSEE NAME AND MAILING ADDRESS

C&H VETERAN ENTERPRISES INC
PO BOX 695
WEST SACRAMENTO CA, US 95691

This carrier is on the special routing/sage stopping place mailing lists as indicated below:

- ☐ (HMX) Explosives subject to Division 14, California Vehicle Code (CVC).
- ☐ (HMPH) Poison Inhalation Hazard materials in bulk packages subject to Division 14.3, CVC.
- ☐ (HMRCQ) Highway Route Controlled Quantity radioactive materials subject to Division 14.5, CVC.

Any person who dumps, spills, or causes the release of hazardous materials or hazardous waste upon any highway shall immediately notify the CHP or the agency having jurisdiction for that highway. The minimum fine for failure to make the appropriate notification is \$2,000.00. (CVC Section 23112.5)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/5/2015

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 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 Wells Fargo Insurance Services USA, Inc. CA DOI Lic. #0D08408 (916) 589-8000 10940 White Rock Road, 2nd floor Rancho Cordova, CA 95670-6076	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No):																					
INSURED C & H Veteran Enterprises, Inc. P. O. Box 695 West Sacramento, CA 95691	<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>Nautilus Insurance Company</td><td>17370</td></tr><tr><td>INSURER B:</td><td>Ohio Casualty Insurance Company</td><td>24074</td></tr><tr><td>INSURER C:</td><td>State Compensation Insurance Fund</td><td>35076</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:	Nautilus Insurance Company	17370	INSURER B:	Ohio Casualty Insurance Company	24074	INSURER C:	State Compensation Insurance Fund	35076	INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER: 9204052

REVISION NUMBER: See below

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Contractors Pollution Liability GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		ECPO1533130-14	06/06/2015	06/06/2016	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 Contractors Pollution Liability \$ 1,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		BAO 56163394	06/06/2015	06/06/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		15EFXWE00179	06/11/2015	06/11/2016	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000
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 <input type="checkbox"/> N/A		9043980-15	2/1/2015	2/1/2016	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	Professional Liability		ECPO1533130-14	06/06/2015	06/06/2016	\$1,000,000 Limit

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

Evidence of Insurance.

CERTIFICATE HOLDER

C & H Veteran Enterprises, Inc.
P.O. Box 695
West Sacramento, CA 95691

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

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980

Issued to C & H VETERAN ENTERPRISES, INC.

of PO BOX 695

WEST SACRAMENTO, CA 95691

Dated at WEST SACRAMENTO/CA
this 6 day of JUNE 2014

Amending Policy No. 56163394 Effective Date 06/06/2015

Telephone Number 916-371-3617 Countersigned by _____
Authorized Company Representative

Name of Insurance Company The Ohio Casualty Insurance Company

The policy to which this endorsement is attached provides primary or excess insurance, as indicated by
"X", for the limits shown:☐ This insurance is primary and the company shall not be liable for amounts in excess of
\$ _____ 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: 916-371-3617

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, D.C.).

DEFINITIONS AS USED IN THIS ENDORSEMENT

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

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

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

PROPERTY DAMAGE means damage to or loss of use of tangible property.

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

PUBLIC LIABILITY means liability for bodily injury, property damage, and environmental restoration.

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980

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

In consideration of the premium stated in the policy to which this endorsement is attached, the insurer (the company) agrees to pay, within the limits of liability described herein, any final judgment recovered against the insured for public liability resulting from negligence in the operation, maintenance or use of motor vehicles subject to the financial responsibility requirements of Sections 29 and 30 of the Motor Carrier Act of 1980 regardless of whether or not each motor vehicle is specifically described in the policy and whether or not such negligence occurs on any route or in any territory authorized to be served by the insured or elsewhere. Such insurance as is afforded, for public liability, does not apply to injury to or death of the insured's employees while engaged in the course of their employment, or property transported by the insured, designated as cargo.

It is understood and agreed that no condition, provision, stipulation, or limitation contained in the policy, this endorsement, or any other endorsement thereon, or violation thereof, shall relieve the company from liability or from the payment of any final judgment, within the limits of liability herein described, irrespective of the financial condition, insolvency or bankruptcy of the insured. However, all terms, conditions, and limitations in the policy to which the endorsement is attached shall remain in full force and effect as binding between the insured and the company. The insured agrees to reimburse the company for any payment made by the company on account of any accident, claim, or suit involving a breach of the terms of the policy, and for any payment that the company would not have been obligated to make under the provisions of the policy except for the agreement contained in this endorsement.

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

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

THE SCHEDULE OF LIMITS SHOWN ON THE NEXT PAGE DOES NOT PROVIDE COVERAGE.

The limits shown in the schedule are for information purposes only.

