

Torres Rojas, Genara

FOI#12246

From: jfawcett@kreindler.com
Sent: Friday, April 01, 2011 12:08 PM
To: Van Duyne, Sheree
Cc: Torres Rojas, Genara; Duffy, Daniel
Subject: Freedom of Information Online Request Form

Information:

First Name: John
Last Name: Fawcett
Company: Kreindler
Mailing Address 1: 750 Third Ave
Mailing Address 2:
City: New York
State: NY
Zip Code: 10017
Email Address: jfawcett@kreindler.com
Phone: 2129733469
Required copies of the records: No

List of specific record(s):

All records pertaining to the certification of Munoz Trucking as a Disadvantaged Business Enterprise, including but not limited to the UCE Application, the UCE Application Supporting Documents, the Affidavit of Certification, the Construction Reference Sheet, the Marketing Data Form, and any Re Certification Applications

THE PORT AUTHORITY OF NY & NJ

Daniel D. Duffy
FOI Administrator

February 14, 2012

Mr. John Fawcett
Kreindler
750 Third Avenue
New York, NY 10017

Re: Freedom of Information Reference No. 12246

Dear Mr. Fawcett:

This is a response to your request, which has been processed under the Port Authority's Freedom of Information Policy (the "Policy," copy enclosed) for copies of all records pertaining to the certification of Munoz Trucking as a Disadvantaged Business Enterprise.

Material responsive to your request and available under the Policy, which consists of 52 pages, will be forwarded to your attention upon receipt of a photocopying fee of \$13 (25¢ per page). Payment should be made in cash, certified check, company check or money order payable to "The Port Authority of New York & New Jersey" and should be sent to my attention at 225 Park Avenue South, 17th Floor, New York, NY 10003.

Certain material responsive to your request is exempt from disclosure pursuant to exemptions (2) and (7) of the Policy.

Please refer to the above FOI reference number in any future correspondence relating to your request.

Sincerely,



Daniel D. Duffy
FOI Administrator

Enclosure

225 Park Avenue South
New York, NY 10003
T: 212 435 3642 F: 212 435 7555

Section 1: CERTIFICATION INFORMATION

BY:

A. Prior/Other Certifications

Is your firm currently certified for any of the following programs? <i>(If Yes, check appropriate box(es))</i>	<input type="checkbox"/> DBE	Name of certifying agency:
		Has your firm's state UCP conducted an on-site visit?
		<input type="checkbox"/> Yes, on ___ / ___ / ___ State: <input checked="" type="checkbox"/> No
	<input type="checkbox"/> 8(a) <input type="checkbox"/> SDB	<input checked="" type="checkbox"/> STOP! If you checked either the 8(a) or SDB box, you <u>may not</u> have to complete this application. Ask your state UCP about the streamlined application process under the SBA-DOT MOU.

B. Prior/Other Applications and Privileges

Has your firm (under any name) or any of its owners, Board of Directors, officers or management personnel, ever withdrawn an application for any of the programs listed above, or ever been denied certification, decertified, or debarred or suspended or otherwise had bidding privileges denied or restricted by any state or local agency, or Federal entity?

Yes, on ___ / ___ / ___ No

If Yes, identify State and name of state, local, or Federal agency and explain the nature of the action:

Section 2: GENERAL INFORMATION

A. Contact Information

(1) Contact person and Title: MANUEL MUMDZ, PRES		(2) Legal name of firm: MUMDZ TRUCKING CORP			
(3) Phone #:	(4) Other Phone #:	(5) Fax #:			
(6) E-mail:		(7) Website (if have one):			
(8) Street address of firm (No P.O. Box): 132 OVERLOOK AVE		City: BELLEVILLE	County/Parish: ESSEX	State: NJ	Zip: 07104
(9) Mailing address of firm (if different):		City:	County/Parish:	State:	Zip:

B. Business Profile

(1) Describe the primary activities of your firm: TRANSPORTATION OF CONSTRUCTION WASTE		(2) Federal Tax ID (if any):
(3) This firm was established on ___ / ___ / ___		(4) I/We have owned this firm since: ___ / ___ / ___
(5) Method of acquisition (check all that apply): <input checked="" type="checkbox"/> Started new business <input type="checkbox"/> Bought existing business <input type="checkbox"/> Inherited business <input type="checkbox"/> Secured concession <input type="checkbox"/> Merger or consolidation <input checked="" type="checkbox"/> Other (explain)		
(6) Is your firm "for profit"? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> STOP! If your firm is NOT for-profit, then you do NOT qualify for this program and do NOT need to fill out this application.

(7) Type of firm (check all that apply):

Sole Proprietorship
 Partnership
 Corporation
 Limited Liability Partnership
 Limited Liability Corporation
 Joint Venture
 Other, Describe:

(8) Has your firm ever existed under different ownership, a different type of ownership, or a different name?
 Yes No
 If Yes, explain:

(9) Number of employees: Full-time 15 Part-time _____ Total _____

(10) Specify the gross receipts of the firm for the last 3 years: Year 2005 Total receipts \$ 1,333,775
 Year 2006 Total receipts \$ 3,566,358
 Year 2007 Total receipts \$ 5,059,132

C. Relationships with Other Businesses

(1) Is your firm co-located at any of its business locations, or does it share a telephone number, P.O. Box, office space, yard, warehouse, facilities, equipment, or office staff, with any other business, organization, or entity?
 Yes No

If Yes, identify: Other Firm's name: _____
 Explain nature of shared facilities: _____

(2) At present, or at any time in the past, has your firm:	(a) been a subsidiary of any other firm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(b) consisted of a partnership in which one or more of the partners are other firms?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(c) owned any percentage of any other firm?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	(d) had any subsidiaries?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

(3) Has any other firm had an ownership interest in your firm at present or at any time in the past? Yes No

(4) If you answered "Yes" to any of the questions in (2)(a)-(d) and/or (3), identify the following for each (attach extra sheets, if needed):

	Name	Address	Type of Business
1.			
2.			
3.			

D. Immediate Family Member Businesses

Do any of your immediate family members own or manage another company? Yes No

If Yes, then list (attach extra sheets, if needed):

	Name	Relationship	Company	Type of Business	Own or Manage?
1.					
2.					

Section 3: OWNERSHIP

Identify all individuals or holding companies with any ownership interest in your firm, providing the information requested below (If more than one owner, attach separate sheets for each additional owner):

A. Background Information

(1) Name: <u>MANUEL MONOL</u>		(2) Title: <u>PRESIDENT</u>		(3) Home Phone #:	
(4) Home Address (street and number):				City:	State: Zip:
(5) Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		(6) Ethnic group membership (Check all that apply):			
(7) U.S. Citizen: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Black		<input checked="" type="checkbox"/> Hispanic	
		<input type="checkbox"/> Asian Pacific		<input type="checkbox"/> Native American	
(8) Lawfully Admitted Permanent Resident:		<input type="checkbox"/> Subcontinent Asian			
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Other (specify) _____			

B. Ownership Interest

(1) Number of years as owner: <u>8</u>		(2) Initial investment to acquire ownership interest in firm:		Type	Dollar Value
(3) Percentage owned: <u>50%</u>				Cash	\$ <u>25,000</u>
(4) Familial relationship to other owners:				Real Estate	\$
				Equipment	\$
				Other	\$
(5) Shares of Stock:					
	<u>Number</u>	<u>Percentage</u>	<u>Class</u>	<u>Date acquired</u>	<u>Method Acquired</u>
	<u>500</u>	<u>50</u>	<u>N/A</u>	<u>7-20-00</u>	<u>N/A</u>
(6) Does this owner perform a management or supervisory function for any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, identify: Name of Business:			Function/Title:		
(7) Does this owner own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If Yes, identify: Name of Business:			Function/Title:		
Nature of Business Relationship:					

C. Disadvantaged Status – NOTE: Complete this section only for each owner applying for DBE qualification (i.e. for each owner claiming to be socially and economically disadvantaged)

(1) What is the Personal Net Worth (PNW) of the owner(s) applying for DBE qualification? (Use and attach the Personal Financial Statement form at the end of this application; attach additional sheets if more than one owner is applying)	
<u>394,000</u>	
(2) Has any trust been created for the benefit of this disadvantaged owner(s)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, explain (attach additional sheets if needed):	

Section 4: CONTROL

A. Identify your firm's Officers & Board of Directors (If additional space is required, attach a separate sheet):

	Name	Title	Date Appointed	Ethnicity	Gender
(1) Officers of the Company	(a) ORLANDO MUNOZ ✓	PRES.	7-20-00	HISPANIC	M
	(b) MANUEL MUNOZ	PRES	7-20-00	HISPANIC	M
	(c)				
	(d)				
	(e)				
(2) Board of Directors	(a)				
	(b)				
	(c)				
	(d)				
	(e)				

(3) Do any of the persons listed in (1) and/or (2) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(4) Do any of the persons listed (1) and/or (2) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)? Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

B. Identify your firm's management personnel who control your firm in the following areas (If more than two persons, attach a separate sheet):

	Name	Title	Ethnicity	Gender
(1) Financial Decisions <i>(responsibility for acquisition of lines of credit, surety bonding, supplies, etc.)</i>	a. ORLANDO MUNOZ	V. PRES.	HISP.	M
	b.			
(2) Estimating and bidding	a. MANUEL MUNOZ	PRES	HISP.	M
	b.			
(3) Negotiating and Contract Execution	a. MANUEL MUNOZ	PRES	HISP	M
	b.			
(4) Hiring/firing of management personnel	a. ORLANDO MUNOZ	V. PRES	HISP	M
	b. MANUEL MUNOZ	PRES	HISP	M
(5) Field/Production Operations Supervisor	a.			
	b.			
(6) Office management	a.			
	b.			
(7) Marketing/Sales	a. ORLANDO MUNOZ	V. PRES	HISP.	M
	b. MANUEL MUNOZ	PRES	HISP	M
(8) Purchasing of major equipment	a. ORLANDO MUNOZ	V. PRES	HISP.	M
	b. MANUEL MUNOZ	PRES	HISP	M
(9) Authorized to Sign Company Checks (for any purpose)	a. ORLANDO MUNOZ	V. PRES	HISP	M
	b. MANUEL MUNOZ	PRES	HISP	M
(10) Authorized to make Financial Transactions	a. ORLANDO MUNOZ	V. PRES	HISP	M
	b. MANUEL MUNOZ	PRES	HISP.	M

(11) Do any of the persons listed in (1) through (10) above perform a management or supervisory function for any other business? Yes No

If Yes, identify for each: Person: _____ Title: _____
 Business: _____ Function: _____

(12) Do any of the persons listed in (1) through (10) above own or work for any other firm(s) that has a relationship with this firm (e.g., ownership interest, shared office space, financial investments, equipment, leases, personnel sharing, etc.)?

Yes No

If Yes, identify for each: Firm Name: _____ Person: _____
 Nature of Business Relationship: _____

C. Indicate your firm's inventory in the following categories (attach additional sheets if needed):

(1) Equipment

Type of Equipment	Make/Model	Current Value	Owned or Leased?
(a)			
(b)			
(c)			

(2) Vehicles

Type of Vehicle	Make/Model	Current Value	Owned or Leased?
(a) DUMP TRUCK	KEN W700	60,000	OWNED
(b) DUMP TRUCK	KEN W700	70,000	OWNED
(c) DUMP TRUCK	KEN W700	80,000	OWNED

(3) Office Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a) 138 OVERLOOK AVE. BELLEVUE	LEASED	370,000
(b)		

(4) Storage Space

Street Address	Owned or Leased?	Current Value of Property or Lease
(a)		
(b)		

D. Does your firm rely on any other firm for management functions or employee payroll? Yes No

If Yes, explain:

E. Financial Information

(1) Banking Information:

(a) Name of bank: SOVEREIGNS BANK (b) Phone No: (723) 751-2672
 (c) Address of bank: 463 WASHINGTON AVE City: BELLEVUE State: MT Zip: 07109

(2) **Bonding Information:** If you have bonding capacity, identify: (a) Binder No: _____
 (b) Name of agent/broker _____ (c) Phone No: () _____
 (d) Address of agent/broker: _____ City: _____ State: _____ Zip: _____
 (e) Bonding limit: Aggregate limit \$ _____ Project limit \$ _____

F. Identify all sources, amounts, and purposes of money loaned to your firm, including the names of any persons or firms securing the loan, if other than the listed owner: *N/A*

Name of Source	Address of Source	Name of Person Securing the Loan	Original Amount	Current Balance	Purpose of Loan
1.					
2.					
3.					

G. List all contributions or transfers of assets to/from your firm and to/from any of its owners over the past two years (attach additional sheets if needed): *N/A*

Contribution/Asset	Dollar Value	From Whom Transferred	To Whom Transferred	Relationship	Date of Transfer
1.					
2.					
3.					

H. List current licenses/permits held by any owner and/or employee of your firm (e.g. contractor, engineer, architect, etc.) (attach additional sheets if needed):

Name of License/Permit Holder	Type of License/Permit	Expiration Date	License Number and State
1. MUMOZ TRUCKING CORP	SOLID WASTE TRANSPORT. BIC	2/27/10	NJ
2. MUMOZ TRUCKING CORP	DEP SOLID WASTE	3/31/10	PA
3. MUMOZ TRUCKING CORP	DELAWARE SOLID WASTE TRANSPORTER	12/31/09	DE

I. List the three largest contracts completed by your firm in the past three years, if any:

Name of Owner/Contractor	Name/Location of Project	Type of Work Performed	Dollar Value of Contract
1. PEI DISPOSAL GROUP	NJ TRANSIT SECAUCUS	DIRT REMOVAL	850,000
2. NORTHWEST CONSTRUCTION	NJ TRANSIT NORTH BERGEN	DIRT REMOVAL	700,000
3. ECOLOGY ENTERPRISES	MIDDLE AVE DEMOLITION	DEBRIS REMOVAL	500,000

J. List the three largest active jobs on which your firm is currently working:

Name of Prime Contractor and Project Number	Location of Project	Type of Work	Project Start Date	Anticipated Completion Date	Dollar Value of Contract
1. TULLY CONSTRUCTION	QUEENS NY	DIRT REMOVAL	12/08	06/09	1,000,000
2. NORTHWEST CONSTRUCTION	NORTH BERGEN NJ	DIRT REMOVAL	03/09	08/09	500,000
3.					

AFFIDAVIT OF CERTIFICATION

This form must be signed and notarized for each owner upon which disadvantaged status is relied.

A MATERIAL OR FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION IS SUFFICIENT CAUSE FOR DENIAL OF CERTIFICATION, REVOCATION OF A PRIOR APPROVAL, INITIATION OF SUSPENSION OR DEBARMENT PROCEEDINGS, AND MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO ANY AND ALL CIVIL AND CRIMINAL PENALTIES AVAILABLE PURSUANT TO APPLICABLE FEDERAL AND STATE LAW.

I ORLANDO MENDOZA (full name printed), swear or affirm under penalty of law that I am PRESIDENT (title) of applicant firm MENDOZA TRUCKING B (firm name) and that I have read and understood all of the questions in this application and that all of the foregoing information and statements submitted in this application and its attachments and supporting documents are true and correct to the best of my knowledge, and that all responses to the questions are full and complete, omitting no material information. The responses include all material information necessary to fully and accurately identify and explain the operations, capabilities and pertinent history of the named firm as well as the ownership, control, and affiliations thereof.

I recognize that the information submitted in this application is for the purpose of inducing certification approval by a government agency. I understand that a government agency may, by means it deems appropriate, determine the accuracy and truth of the statements in the application, and I authorize such agency to contact any entity named in the application, and the named firm's bonding companies, banking institutions, credit agencies, contractors, clients, and other certifying agencies for the purpose of verifying the information supplied and determining the named firm's eligibility.

I agree to submit to government audit, examination and review of books, records, documents and files, in whatever form they exist, of the named firm and its affiliates, inspection of its places(s) of business and equipment, and to permit interviews of its principals, agents, and employees. I understand that refusal to permit such inquiries shall be grounds for denial of certification.

If awarded a contract or subcontract, I agree to promptly and directly provide the prime contractor, if any, and the Department, recipient agency, or federal funding agency on an ongoing basis, current, complete and accurate information regarding (1) work performed on the project; (2) payments; and (3) proposed changes, if any, to the foregoing arrangements.

I agree to provide written notice to the recipient agency or Unified Certification Program (UCP) of any material change in the information contained in the original application within 30 calendar days of such change (e.g., ownership, address, telephone number, etc.).

I acknowledge and agree that any misrepresentations in this application or in records pertaining to a contract or subcontract will be grounds for terminating any contract or subcontract which may be awarded; denial or revocation of certification; suspension and debarment; and for initiating action under federal and/or state law concerning false statement, fraud or other applicable offenses.

I certify that I am a socially and economically disadvantaged individual who is an owner of the above-referenced firm seeking certification as a Disadvantaged Business Enterprise (DBE). In support of my application, I certify that I am a member of one or more of the following groups, and that I have held myself out as a member of the group(s) (circle all that apply):

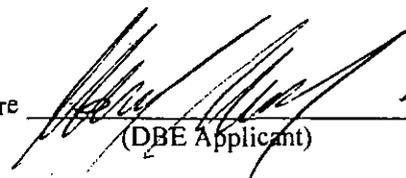
- Female
- Black American
- Hispanic American
- Native American
- Asian- Pacific American
- Subcontinent Asian American
- Other (specify) _____

I certify that I am socially disadvantaged because I have been subjected to racial or ethnic prejudice or cultural bias, or have suffered the effects of discrimination, because of my identity as a member of one or more of the groups identified above, without regard to my individual qualities.

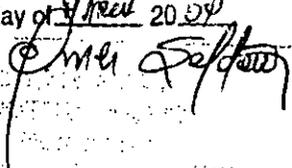
I further certify that my personal net worth does not exceed \$750,000, and that I am economically disadvantaged because my ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially and economically disadvantaged.

I declare under penalty of perjury that the information provided in this application and supporting documents is true and correct.

Executed on 3/30/09 (Date)

Signature 
(DBE Applicant)

NOTARY CERTIFICATE:

Seen to and subscribed before me
the 30 day of March 2009

Notary Public

THE PORT AUTHORITY OF NY & NJ MBE/WBE CERTIFICATION UNIFORM CERTIFICATION APPLICATION

Revised: 6/06
RECEIVED
FEB 6 2009
OFFICE OF
BUSINESS & JOB OPPORTUNITY

General Instructions: PLEASE TYPE OR PRINT CLEARLY. DO NOT LEAVE ANY BLANK SPACES ON THE APPLICATION. If a question is not applicable to your business, insert "N/A" in the space provided for your answer. You may make photocopies of the completed application as necessary. Whenever the space is insufficient to answer the questions completely, attach additional sheets as necessary. Use the question number to identify any answer continued on an additional sheet of paper.

1. Name and Street Address of Applicant Firm (Enter the full name of the enterprise. For example, a corporation named ABC Construction, Inc. should be identified as "ABC Construction, Inc." not as "ABC Construction".)