ENDORSEMENT FOR
MOTOR CARRIER POLICIES OF INSURANCE FOR PUBLIC LIABILITY
UNDER SECTIONS 29 and 30 OF THE MOTOR CARRIER ACT OF 1980

SCHEDULE OF LIMITS
Public Liability


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

DEPARTMENT OF MOTOR VEHICLES
 MOTOR CARRIER SERVICES BRANCH MS G875
 P.O. BOX 932370 Sacramento, CA. 94232-3700
 (916) 657-8153

04/07/2011



C & H VETERAN ENTERPRISES INC
 PO BX 695
 WEST SACRAMENTO, CA 95691

 DEPARTMENT OF MOTOR VEHICLES A Public Service Agency		NON-EXPIRING MOTOR CARRIER PERMIT Combined Carrier	
DEPARTMENT OF MOTOR VEHICLES Motor Carrier Services Branch P.O. BOX 932370 Sacramento, CA. 94232-3700		Valid From: 05/01/2011	Valid Through: Non-Expiring
C & H VETERAN ENTERPRISES INC PO BX 695 WEST SACRAMENTO, CA 95691		CA#: 0273750	The carrier named on this permit is subject to the Unified Carrier Registration Act (UCRA) of 2005, and is granted a non-expiring permit of the following classification: <div style="text-align: center;">Corporation</div>
Prnt Date: N/A	Office #: 154	Not Valid for Intrastate Only Operations	
Account #: 405730	Tech ID: XV		
Sequence #: 0046	Amt Paid: No Fee		

!!!IMPORTANT REMINDERS!!!

1. This non-expiring Motor Carrier Permit (MCP) will remain valid as long as you continue to conduct interstate operations. The Unified Carrier Registration Act (UCRA) of 2005 exempts combined carriers (carriers who operate both intra and interstate) from MCP requirements.
2. Federal Motor Carrier Safety Administration insurance requirements must be maintained.
3. If you commence intrastate only operations, you must renew your MCP.

California Relay Telephone Service for the deaf or hearing impaired from TDD Phones: 1-800-735-2929; from Voice Phones: 1-800-735-2922



State of California Secretary of State

S

Statement of Information

(Domestic Stock and Agricultural Cooperative Corporations)

FEES (Filing and Disclosure): \$25.00. If amendment, see instructions.
IMPORTANT - READ INSTRUCTIONS BEFORE COMPLETING THIS FORM

ENDORSED - FILED
in the office of the Secretary of State
of the State of California

NOV 09 2010

1. CORPORATE NAME

C&H Veteran Enterprises, Inc

Due Date:

This Space for Filing Use Only

No Change Statement (Not applicable if agent address of record is a P.O. Box address. See instructions.)
2. ☐ If there has been no change in any of the information contained in the last Statement of Information filed with the California Secretary of State, check the box and proceed to Item 16.

If there have been any changes to the information contained in the last Statement of Information filed with the California Secretary of State, or no statement has been previously filed, this form must be completed in its entirety.

Complete Addresses for the Following (Do not abbreviate the name of the city. Items 3 and 4 cannot be P.O. Boxes.)

3. STREET ADDRESS OF PRINCIPAL EXECUTIVE OFFICE	CITY	STATE	ZIP CODE
3208 West Capital Ave	West Sacramento	California	95691
4. STREET ADDRESS OF PRINCIPAL BUSINESS OFFICE IN CALIFORNIA, IF ANY	CITY	STATE	ZIP CODE
		CA	
5. MAILING ADDRESS OF CORPORATION, IF DIFFERENT THAN ITEM 3	CITY	STATE	ZIP CODE
PO Box 695	West Sacramento	California	95691

Names and Complete Addresses of the Following Officers (The corporation must list these three officers. A comparable title for the specific officer may be added; however, the preprinted titles on this form must not be altered.)

6. CHIEF EXECUTIVE OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
James Michael Caldwell	2990 Allan Ave	West Sacramento	California	95691
7. SECRETARY	ADDRESS	CITY	STATE	ZIP CODE
Brian Sperry	722 Red Haven Street	Brentwood	California	94513
8. CHIEF FINANCIAL OFFICER/	ADDRESS	CITY	STATE	ZIP CODE
James Michael Caldwell	2990 Allan Ave	West Sacramento	California	95691

Names and Complete Addresses of All Directors, Including Directors Who are Also Officers (The corporation must have at least one director. Attach additional pages, if necessary.)

9. NAME	ADDRESS	CITY	STATE	ZIP CODE
James Michael Caldwell	2990 Allan Ave	West Sacramento	California	95691
10. NAME	ADDRESS	CITY	STATE	ZIP CODE
Brian Sperry	722 Red Haven Street	Brentwood	California	94513
11. NAME	ADDRESS	CITY	STATE	ZIP CODE

12. NUMBER OF VACANCIES ON THE BOARD OF DIRECTORS, IF ANY

Agent for Service of Process (If the agent is an individual, the agent must reside in California and Item 14 must be completed with a California street address (a P.O. Box address is not acceptable). If the agent is another corporation, the agent must have on file with the California Secretary of State a certificate pursuant to California Corporations Code section 1505 and Item 14 must be left blank.)