Company Name MUNOZ TRUCKING CORP
Street Address 138 OVERLOOK AVE
City BELLEVILLE State NJ Zip 07109

1a. "Doing Business As" (D/B/A) Name (Complete if the firm does business under an assumed or trade name which is different from its legal name.) Attach copy of Certification.

1b. Mailing Address (Complete if different from street address)

2. Business Telephone number (973) 277-1944 Fax (973) 251-2836
Cell phone number (973) 277-1944

3. Federal Employer Identification Number (EIN) or Social Security Number. A Federal Employer Identification Number is required for most business activities. Sole proprietorships may submit the social security number of the owner in lieu of the federal identification number. For an EIN application or additional information, contact the U.S. Internal Revenue Service or visit their website.

Federal Tax ID/EIN# _____ Social Security # _____
(Attach W-9)

4. Name of Company President/Chief Executive Officer/Owner

MANUEL MUNOZ
President Chief Executive Officer Owner

4a. Name, title and telephone number of an officer of the firm who can be contacted during the application review process.

MANUEL MUNOZ PRESIDENT
Name Title
973-277-1944 973-277-1944
Telephone number Cell phone number

5. This firm is applying for certification as: (Refer to page 14 of this application to determine the appropriate definition for your company. One or more categories may be designated)

Woman-Owned Business Enterprise (WBE)
 Minority Business Enterprise (MBE)

6. Does this firm have current U.S. Small Business Administration (SBA) 8(a) status? Yes No (If "yes", attach a copy of the SBA letter of approval)

7. Are you currently involved in the bidding process or other contract/purchase order negotiations with any governmental agency, department or authority?

Yes No (If yes, identify agency, department or authority)

8. Type of ownership

Sole Proprietorship _____ Certificate of Trade Name on file in _____
Date Established _____ County _____

Partnership _____ Business Certificate for Partners _____
Date Established _____ County _____

Limited Liability Partnership _____ Certificate of Limited Partnership on file in _____
Date Established _____ County _____

Corporation 07/20/2000 Certificate of Incorporation on file in ESSEX
Date Established _____ County _____

Limited Liability Company _____ Articles of Organization on file in _____
Date Established _____ County _____

8a. Did business exist under a different type of ownership prior to the date indicated in question 8 above?

Yes No (If yes, Explain)

8b. Has your Certificate of Incorporation or business certificate been amended?

Yes No (If yes, Explain)

8c. Method of Acquisition (check all applicable):

- Started New Business
- Bought Existing Business
- Inherited Business
- Secured Franchise
- Secured Concession
- Merger or Consolidation
- Other _____

Date of Acquisition 07/20/2000

8d. Name and Position of all person (s) with an ownership interest (Check all that are applicable. If no positions are held, state 'none'.)

*Group Code Key (Refer to Page 15 for Definitions)

- 01-Black
- 02a-Hispanic
- 02b-Portuguese
- 02c-Spanish
- 03a Asian-Pacific
- 03b Asian-Indian
- 04-Native American
- 05-White (Non-Hispanic)
- 06-Other

Name	Position	Group Code*	%Owned	Gender	US Citizen or Permanent Resident Alien
MANUEL MUNOZ	PRESIDENT	029	50	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
ORLANDO MUNOZ	V. PRESIDENT	029	50	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Identify the cash and capital contributions to the firm by those identified in 8d, including gifts, equipment, loans, and expertise as well as any other individuals.

Contributor/Source	Amount/Value	Type/Date of Contribution
MANUEL MUNOZ	50,000	CASH / 7/20/00
ORLANDO MUNOZ	50,000	CASH / 7/20/00

10. If the firm is a partnership, complete for all partners:

Name	Total Amount/Value of Contribution	Date of Ownership

10a. If a corporation or company, complete for all shareholders:

Name	Number of Shares	Common or Preferred	Amount Paid When Purchased	Date of Ownership
MANUEL MUNOZ	50	COMMON	N/A	7/20/00
ORLANDO MUNOZ	50	COMMON	N/A	7/20/00

11. Gross Receipts (Sales). Provide gross receipts for the last three (3) years. (If in business for less than three (3) years complete as applicable.)

\$ 5,059,132 \$ 3,566,358 \$ 1,333,775
 Current Year (2007) Last Year (2006) Previous Year (2005)

12. Number of employees (Average over the past year)

Permanent		Temporary	
Full-Time	12	Full-Time	
Part-Time		Part-Time	

13. If licenses, permits or accreditations are required to conduct the business, identify:

Type of License/Permit	Issued by	Issue Date	Exp. Date	Holder/Registrant
WASTE TRANSPORTER	PA STATE	3-1-08	3-1-09	MUNOZ TRUCKING
SOIL WASTE TRANSPORTER	NJ STATE	2-1-08	2-1-10	MUNOZ TRUCKING
WASTE TRANSPORTER PERMIT	NJ STATE	9-29-08	9-29-09	MUNOZ TRUCKING

14. Check the item (s), which best describe (s) the business operation

- Construction-related
- Professional Service
- Technical Service
- Other _____
- Consumer Service
- Manufacturer/Supplier
- Retail

14a. Describe principal products/commodities sold, specialties or services offered

TRANSPORTATION OF CONSTRUCTION MATERIALS
AND SOIL WASTE

15. Identify individuals responsible for managerial operations (state if owner or non-owner)
(*For Group codes see Page 15)

Name & Title	Gender	*Group Code	Owner or Non-Owner
1) Financial Decisions			
<u>MANUEL MUNOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>020</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
<u>PRESIDENT</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
2) Estimating			
<u>MANUEL MUNOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>020</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
<u>PRESIDENT</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
3) Preparing Bids			
<u>MANUEL MUNOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>020</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
	<input type="checkbox"/> Male <input type="checkbox"/> Female		<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

4) Negotiating Bonding

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

5) Negotiating Insurance

<u>ORLANDO MUÑOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>0207</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
<u>V. PRESIDENT</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

6) Marketing & Sales

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

7) Hiring & Firing

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

8) Supervising Field Operations

<u>ORLANDO MUÑOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>0207</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
<u>V. PRESIDENT</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

9) Purchasing Equipment/Supplies

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

10) Managing & Signing Payroll

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

11) Negotiating Contracts

_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
_____	<input type="checkbox"/> Male <input type="checkbox"/> Female	_____	<input type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

12) Signatures for Business Accounts

<u>MANUEL MUÑOZ</u>	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	<u>0207</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner
<u>ORLANDO MUÑOZ</u>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<u>0207</u>	<input checked="" type="checkbox"/> Owner <input type="checkbox"/> Non-Owner

15a. Do any of the following also work for another firm? If yes, provide the person's name, his/her position, other firm's name, address and telephone number.

	Name & Position	Other Firm Name, Address	Business Telephone
1) Office Staff			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2) Field/Supervisory Staff			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
3) Estimator			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
4) Controller			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
5) Consultant (for firms providing consultant/technical services or advisory services)			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

15b. Does this firm share the following with any other firm? If yes, provide the other firm's name, address & telephone number.

(1.) Office space *N/A*

Other Firm Name	Address	Telephone No.

(2.) Yard space *N/A*

Other Firm Name	Address	Telephone No.

19. C.P.A. or Accountant for firm

Name CHS PAYROLL & HR SERVICES
 Address 66-00 QUEENS EXPRESS HIGHWAY
 City MASPETH State NJ Zip 11378
 Telephone No. 718-651-6637

20. Has the firm applied or received a determination for certification as an M/WBE with another governmental agency, department, or authority? Yes No (If Yes, complete the following)

(1.) Pending with

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(2.) Certified by

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(3.) Registered by

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(4.) Withdrawn/Closed out

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(5.) Rejected by

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(6.) Denied by

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

(7.) Decertified by

Agency	Date	Contact Person	Telephone No.	Specify M/WBE

20a. Are there appeals pending on any of the above applications or certifications? Yes No

Agency	Date of Appeal	Contact Person	Telephone No.

21. List the three (3) largest accounts for which the applicant has provided goods or services within the last two years

Firm Name & Telephone No.	Account Dollar Amount	Location of Performance	Contact Person	Duration
PURE EARTH 800-686-5376	1,000,000	MANHATTAN - NY	PAUL COHEN	6 MONTHS
PEI DISPOSAL GROUP 718-361-7415	1,000,000	SECAUCUS - NJ	JEFFREY BEGER	2 MONTHS
IMPACT ENVIRONMENTAL 631-269-8800	300,000	BRONX - NJ	JOHN HERBIG	1 MONTH

22. Identify Bank (s) where firm's accounts are maintained

Bank Name & Address	Contact	Type of Account	Account No.
SOVEREIGN BANK 252 WASHINGTON RD BELLEVILLE NJ 07109	NADA JOSEPH	CHECKING	

23. Do you have a Line of Credit Yes No (If yes, identify)

Source	Limit	Name of Guarantor (s)

24. List Major current creditors and/or lenders and types of investment and/or loans in the firm

Creditor/Lender Name	Type of Investment/Credit/Loan	Dollar value of investment/Terms/Credit/Loan

25. If company is owned in full or in part by another firm, identify the firm and the percentage of ownership interest. Include venture capitalists and other similar investors. *N/A*

Firm Name	Address	Percentage Ownership

26. Is the firm bonded? Yes No (If yes, specify type and limit)

Bonding Company _____

Address _____

Telephone No. _____ Contact Person _____

Type _____ Limit _____

SUPPORTING DOCUMENTS

27. REQUIRED FOR ALL APPLICANTS

Attach copies of the following documents, as applicable. Indicate documents submitted by checking appropriate boxes. All documents must be submitted for certification.

NOTE: If applicable documents are not submitted, application will be returned to you.

- 1. Resumes of all principals, partners, officers and/or key employees of the firm. Provide home address and telephone number, education, training and employment with dates
- 2. Copies of any licenses, permits and/or accreditations required to conduct the business
- 3. Bank signature card, bank resolution, or letter from the bank identifying persons authorized to conduct transactions, level of authority and limitations, if any
- 4. Current financial statement
- 5. Most recent three years' Federal, State and City tax returns including all schedules, and W-2s where applicable
- 6. Proof of sources of capitalization/investments
- 7. Proof of ethnicity (Birth Certificate, Baptismal Certificate, U.S. Passport, U.S. Driver License with photograph)
- 8. Proof of U.S. Citizenship (Birth Certificate, Baptismal Certificate, U.S. Passport, Naturalization Certificate)
- 9. Proof of permanent resident alien status (permanent resident "green" card)
- 10. Lease Agreements for business premises
- 11. All third party agreements including: equipment rental, purchase agreements, management service agreements, etc.
- 12. Any employment agreements
- 13. Vehicle registration(s)
- 14. Any certification, decertification or denial of certification documentation
- 15. Proof of U.S. Small Business Administration (SBA) 8(a) Certification (copies of all approval letters)
- 16. Written request for exemption from disclosure regarding trade secrets

SUPPORTING DOCUMENTS

27a. REQUIRED FOR A SOLE PROPRIETORSHIP

- Copy of Business Trade Name or Certification Trade Name files with County Clerk
(If doing business under an assumed name)

27b. REQUIRED FOR A PARTNERSHIP AND JOINT VENTURE PARTNERSHIP

Attach copies of the following: (Indicate documents submitted by checking appropriate boxes)

1. Business Certificate
 2. Partnership Agreement
 3. Buy-Out Rights

27c. REQUIRED FOR A LIMITED LIABILITY COMPANY (Check appropriate boxes below)

1. Sole Proprietorship
 2. Corporation
 3. Partnership Agreement

Attach required documents and indicate documents submitted by checking appropriate boxes

1. Certificate of formation and/or organization
 2. Operating and/or managing agreements
 3. Franchise and/or third-party agreement

27d. REQUIRED FOR A CORPORATION

Attach documents of the following: (Indicate documents submitted by checking appropriate boxes)

1. Articles of incorporation, including date approved by State
 2. Corporation By-Laws
 3. Minutes of first corporate organizational meeting and amendments
 4. Copies of all issued stock certificates, front and back, as well as next un-issued certificate
 5. Copy of stock ledger
 6. If applicable, furnish copies of agreements relating to:
- a. stock options
 - b. shareholder agreements
 - c. shareholder voting rights
 - d. restriction on the disposal of stock loan agreements
 - e. facts pertaining to the value of shares
 - f. buy-out rights
 - g. restrictions on the control of the corporation

7. List of current Board of Directors including group code, gender and effective dates

Name	Position	Group Code*	Gender	Date
MANUEL MUNOZ	PRESIDENT	0201	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	1/1/2008
ORLANDO MUNOZ	V. PRESIDENT	0201	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	1/1/2008
			<input type="checkbox"/> Male <input type="checkbox"/> Female	
			<input type="checkbox"/> Male <input type="checkbox"/> Female	

*For Group Codes, See Page 15

NOTE: IF APPLICABLE DOCUMENTS ARE NOT SUBMITTED, APPLICATION WILL BE RETURNED TO YOU.

DEFINITIONS OF MBE AND WBE
(To be used for Question 5, Page 1)

MINORITY BUSINESS ENTERPRISE (MBE) – A business enterprise which is at least fifty-one percent (51%) owned by, and controlled or, in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens; and whose management and daily business operations are controlled by one or more such individuals meeting the ethnic definitions of:

- 01 Black
- 02a Hispanic
- 03a Asian-Pacific
- 03b Asian-Indian
- 04 Native American

WOMAN-OWNED BUSINESS ENTERPRISE (WBE) – A business enterprise which is at least fifty-one percent (51%) owned by, and controlled by one or more socially, in the case of a publicly owned business, at least fifty-one percent (51%) of the stock of which is owned by citizens or permanent resident aliens who are women and whose management and daily business operations are controlled by women.

- 01 Black
- 02a Hispanic
- 02b Portuguese
- 02c Spanish
- 03a Asian-Pacific
- 03b Asian-Indian
- 04 Native American

Women, regardless of race or ethnicity

UNDER EACH CERTIFICATION CATEGORY, OWNERSHIP MUST BE REAL, SUBSTANTIAL AND CONTINUING. THE APPLICANT MUST HAVE AND EXERCISE THE AUTHORITY TO INDEPENDENTLY CONTROL THE BUSINESS DECISIONS OF THE ENTERPRISE.

DEFINITIONS OF GROUP CODES

(To be used for Question 8d, Page 2-3; Question 15, Pages 4-5; and Supporting Documents 27d-7, Page 13)

Group Code	Group Name	Group Definition
01	Black	Persons having origins from any of the black African racial groups not of Hispanic origin
02a	Hispanic	All persons of Mexican, Puerto Rican, Cuban, Caribbean Islands, Central or South American culture or origin, regardless of race
02b	Portuguese	Persons whose culture or origin is rooted in Portugal
02c	Spanish	Persons whose culture or origin is rooted in Spain
03a	Asian-Pacific	Persons having origins in any of the original peoples of the Far East, Southeast Asian or the Pacific Islands
03b	Asian-Indian	Persons having origins in any of the original peoples of the Indian subcontinent
04	Native American	Persons having origins in any of the original peoples of North America and maintaining identifiable tribal affiliations through membership and participation or community identification
05	Non-Minority	Persons whose culture or origin is other than those defined above
06	Other	Persons other than those defined above who believe they are socially and economically disadvantaged

ACKNOWLEDGEMENTS AND VERIFICATION

FIRST, this certification application form, the supporting documents, and any other information provided in support of the application is considered part of the application. Any false statements or misrepresentations in the application may result in the applicant's disqualification from certification as Minority and/or Woman-owned Business Enterprise (M/WBE) by The Port Authority of New York and New Jersey for him/herself and its subsidiaries, which are included in the term "Port Authority".

SECOND, the information contained herein is subject to the Port Authority's Freedom of Information policy as reflected in the resolution adopted by the Committee on Operations of the Port Authority on August 13, 1992.

THIRD, the Port Authority may require further proof of eligibility for certification in addition to the information disclosed in this application and the applicant shall cooperate with the Port Authority in supplying the additional information. By completing this application, the applicant agrees to submit the additional proof required and acknowledges that the Port Authority may decide to deny the application if the additional proof is not submitted within 30 days after it is requested.

FOURTH, by filing this application, the applicant consents to examination of its books and records and interviews of its principals and employees by the Port Authority for the purpose of determining whether the applicant is, or continues to be, an eligible M/WBE. The applicant acknowledges that its certification may be denied if such examinations or interviews are refused or if the Port Authority determines, as a result of the examinations or interviews, that the applicant does not qualify for certification as a M/WBE.

FIFTH, by filing this application, the applicant consents to inquiries being directed by the Port Authority to the applicant's bonding companies, banking institutions, credit agencies, contractors, clients and other certifying agencies for the purpose of ascertaining the applicant's eligibility for certification. If the applicant fails to permit such inquiring to be made, such failure may be grounds for denying or revoking the applicant's certification.

SIXTH, the applicant agrees that it will advise the Port Authority of any change in the ownership or operational and managerial control of applicant's business after the certification application has been filed within 30 days of such change.

SEVENTH, certification is normally granted for a period of five (5) years. However, the Port Authority may require submission of a new application, additional information, examinations of the applicant's principals and employees at any time before the expiration of the five-year certification period. The applicant's failure to submit such material or to consent to such examinations and interviews will be grounds for revocation of certification.

EIGHTH, the filing of this application, its acceptance by the Port Authority, and any subsequent certification of the applicant by the Port Authority, is not intended to and does not create any procedural or substantive rights enforceable at law by the applicant against the Port Authority, its Commissioners, officers, agents or employees and any such certification is only intended to facilitate the identification of qualified and bona fide M/WBEs.

NINTH, the Code of Ethics certification attached hereto shall be considered part of this certification application and the applicant is advised to familiarize him/herself with the terms of the certification prior to submitting this application.

TENTH, in submitting this application the applicant and each person signing on behalf of the applicant certifies that, to the best of their knowledge and belief, the following statements are true and correct:

A) No individual who is current or former employee of the Port Authority or its subsidiaries (i.e., Port Authority Trans-Hudson Corporation (PATH), Newark Legal and Communications Center Urban Renewal Corporation) other than those individuals identified in the space immediately below (1) owns an interest in; or (2) has involvement in a relationship with the applicant firm (a) from or as a result of which the individual has received within the past year, or is entitled to receive in any future year, more than \$1,000 or its equivalent; or (b) which has a market value in excess of \$1,000. *(List here any such current or former Port Authority Employee (s))

B) No individual who is a current or former employee of the Port Authority or its subsidiaries other than those individuals identified in the space immediately below (1) holds a position in the applicant firm such as an officer, director, trustee, partner, employee, or a position of management; or (2) acts as a consultant, agent or representative of the firm in any capacity. *(List here any current or former Port Authority Employee (s))

*Included within the scope of this certification are the individuals identified by the applicant in response to questions 4, 4a, 8d, 9, 10, 10a, 17, 18, 19, 24 and 25.