13. NAME OF AGENT FOR SERVICE OF PROCESS

James Michael Caldwell

14. STREET ADDRESS OF AGENT FOR SERVICE OF PROCESS IN CALIFORNIA, IF AN INDIVIDUAL	CITY	STATE	ZIP CODE
2990 Allan Ave	West Sacramento	CA	95691

Type of Business

15. DESCRIBE THE TYPE OF BUSINESS OF THE CORPORATION
Marketing Hazardous Waste Transportation and Remediation

16. BY SUBMITTING THIS STATEMENT OF INFORMATION TO THE CALIFORNIA SECRETARY OF STATE, THE CORPORATION CERTIFIES THE INFORMATION CONTAINED HEREIN, INCLUDING ANY ATTACHMENTS, IS TRUE AND CORRECT.

11/9/10

James Michael Caldwell

President

DATE

TYPE/PRINT NAME OF PERSON COMPLETING FORM

TITLE

James M. Caldwell
SIGNATURE

C&H Veteran Enterprises, Inc.



-- Certified Disabled Veteran & Small Business Enterprise --

P.O. Box 695 West Sacramento, CA 95691 916-371-0148, Fax 373-3176

To Whom It may Concern:

Below is Credit Application Information for establishment of a trade account.

Company Information

C&H Veteran Enterprises Inc.

Federal ID No. 20-0717178

Our Billing Address

C&H Veteran Enterprises, Inc.

P.O. Box 695

West Sacramento, CA 95691

Ph 916-371-0148 Fax 916-373-3176

Established In January 2004

Commercial Bank

First Northern Bank

700 J Street

Sacramento, CA 95814

Ph: 916-447-9000

Fax (707) 678-7709 Attn: Verifications

Account #5036859

Trade References

Altamont Landfill

10840 Altamont Pass Road

Livermore, CA 94550

Acct# 554-0387513-2554-9

Ph 925-455-7300

Fax 925-455-7383

Ramos Oil Company

1515 South River Road

West Sacramento, CA 95691

Acct# 21421

Ph 800-477-7266

Fax 916-371-0635

NWS Hay Road Landfill

6426 Hay Road

Vacaville, CA 96007

Act# 51623

Ph 707-678-1492

Fax 707-678-5148

Fleetpride

P.O. Box 847118

Dallas, TX 75284

Acct# 722447

Ph 361-883-4358

Fax 361-883-3323

STATE OF CALIFORNIA

Contractors State License Board

Pursuant to Chapter 9 of Division 3 of the Business and Professions Code
and the Rules and Regulations of the Contractors State License Board,
the Registrar of Contractors does hereby issue this license to:

C & H VETERAN ENTERPRISES INC

License Number 844479


to engage in the business or act in the capacity of a contractor
in the following classification(s):

A - GENERAL ENGINEERING CONTRACTOR
HAZ - HAZARDOUS SUBSTANCES REMOVAL


Witness my hand and seal this day,

August 3, 2010

Issued August 11, 2004


James Miller
Board Chair

This license is the property of the Registrar of Contractors,
is not transferable, and shall be returned to the Registrar
upon demand when suspended, revoked, or invalidated
for any reason. It becomes void if not renewed.


Stephen P. Sands
Registrar of Contractors

CITY OF WEST SACRAMENTO

1110 West Capitol Avenue, 2nd Floor
West Sacramento, CA 95691 (916) 617-4645

Business License No:

8106

Expires:

12/31/2016

Business Name:

C & H Veteran Enterprises Inc

Business Location:

**3208 WEST CAPITOL AVE
WEST SACRAMENTO, CA 95691**

Mailing Address:

**C & H VETERAN ENTERPRISES INC
PO BOX 695
WEST SACRAMENTO, CA 95691**

Business Phone:

Issued On:

1/12/2016

Active Since:

9/17/2003

Business Owners/Officer(s) Name:

**JAMES MICHAEL CALDWELL
STEVE HARRIS**

Ownership Type:

Corporation

Parcel Number:

008401012000

NAICS Code/Description:

488510 Freight Transportation Arrangement

Contractor's Number:

Conditions of License:

**This License is effective
only for the business
shown at the location on
this license.**

**Non-Transferable
Post in a conspicuous
place.**

This license is issued without verification that the holder is subject to or exempt from licensing by the state, county, federal government, or any other regulatory agency. Issuance of this license is not an endorsement, nor certification of compliance with other ordinances or laws. It is the owner's responsibility to renew their business license or notify the City if they are no longer doing business, even if they do not receive a renewal notice by mail.