ELEVENTH, the criteria for certification by the Port Authority as a Small Business Enterprise are outlined in the documentation entitled "Small Business Enterprise Program (SBE) Administered by The Port Authority of New York and New Jersey" which accompanies this application. If the applicant believes that he/she is eligible for SBE certification, he/she may request that this application also be treated as an SBE certification application by signing below. If signature is provided, all acknowledgments and provisions of this M/WBE certification shall also apply.

Applicant

MUNOZ TRUCKING CORP

Date

1. 26. 2009

VERIFICATION

STATE OF _____

COUNTY OF _____

SS:

(A) (For Sole Proprietorships, Partnerships, and Limited Liability Partnerships)

_____, being duly sworn, states that he or she is the owner of (or a Partner in) the entity making the foregoing application and that the statements and representations made in the application are true to his/her own knowledge.

Signature Date

(B) (For Corporations and Limited Liability Companies)

MANUEL MUNOZ, being duly sworn, states that he/she is the
Name of Corporate Officer

PRESIDENT of MUNOZ TRUCKING CORP.
Title of Corporate Officer Name of Corporation

the entity making the foregoing application, that he/she has read the application and knows its contents, that the statements and representations made in the application are true to his/her knowledge, and that the application is made at the direction of the Board of Directors of the Corporation.

Corporate Seal Signature Date
1-26-09

Sworn to before me this 26 day of JANUARY, 2009

[Signature]
Notary Public

Mail to: **The Port Authority of New York and New Jersey**
Office of Regional and Economic Development/Small Business Programs
233 Park Avenue South, 4th Floor
New York, NY 10003

NOTE: Applicant must also sign page 16

CODE OF ETHICS CERTIFICATION

In signing and submitting the annexed Certification Application, each applicant and each person signing on behalf of any applicant certifies that they have not made any offers or agreements or given or agreed to give anything of value or taken any other action with respect to any employee or former employee of The Port Authority of New York and New Jersey or any of its subsidiaries (hereinafter referred to as the "Authority") or any immediate family member of either which would constitute a breach of ethical standards under the Code of Ethics and Financial Disclosure dated as of July 18, 1994 (a copy of which is available upon request to the Office of Regional and Economic Development /Small Business Programs), nor do they have any knowledge of any act on the part of such employee or former employee relating either directly or indirectly to the applicant which constitutes a breach of the ethical standards set forth in said code.

As used herein, "anything of value" shall include but not be limited to any (a) favors, such as meals, entertainment, transportation (other than that contemplated by an Authority contract), etc., which might tend to obligate the Authority employee to the Contractor and (b) gift, gratuity, money, goods, equipment, services, lodging, discounts not available to the general public, offers or promises of employment, loans or the cancellation thereof, preferential treatment or business opportunity. Such term shall not include compensation contemplated by any Authority contract.

The foregoing certification shall be deemed to have been made by the applicant as follows: If the applicant is a corporation, such certification shall be deemed to have been made not only with respect to the application itself, but also with respect to each director and officer, as well as, to the best of the certifier's knowledge and belief, each stockholder with an ownership interest in excess of 10%; if the applicant is a partnership, such certification shall be deemed to have been made not only with respect to the applicant itself, but also with respect to each partner. Moreover, the foregoing certification, if made by a corporate applicant, shall be deemed to have been authorized by the Board of Directors of the applicant, and such authorization shall be deemed to include the signing and submission of the bid and the inclusion therein of such certification as the act and deed of the corporation.

In any case where the applicant cannot make the foregoing certification, the applicant shall so state and shall furnish with the application, a signed statement that sets forth in detail the reasons thereof.

The foregoing certification or signed statement shall be deemed to have been made by the applicant with full knowledge that it would become part of the records of the Authority and that the Authority will rely on its truth and accuracy in granting certification.

Applicants are advised that knowingly providing a false certification or statement pursuant hereto may be the basis for prosecution for offering a false instrument for filing (see e.g., New York Penal Law, Section 175.30 et. Seq.). Applicants are also advised that the inability to make such certification will not, in and of itself disqualify an applicant, and that in each instance the Authority will evaluate the reasons therefore provided by the applicant.

**SMALL BUSINESS ENTERPRISE PROGRAM
ADMINISTERED BY
THE PORT AUTHORITY OF NEW YORK AND NEW JERSEY**

The Small Business Enterprise Program is designed to promote New York and New Jersey businesses and to provide them with the advantage of competing against firms of like size and expertise in a limited competitive environment. In order to be eligible to participate in opportunities set aside for the program, the Port Authority must certify a firm as a Small Business Enterprise. To be eligible for certification, firms at a minimum:

- Must have its principal place of business in either New York or New Jersey
- Must have operated in that specific type of business for at least three (3) years
- Cannot exceed the average annual income limitations (cited below) utilizing gross revenues for the last three (3) fiscal years

Average Annual Income Limitation for Programs

□ **SBE Construction Program - \$13 million**

The Port Authority's Engineering Department must also qualify firms applying for this program. This requires the submittal of acceptable references for completed contracts. A minimum of three (3) acceptable references is required for each construction specialty area.

□ **SBE Architectural & Engineering Program - \$4.5 million**

- *Landscape Architectural Services - \$6.5 million*
- *Marine Engineering & Naval Architecture - \$17 million*

Firms applying for these programs must also have averaged annual revenues of no less than \$100,000 over the last three (3) fiscal years to be considered for the program.

□ **SBE Commodity Program - \$6.5 million**

Firms eligible to participate in the Commodity Program are eligible to take advantage of a five percent (5%) price preference in designated contracts solicited by the Port Authority's Procurement Division.

□ **SBE Janitorial Maintenance Program - \$15 million**

□ **SBE Unarmed Guard Service Program - \$11.5 million**



THE PORT AUTHORITY OF NY & NJ

April 17, 2009

Mr. Manuel Munoz
President
Munoz Trucking Corporation
138 Overlook Avenue
Belleville, NJ 07109

Dear Mr. Munoz:

We are pleased to inform you that your company has been found eligible for certification as a Disadvantaged Business Enterprise (DBE) by **The Port Authority of NY & NJ/Office of Business & Job Opportunity** on behalf of the NJ and NY Unified Certification Programs (NJUCP and NYSUCP).

Your certification will remain in effect for three years provided that your company continues to meet the eligibility criteria established by Federal Regulation Title 49 CFR Part 26. On an annual basis, you must provide an affidavit and supporting documentation affirming that there have been no changes within your company that would affect your current eligibility as a DBE. It is your responsibility to notify this office in writing within 30 days of any changes. Failure to do so will result in a decertification process. Your company's identification number is **27025**.

The following table lists the North American Industry Classification System (NAICS) code(s) and description(s) that have been assigned to your company in accordance with the service(s) your company render(s).

NAICS CODE	DESCRIPTION
484110	General Freight Trucking
484220	Specialized Freight (except Used Goods) Trucking

Your firm has been added to the NJ and NY UCP Directories, which can be accessed at <http://www.njucp.net/> for NJ and <http://biznet.nysucp.net/> for NY.

On behalf of the NJ and NY UCP partners, **The Port Authority of NY & NJ/Office of Business & Job Opportunity** welcomes you as a member of our DBE family. If you have any questions or concerns regarding the NJ UCP, NY UCP or certification issues, please contact William Miller at (212) 435-7816.

Congratulations!

Sincerely,

Lash Green
Director
Office of Business & Job Opportunity

LG/WM

Enclosure

233 Park Avenue South
New York, NY 10003
T: 212 435 7000

New Jersey Unified Certification Program



Certified
DISADVANTAGED BUSINESS ENTERPRISE
Munoz Trucking Corporation

This certificate acknowledges that the above named firm is certified as a Disadvantaged Business Enterprise as defined in Title 49, Part 26 of the US Code of Federal Regulations. This certification will remain in effect for three years from the certification date and must be updated annually. The Port Authority of New York & New Jersey/Office of Business & Job Opportunity must be notified within 30 days of any changes in the business that may affect ownership and control.

Your firm will be listed in the NJ UCP directory under the following NAICS Code(s).

NAICS CODE	484110	484220
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The Port Authority of New York & New Jersey/Office of Business & Job Opportunity certified your firm as a DBE on behalf of all NJ UCP partners.

Signed: *Lash Green*
Lash Green, Director

Signed: *Rosemary Jenkins-Varela*
Rosemary Jenkins-Varela, Manager

CERTIFICATION DATE: April 17, 2009

EXPIRATION DATE: April 16, 2012



THE PORT AUTHORITY OF NY & NJ

April 17, 2009

Mr. Manuel Munoz
President
Munoz Trucking Corporation
138 Overlook Avenue
Belleville, NJ 07109

RE: MBE CERTIFICATION
TYPE: CONSTRUCTION PROGRAM
SPECIALTY: TRUCKING
RANGE: B - UP TO \$1,500,000

Dear Mr. Munoz:

This is to acknowledge receipt of the Uniform Certification Application which your firm submitted. **Munoz Trucking Corporation** has been included on our roster of eligible **Minority Business Enterprises (MBEs)** for contracts with the Port Authority of New York and New Jersey.

Please be advised that the Port Authority's Office of Business & Job Opportunity periodically reviews all certifications and reserves the right to decertify any previously certified firm that no longer meets the Port Authority's guidelines for **MBE** designation.

Additionally, any **MBE** whose business incurs changes in any substantial manner must notify the Office of Business & Job Opportunity within thirty days of that change. These changes include, but are not limited to, a change of officers, directors, location, corporate name, or financial condition. Failure to advise of these changes may result in our removing the firm from our roster of eligible **MBEs**.

If you have any questions regarding your certification, please feel free to contact **William E. Miller, III** at (212) 435-7816.

Sincerely,

Lash Green
Director
Office of Business & Job Opportunity

LG/WM

Enclosures: Certificate
Registration Notice



THE PORT AUTHORITY OF NY & NJ

Anthony R. Coscia
Chairman

Christopher O. Ward
Executive Director

Certified

by

Office of Business & Job Opportunity

Munoz Trucking Corporation

Certificate PA-27025

This certificate acknowledges that the above named firm is certified as a **Minority Business Enterprise**. This company has met the criteria for ownership and control as established by the Port Authority Policy for Revised Minority, Woman and Small Business Enterprise (M/W/SBE) Programs, dated June 10, 1993.

This certification will remain in effect for five years from the date of notice and may be extended only upon submission by you, and acceptance by the Port Authority of a recertification application attesting that the ownership and control of the business, on which this certificate is granted, has not changed. This office must be notified within 30 days of any material changes in the business which affect ownership and control. Failure to do so may result in the revocation of this certification and/or imposition of other sanctions.



Lash Green
Director

Certified: April 17, 2009



Rosemary Jenkins-Varela
Manager, Certification

Scheduled Re-evaluation: April 16, 2014



THE PORT AUTHORITY OF NY & NJ

April 17, 2009

Mr. Manuel Munoz
President
Munoz Trucking Corporation
138 Overlook Avenue
Belleville, NJ 07109

RE: SBE CERTIFICATION
TYPE: CONSTRUCTION PROGRAM
SPECIALTY: TRUCKING
RANGE: B - UP TO \$1,500,000

Dear Mr. Munoz:

We have completed our review of your qualifications for certification as a **Small Business Enterprise (SBE)**, and we are pleased to inform you that your application has been approved. The references you submitted for **Munoz Trucking Corporation** have been reviewed and are satisfactory. Your firm has been included on our roster of eligible **SBEs** for contracts with the Port Authority of New York and New Jersey.

Please be advised that the Port Authority's Office of Business & Job Opportunity periodically reviews all certifications and reserves the right to decertify any previously certified firm that no longer meets the Port Authority's guidelines for **SBE** designation.

Additionally, any **SBE** whose business incurs changes in any substantial manner must notify the Office of Business & Job Opportunity within thirty days of that change. These changes include, but are not limited to, a change of officers, directors, location, corporate name, or financial condition. Failure to advise of these changes may result in our removing the firm from our roster of eligible **SBEs**.

If you have any questions regarding your certification, please feel free to call **William E. Miller, III** at (212) 435-7816.

Sincerely,

Lash Green
Director
Office of Business & Job Opportunity

LG/WM *WM*

Enclosure: Certificate
Registration Notice



THE PORT AUTHORITY OF NY & NJ

Anthony R. Coscia
Chairman

Christopher O. Ward
Executive Director

Certified

by

Office of Business & Job Opportunity

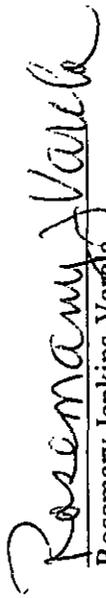
Munoz Trucking Corporation

Certificate PA-27025

This certificate acknowledges that the above named firm is certified as a **Small Business Enterprise (Construction Program)**. This company has met the criteria for ownership and control as established by the Port Authority Policy for Revised Minority, Woman and Small Business Enterprise (M/W/SBE) Programs, dated June 10, 1993.

This certification will remain in effect for five years from the date of notice and may be extended only upon submission by you, and acceptance by the Port Authority of a recertification application attesting that the ownership and control of the business, on which this certificate is granted, has not changed. This office must be notified within 30 days of any material changes in the business which affect ownership and control. Failure to do so may result in the revocation of this certification and/or imposition of other sanctions.


Lash Green
Director


Rosemary Jenkins-Varela
Manager, Certification

Certified: April 17, 2009

Scheduled Re-evaluation: April 16, 2014

THE PORT AUTHORITY OF NY & NJ

CERTIFICATION INTERVIEW QUESTIONNAIRE

EXPLANATORY STATEMENT: (Must be read to applicant prior to interview)****

****The following questions are being asked to obtain additional information with regard to your M.WBE/DBE/SBE certification application. If there is any other information you'd like to present to support your application, you should do so during this interview.

NAME OF APPLICANT: MUNOZ TRUCKING CORPORATION

FEDERAL TAX I.D. NUMBER: _____

ADDRESS OF FIRM: 138 OVERLOOK AVENUE

BELLEVILLE, NJ 07109

PERSON (S) INTERVIEWED: MANUEL MUNOZ

INTERVIEWER (Business Representative): WILLIAM E. MILLER, III

DATE: APRIL 3, 2009

1A. Type of interview: On Site In Office Telephone

1B. Type of business: Corporation Partnership Sole Proprietorship

2. The address of the applicant's firm has been verified:
 Visual Applicant's Verbal Confirmation

If different from application, what is it?

73 Norton Street, Belleville, NJ 07109. The firm's office is in the basement of his home; the business address is the location where the truck shop and storage location for the firm's equipment.

Explain reasons for difference: As stated above, the applicant has a small office in his basement, however, the firm uses a yard at a relatives home as the storage facility and truck repair shop.

3. What is this firm's primary line of business?

Trucking, which includes hauling various debris and materials from construction sites.

4A. Are there any other businesses located at this address:
 YES NO If yes, what businesses?

- 4B. Explain relationship with other firm(s), if any: N/A
5. Is business name prominently displayed?:
 YES NO In NO, explain: _____
6. Explain how the business was capitalized (Loan, Savings, Etc.) Applicant used personal savings to start his business. His cousin, Orlando Munoz did not make a capital contribution but acquired his ownership as a partner by serving as the firm's mechanic.
7. As President of the company, describe your corporate duties and responsibilities: Sign all contracts, hire contractors and employees, oversees the dispatching and logistics associated with operating a trucking company.
8. As Vice President of the company, describe your corporate duties and responsibilities: Orlando Munoz serves as the firm's Vice President. He is responsible for assisting Manuel Munoz with coordinating trucking contracts, managing employees and repairing vehicles and equipment when necessary.
9. As Secretary/Treasurer of the company, describe your corporate duties and responsibilities: Manuel Munoz serves as the firm's Secretary and is responsible for overseeing all of the financial aspects of the business to ensure it can pay employees and stay in business.
10. Briefly recap the history of the firm, discuss where you are today and where you hope to be in the near future (five years)? Applicant started out with one truck in 2000 which he drove and now has expanded to a fleet of 10 trucks which he oversees and hires all of the drivers
11. Explain and describe the day to day operation of the company: Answer all phone calls, manage all trucks, truck repairs, work force, handle all contract negotiations, meetings with clients
12. Explain the process for solving field construction (or operational) problems: Applicant refers all field operational issues to Orlando Munoz Vice President, who is responsible for all field related issues, truck repairs, employee safety concerns.
13. Explain the process used to monitor costs: Firm uses Quick books software to help manage firm costs.

14. How many supervisors does the company employ? 2
 Explain their duties and responsibilities Manuel Munoz relies on Orlando Munoz and another employee to coordinate field tasks and respond to situations on work sites when he is overseeing another contract and/or is unavailable.
15. Explain and describe the bidding and estimating process Some bids are submitted on-line some contractors call for estimates and firm submits a quote via fax/email.
16. Explain the job/contract process The contract process is based upon the type of work the client needs performed. Some contracts are one time jobs and others may span the entire life of a construction contract.
17. If the firm were to add or delete services or specialties, who would make the decision?
Manuel Munoz
18. When was the last time you hired an employee? April 2008
 Explain the procedures Applicant relies on referrals from current drivers to hire additional employees.
19. When was the last time you fired an employee? N/A
 Explain the procedures Mr. Munoz had not fired any employees at the time of this site visit.
20. How does the firm recruit employees: Referrals and advertisements.
21. Who authorizes and signs payroll checks? Manuel Munoz
- Is this a separate account from your regular disbursement account? Yes No
22. How are funds disbursed? C.H. Payroll company
 How many signatures are required? 1
 Are there any limitations? Yes No or amount authorized Yes No
23. Who signs contracts MANUEL MUNOZ
24. Are there any outstanding loans? Yes No If yes, provide details including terms and payback
N/A

25. How much time is spent with the business? 40 Explain time spent with other
occupations N/A employment N/A or other endeavors N/A

26. How many hours per day and days per week does the M/W/DBE owner(s) spend doing work
related to the operation of the firm: Hours per day: 8 Days per week: 5

OTHER OWNERS Hours per day: 6 Days per week: 5
Hours per day: _____ Days per week: _____
Hours per day: _____ Days per week: _____

27. Which of the owners are actively involved in the business and what is their principal involvement?
Both Manuel and Orlando Munoz are actively involved in the business. Manuel Munoz serves as the firm's President and Orlando Munoz serves as Vice President.

28. What are the other owners' daily duties? Manuel Munoz manages all of the day-to-day operations of the firm including soliciting new contracts and Orlando Munoz is primarily responsible for job-site monitoring and repairing the firm's vehicles and equipment.

29. Explain how the financial statements are used for managerial decisions
Applicant has an accountant that prepares profit & loss statements and balance sheets to allow the applicant to make decisions regarding his firm.