Alcohol & Drug Testing Services


Enrollment Certificate

C & H Veteran Enterprises Inc
PO Box 695
W. Sacramento, CA 95691

Effective Date: 2/8/2000
Expires: 2/8/2017
Account #: 2324

This Company is a member of ADTS~Alcohol & Drug Testing Services Controlled Substance and Alcohol Testing Program. All testing is conducted in accordance with 49CFR Part 40 as amended. Questions concerning any specifics of the program may be directed to ADTS.

A drug free workplace protects this company's most valuable resource, the employees!


Alcohol & Drug Testing Services
Authorized Representative

United States Environmental Protection Agency
Region 9
75 Hawthorne Street, (WST-6)
San Francisco, CA 94105

June 3, 2004

JAMES CALDWELL
C AND H VETERAN ENT INC
3208 W CAPITOL AVE STE C
WEST SACRAMENTO, CA 95691

The US Environmental Protection Agency (EPA) has assigned an EPA Identification (ID) number to your location. EPA has assigned this ID number in response to the Notification of Regulated Waste Activity Form (Form 8700-12) received from your installation on May 14, 2004.

By submitting the Form 8700-12, your installation has notified the EPA of the Resource Conservation and Recovery Act (RCRA) regulated waste activities shown below in accordance with Section 3010 of RCRA. The EPA ID number for this location is also referred to as a 'RCRA ID number' and is to be used on transport manifests and any other hazardous waste management documents required under Subtitle C of RCRA.

RCRA ID number: CAR000153395
is assigned to: C AND H VETERAN ENT INC
3208 W CAPITOL AVE STE C
WEST SACRAMENTO, CA 95691

EPA has listed your status as:

Not a Generator
Transporter

For assistance with questions regarding RCRA regulations, call the National RCRA Hotline at (800) 424-9346. For assistance with any other questions, or if you need a current version of the EPA Notification of Regulated Waste Activity Form (Form 8700-12) please contact:

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street
(WST-6/Tetra Tech)
San Francisco, CA 94105
Phone: (415) 495-8895

Subject: Fw: FMCSA Announces Medical Certificate Extension

From:

To:

Date: Friday, January 10, 2014 12:30 PM

----- Forwarded Message -----

From: Federal Motor Carrier Safety Administration <usdotfmcsa@service.govdelivery.com>

To: worldenvironmentalenergy@yahoo.com

Sent: Friday, January 10, 2014 12:16 PM

Subject: FMCSA Announces Medical Certificate Extension



Dear Motor Carrier,

Next week, FMCSA will publish a final rule extending the requirement for interstate commercial drivers to have paper copies of their medical examiner's certifications with them when operating a commercial motor vehicle. An advance copy of the rule has been posted to FMCSA's website. This requirement will stay in effect until January 30, 2015. This requirement applies to any drivers with either a commercial driver's license (CDL) or the commercial learner's permit (CLP) who must be medically certified under 49 CFR part 391. Please note that drivers are still required to certify their status (e.g., interstate or intrastate, exempt or non-exempt) with the State Driver License Agency (SDLA) agency before January 30, 2014 and to provide the SDLA a copy of any new medical certificate received after January 30, 2012.

FMCSA also extended the requirement for interstate motor carriers to retain copies of their drivers' medical certificates in their driver qualification files. This extension of the requirement to carry a medical certificate card was needed to ensure that all SDLAs are prepared to accept and transmit the medical qualification of CDL and CLP holders on the Commercial Driver's License Information System (CDLIS) driver record.

Please go to FMCSA's webpage at: http://www.fmcsa.dot.gov/rules-regulations/administration/rulemakings/rule-programs/rule_making_details.aspx?ruleid=468 for more information.

You are subscribed to Federal Motor Carrier Safety Administration email updates
Subscriber Services: Manage Preferences
Questions for Federal Motor Carrier Safety Administration please Contact Us

STAY CONNECTED



This email was sent to worldenvironmentalenergy@yahoo.com using GovDelivery, on behalf of:
Federal Motor Carrier Safety Administration 1200 New Jersey Avenue SE - Washington, DC 20590



Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return) C+H VETERAN ENT	
Business name/disregarded entity name, if different from above	
Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <input type="checkbox"/> Other (see instructions) ▶	
<input type="checkbox"/> Exempt payee	
Address (number, street, and apt. or suite no.) 3208 W CAPITAL AVE.	Requester's name and address (optional)
City, state, and ZIP code W SACTO, CA 95691	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								

Employer identification number								
20	-	07	17	178				

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here
Signature of U.S. person **Jim Jarvis**

Date **4/4/15**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Alcohol & Drug Testing Services

Enrollment Certificate

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A drug free workplace protects this company's most valuable resource, the employees!


Alcohol & Drug Testing Services
Authorized Representative