30. Is the M/W/DBE owner(s) presently employed elsewhere? Yes _____ No
Where? N/A

31A. What is the net worth of your company \$ 1.6 M

31B. Are the other owners combined net worth less than \$750,000 Yes _____ No

32. Financial Statements: Explain the loans to and from officers and/or stockholders
N/A

33. Explain and describe the negotiation process for banking, bonding, loans and letters of credit
Mr. Munoz has two truck loans with Sovereign Bank totaling \$50,000. Other vehicles are financed through dealerships.

34. How are the owners compensated for their work and ownership interest? (Verify the documents)
Applicant is paid a salary through his payroll company based upon how well his business is doing. Also, he takes owner's draws when necessary.

- 35 Other than the owners, who are the key employees? What are their primary functions?
Orlando Munoz, is the only other owner and key employee of the firm. All other employees are drivers or general laborers.
- 36 Explain and describe the company's marketing process. Who does it?
Mr. Munoz relies upon word of mouth, has a website, prior relationships with clients and have signage on his vehicles to advertise & market his firm.
- 37 How many signatures are required for payroll? 1 and other checks 1
 Who signs the checks? Manuel Munoz
- 38 Have you ever subcontracted any of your company's contracts? Yes No
 To whom? Smaller trucking companies
 Why? Some jobs require more than his 10 trucks or employees.
 Dollar Value \$ 3 Million
- 39 Please explain the Company's Policy decision making process for employee benefits
The company does not currently offer company benefits to any of its employees. All of the employees are contract drivers or laborers.
- 40 Explain how you acquired expertise and experience in the firm's primary field of operations
Manuel Munoz acquired his experience driving long haul as a part time and/or weekend driver. After saving money from his jobs he decided to start his own firm providing hauling services
- 41 Explain how you hope to benefit from the certification program Applicant is currently pending contract opportunities that require certification
Also, firm hopes to grow and be able to hire more personnel by competing for more work.
- 42 Explain how the M/W/DBE owner(s) acquired ownership in the firm Mr. Munoz used his personal savings to purchase his first truck and file for his business licenses. The firm has continued to grow.
- 43 Describe any arrangements or agreement this firm has with any other firm(s) to provide assistance in human resources, equipment or space
There are no agreements with any other firms to provide assistance, equipment or space.
- 44A. Describe the M/W/DBE owner's spousal involvement in this business N/A

44B. What is the spouse's occupation? N/A

44C. Where is the spouse employed? N/A

45. OPTIONAL: What areas of New York/New Jersey are you willing and able to conduct your business activity? All over the New York and New Jersey area. Firm also interested in working in PA and DE.

46. OPTIONAL: Do you have a New York State/New Jersey State Employer's Registration Number issued by the Department of Labor? Yes No
(You can obtain the number by calling (518) 457-5718.)

47. Including owners who take an active part in the business, how many employees are Full-time? 12 Part-time?

48. Who are the owners and what are their ownership percentages?

<u>Manuel Munoz</u>	% of Ownership	<u>50</u>
<u>Orlando Munoz</u>	% of Ownership	<u>50</u>
_____	% of Ownership	_____

49. Who contributed capital, equipment, real estate, inventory, etc. used in this business?

Manuel Munoz

Orlando Munoz

50. Is there any other information that you would like to present to support your certification application? Mr. Munoz is seeking certification in order to compete for contracts with public agencies.

INTERVIEWER'S OBSERVATIONS AND COMMENTS:
Based upon the application, support documents and site visit, it appears that Manuel Munoz is capable of operating his business independently and without restrictions. Although the firm is owned 50% by Orlando Munoz, Manuel Munoz makes the majority of the decisions for the firm and provided all of the capital used to start the business. Orlando Munoz serves more as a project manager and mechanic for the firm.

THE FOLLOWING IS VERIFICATION OF YOUR BUSINESS NAME, ADDRESS, TELEPHONE NUMBER AND PRODUCT CATEGORY AS IT WILL APPEAR IN THE DIRECTORY OF CERTIFIED FIRMS:

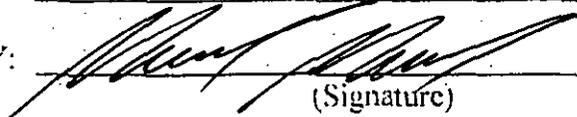
NAME: MUNOZ TRUCKING CORPORATION

ADDRESS: 138 OVERLOOK AVENUE
BELLEVILLE, NJ 07109

TELEPHONE NUMBER: 973. 277. 1944

FEDERAL TAX I.D. NUMBER: _____

PRODUCT AND/OR SERVICES: TRUCKING
WASTE REMOVAL / TRANSPORTATION

VERIFIED AND APPROVED BY: 
(Signature)

SIGNED BY: MUNOZ / MUNOZ
(Print Name)

V.P.
(Title)

DATE: 4-3-09



THE PORT AUTHORITY OF NY & NJ

April 2, 2009

Transmitted via Email

Mr. Manuel Munoz
President
Munoz Trucking Corporation
138 Overlook Avenue
Belleville, NJ 07109

RE: CONFIRMATION – SCHEDULED SITE VISIT

Dear Mr. Munoz:

Please be advised that your site visit for DBE certification with the Port Authority has been scheduled for **Friday, April 3, 2009 at 9:00 am** and will take place at your business address located at: **73 Norton Street, Belleville, NJ 07109**. Please note that **Manuel and Orlando Munoz**, applicants with 50 percent ownership interest each, are required to be present for the interview.

Your firm's application for certification cannot be completed until the site visit is conducted. Should you need to reschedule this visit, please do so in writing and submit to our office at least one business day prior to your scheduled visit.

The Port Authority will honor any request to reschedule that is submitted on time and in writing. However, should the applicant not be present or you fail to properly reschedule this visit your file may be closed or denied.

Should you have any questions, please call me at (212) 435-7816 or email wmiller@panynj.gov.

Sincerely,

William E. Miller, III
Business Analyst, Certification Unit
Office of Business & Job Opportunity

Miller, William

From: Miller, William
Sent: Thursday, April 02, 2009 12:02 PM
To: 'munoztrucking1@verizon.net'
Subject: Confirmation Receipt - DBE Site Visit

Dear Mr. Munoz:

Please find attached a confirmation for your scheduled DBE site visit conducted by the Port Authority of NY & NJ.

Should you have any questions please feel free to contact me.

Sincerely,



William E. Miller, III
Business Analyst - Certification Unit
Office of Business & Job Opportunity
233 Park Avenue South, 4th Floor
New York, NY 10003
(212) 435-7816 - Ph.
(212) 435-7827 - Fax
wmiller@panynj.gov



Munoz Trucking
Corporation - S...

OFFICE OF BUSINESS & JOB OPPORTUNITY
MARKETING DATA FORM

BY: _____

The information presented on this form will be used to help market the goods/services that your firm provides. If your firm becomes certified with the Port Authority of NY & NJ (PA), this information will be added to a CD ROM, which is distributed to other certifying agencies, PA tenants and prime contractors for possible contract opportunities.

Please TYPE or PRINT

1. Your firm name: Munoz Trucking Corp. Phone: (973) 277-1144.
 2. Your e-mail address: Munoztrucking1@verizon.net.

IN COMPLETE SENTENCES AND, APPROXIMATELY 30 WORDS OR LESS, DESCRIBE THE GOODS/SERVICES THAT YOUR FIRM PROVIDES:

We provide trucking and disposal of soil in the NY/NJ area.

3 Contract References: Please list four (4) largest contracts/jobs completed in the last three (3) years:

Year	Project Name/Number	P/S	Project Owner/Agency	Type of Work	Amount	Contact Person	Phone Number
1	Northwest	S	NJ-Transit	Trucking	850,000	David Jr.	973 841-3353
5 months	Pure Earth	S	100/Columbus St	Trucking	700,000	Nathen	856 776-9190
3 months	Soil Safe	S	Corland St	Trucking	110,000	Mike Kozak	410 872-3940
2 months	Secaucus Redevel	S	N.J.T. corp Laurel Hill Park	Trucking	450,000	Nathen	856 776-9190

P = Prime Contractor

S = Subcontractor

(Complete each column)

4. a) Preferred Contract Size Range: Minimum = \$ _____
 Maximum = \$ _____
 b) Annual Contract Capacity: = \$ _____

5. Union affiliation. Check one:
 Union Shop - Enter local(s): 282.
 Non-Union

6. Number of Full-time Personnel:
2 Permanent Office Staff 3 Permanent Field Staff

7. Current Bonding Limits, if applicable
 a) Surety Company Name: none
 b) Single Bonding Limit: \$ none
 c) Aggregate Bonding Limit: \$ none.

8. a) What percentage of last year's gross sales was earned performing prime work versus subcontracting work?
 _____ % Prime Contracts 100 % Sub Contracts
 b) For each major service or good that your firm provides, list its approximate Gross Sales for last year - not to exceed what you reported on line 1 of your federal taxes (Minimum = 1, Maximum = 3):

Service/Category 1: Trucking \$ 5,059,132
 Service/Category 2: _____ \$ _____
 Service/Category 3: _____ \$ _____

**OFFICE OF BUSINESS & JOB OPPORTUNITY
MARKETING DATA FORM**

The information presented on this form will be used to help market the goods/services that your firm provides. If your firm becomes certified with the Port Authority of NY & NJ (PA), this information will be added to a CD ROM, which is distributed to other certifying agencies, PA tenants and prime contractors for possible contract opportunities.

Please TYPE or PRINT

1. Your firm name: Munoz Trucking Corp. Phone: (913) 271-1944.

2. Your e-mail address: munoztrucking@a-verizon.net

IN COMPLETE SENTENCES AND, APPROXIMATELY 30 WORDS OR LESS, DESCRIBE THE GOODS/SERVICES THAT YOUR FIRM PROVIDES:

We provide trucking and disposal of soil in the NY/NJ area.

3 Contract References: Please list four (4) largest contracts/jobs completed in the last three (3) years:

Year	Project Name/Number	P/S	Project Owner/Agency	Type of Work	Amount	Contact Person	Phone Number
8 months	Ecology Enterprises, Inc.	S	Rahway, NJ Project Myrtle Ave, NY Project	Trucking	400,000 ⁰⁰	Donald	732- 672-2309

P = Prime Contractor S = Subcontractor (Complete each column)

4. a) Preferred Contract Size Range: Minimum = \$ _____
Maximum = \$ _____
b) Annual Contract Capacity: = \$ _____

5. Union affiliation. Check one:
 Union Shop – Enter local(s): 282.
 Non-Union

6. Number of Full-time Personnel:
2 Permanent Office Staff 1 Permanent Field Staff

7. Current Bonding Limits, if applicable
a) Surety Company Name: none
b) Single Bonding Limit: \$ none
c) Aggregate Bonding Limit: \$ none.

8. a) What percentage of last year's gross sales was earned performing prime work versus subcontracting work?
_____ % Prime Contracts 100 % Sub Contracts

b) For each major service or good that your firm provides, list its approximate Gross Sales for last year – not to exceed what you reported on line 1 of your federal taxes (Minimum = 1, Maximum = 3):

Service/Category 1: Trucking \$ _____
Service/Category 2: _____ \$ _____
Service/Category 3: _____ \$ _____

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OFFICE OF BUSINESS & JOB OPPORTUNITY
MARKETING DATA FORM

BY: _____

The information presented on this form will be used to help market the goods/services that your firm provides. If your firm becomes certified with the Port Authority of NY & NJ (PA), this information will be added to a CD ROM, which is distributed to other certifying agencies, PA tenants and prime contractors for possible contract opportunities.

Please **TYPE** or **PRINT**

- 1. Your firm name: Munoz Trucking Corp. Phone: (973) 277-1744
- 2. Your e-mail address: munoztrucking1@verizon.net

IN COMPLETE SENTENCES AND, APPROXIMATELY 30 WORDS OR LESS, DESCRIBE THE GOODS/SERVICES THAT YOUR FIRM PROVIDES:

We provide trucking and disposal of soil in the NY/NJ area.

3 Contract References: Please list four (4) largest contracts/jobs completed in the last three (3) years:

Year	Project Name/Number	P/S	Project Owner/Agency	Type of Work	Amount	Contact Person	Phone Number
5 years	Impact Environmental	S	Yankee Stadium	Trucking	300,000 ⁰⁰	John Herbig	631-734-5597

P = Prime Contractor S = Subcontractor (Complete each column)

- 4. a) Preferred Contract Size Range: Minimum = \$ _____
Maximum = \$ _____
- b) Annual Contract Capacity: = \$ _____

5. Union affiliation. Check one:
 Union Shop - Enter local(s): 252
 Non-Union

6. Number of Full-time Personnel:
2 Permanent Office Staff 3 Permanent Field Staff

7. Current Bonding Limits, if applicable
a) Surety Company Name: none
b) Single Bonding Limit: \$ none
c) Aggregate Bonding Limit: \$ none

8. i) What percentage of last year's gross sales was earned performing prime work versus subcontracting work?
_____ % Prime Contracts 100 % Sub Contracts

ii) For each major service or good that your firm provides, list its approximate Gross Sales for last year - not to exceed what you reported on line 1 of your federal taxes (Minimum = 1, Maximum = 3):
Service/Category 1: Trucking \$ _____
Service/Category 2: _____ \$ _____
Service/Category 3: _____ \$ _____

CONSTRUCTION REFERENCE SHEET

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INSTRUCTIONS: Please fill in all requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES. Please feel free to make as many copies of this form as needed to submit your references.

Contractor: Munoz Trucking Corp. Specialty Code: 02-151
Address: 133 Overlook Ave Belleville NJ 07109
Contact: Manuel Munoz Telephone No.: (973) 277-1944

REFERENCE NO. 1

Name of Company: North West
Address: 21 Pine St Suite 237 Rockaway NJ
Contact: David Vr. Telephone No.: (973) 784-4655
Scope of work performed: Trucking / Disposal (973) 841-3353
Date Work Completed: 1-15-09 Amount of Contract: \$ 1.3 million

REFERENCE NO. 2

Name of Company: Pure Earth
Address: 400 Tiffany St. Bronx, NY 10474
Contact: Nathan Kachinch Telephone No.: (856) 776-9190
Scope of work performed: Trucking
Date Work Completed: 2-1-09 Amount of Contract: \$ 1.3 million

REFERENCE NO. 3

Name of Company: Soil Safe
Address: 6700 Alexbell Dr. Suite 300 Columbia MA 01026
Contact: Mike Kozak Telephone No.: (410) 872-3990
Scope of work performed: Trucking / Disposal
Date Work Completed: open Amount of Contract: \$ 800⁰⁰

REFERENCE NO. 4

Name of Company: Interstate
Address: Brighton Rd. Suite 200 Clifton NJ 07102
Contact: David Rodrigues Telephone No.: (917) 345-9060
Scope of work performed: Trucking
Date Work Completed: 12-10-08 Amount of Contract: \$ 517,300⁰⁰

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CONSTRUCTION REFERENCE SHEET

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Contractor: MUNOZ Trucking corp Specialty Code: 02.151
Address: 138 OVERLOOK AVE BELLEVILLE N.J. 07109
Contact: MANUEL MUNOZ Telephone No.: (973) 277-1944

REFERENCE NO. 1

Name of Company: IMPACT ENVIRONMENTAL
Address: 170 KEYLAND COURT, BOHEMIA, NY 11716
Contact: JOHN HERBIG Telephone No.: (631) 774 5597
Scope of work performed: Trucking Non-Haz Material
Date Work Completed: 12/19/8 Amount of Contract: \$ \$ 300,000.-

REFERENCE NO. 2

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 3

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 4

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

CONSTRUCTION REFERENCE SHEET

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INSTRUCTIONS: Please fill in all requested information. VERIFICATION AND EVALUATION OF CONSTRUCTION CONTRACTOR'S REFERENCES WILL BE PERFORMED BY THE PORT AUTHORITY'S ENGINEERING DEPARTMENT. Four different company references are required for each specialty code (see att. #). A separate contractor reference sheet is required for each specialty code. Note: THE SAME REFERENCES ARE PERMITTED FOR DIFFERENT SPECIALTIES. Please feel free to make as many copies of this form as needed to submit your references.

Contractor: Munoz Trucking Corp. Specialty Code: 02.151/
Address: 138 Overlook Ave Belleville NJ 07109
Contact: Manuel Munoz Telephone No.: (973) 277-1944

REFERENCE NO. 1

Name of Company: Ecology Enterprises, Inc.
Address: P.O. Box 963 Freehold, NJ, 07728
Contact: Donald Michaud Telephone No.: (732) 672-2309
Scope of work performed: Trucking/Disposal (732) 431-4655
Date Work Completed: 12/08 Amount of Contract: \$ 400,000⁰⁰

REFERENCE NO. 2

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 3

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

REFERENCE NO. 4

Name of Company: _____
Address: _____
Contact: _____ Telephone No.: (____) _____
Scope of work performed: _____
Date Work Completed: _____ Amount of Contract: \$ _____

0002
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MAR 18 2009
BY: _____

Ecology Enterprises, Inc.

P.O. Box 963
Freehold, NJ, 07728

Telephone 732-431-4655

Fax: 732-409-2916

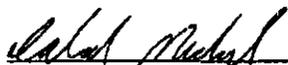
January 17, 2008

Munoz Trucking
73 Nolton Street
Belleville, NJ 07109

PURCHASE ORDER

Ecology Enterprises, Inc. is authorizing this purchase order for the following:

1. Rahway, NJ Project: 20,000 tons at \$11.00 per ton
2. Myrtle Ave, NY Project: 8,000 tons at \$22.00 per ton



Donald Michaud, President
Ecology Enterprises, Inc.

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Purchase Order

21 Pine Street, Suite 237, Rockaway NJ 07860 Office # (973) 784-4655 Fax # (973) 784-3812

Date: 10/28/2008

To: Manny
Munoz Trucking

RE: Transportation Quote

1. The following pricing is transportation of soil.
2. Pricing includes transportation using tri-axes.
3. Contact NWE at 973-784-4655 to schedule materials.

Approved By: David Ur

Accepted:

By Manny Munoz

Dated: 10-28-08

Salesperson	Job	Payment Terms	Due Date
David Ur	NJT	Net 30 days	

Qty	Description	Unit Price	Line Total
25000 tons	Transportation	\$28.00/ton	\$700,000.00
Total			\$700,000.00

GENERAL TERMS AND CONDITIONS

- > 22-ton Minimum charged for delivery per tri-axle.
- > Actual volume may vary.
- > Client is Invited to select product for delivery.
- > 7% Sales tax shall be applied to materials.
- > A Tax Exempt Resale Certificate must be presented to Northwest at time of sale, otherwise sales tax will be due and calculated as part of payment requirements.
- > If any item is timely objected to, your may withhold payment until the issue is resolved; but your must pay in full the monies due with respect to items not objected to. Failure to do this shall be deemed to be a "Material Event of Default", as shall failure to make any payment in full of all sums due Northwest within fifteen (15) days after its due date.
- > Any payment not made within thirty (30) days shall thereafter bear interest at the rate of twelve (12%) percent per annum.