



Iowa Department of Natural Resources  
Land Quality Bureau  
**WASTE TIRE HAULER REGISTRATION**  
**APPLICATION/RENEWAL FORM**

**CASHIERS USE ONLY**  
0884-542-0072-AR-0570  
06-0606-50-  
Business Name  
Applicant Name

**Notice to applicants:** Before you complete this application, carefully read the attached instructions. Failure to complete the form correctly or to provide all the requested information will result in the application begin returned.

**Begin here:** This application is for: ☒ New Registration ☐ Annual Renewal

**Please complete all of the following items by typing or printing only:**

**ITEM 1** Name of business: Saber Shred Solutions Inc.

**ITEM 1A** List any other name(s) under which the tire hauler may be affiliated with (parent company, corporation, etc.)  
\_\_\_\_\_  
\_\_\_\_\_

**ITEM 2** Address and phone number of the principal place of business of the tire hauler:

Street address: 1800 40th ave SE

City/State/Zip Code: Mandan ND 58554

Phone Number: 701-471-4964

Email: customerservice@sabershred.com

**ITEM 3** Name and address of the person(s) submitting this application as a representative of the tire hauler:

Name: Shaun Haux

Address: 1712 Santa Gertrudis dr

City/State/Zip Code: Bismarck ND 58503

Phone Number: 701-301-9182

Email: Shaun@transtrash.com

**ITEM 4** Name and address of the president of a corporate waste tire hauler, or the owners of 10% or more of a waste tire hauler operating as a proprietorship or partnership:

**1)** Name: Mitchell Kaelberer

Address: 3111 Sandy Lane SE

City/State/Zip Code: Mandan ND 58554

Phone Number: 701-220-2020

**2)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**3)** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

86986 11/03/25 PM 409

**ITEM 5     Motor vehicle information**

Complete the following information for each motor vehicle used by the applicant for hauling tires:

**Vehicle #1**

Year 2020     Make Kenworth     Model T680  
Name of Owner: Saber Shred Solutions inc  
Address of Owner: 1800 40th ave se  
VIN #: 1XKYD49X8LJ354477     License Plate #: 45667P     State Registered In: ND

**Vehicle #2**

Year 2020     Make Kenworth     Model T680  
Name of Owner: Saber Shred Solutions inc  
Address of Owner: 1800 40th ave se  
VIN #: 1XKYD49X3LJ354564     License Plate #: 45668P     State Registered In: ND

**Vehicle #3**

Year 2020     Make Kenworth     Model T880  
Name of Owner: Saber Shred Solutions inc  
Address of Owner: 1800 40th ave se  
VIN #: 1XKZDP9X9LJ413199     License Plate #: 39433PP     State Registered In: ND

**Vehicle #4**

Year \_\_\_\_\_     Make \_\_\_\_\_     Model \_\_\_\_\_  
Name of Owner: \_\_\_\_\_  
Address of Owner: \_\_\_\_\_  
VIN #: \_\_\_\_\_     License Plate #: \_\_\_\_\_     State Registered In: \_\_\_\_\_

\*Copy this sheet and add information for as many additional vehicles as needed

**ITEM 6     Waste tire end use information**

Provide the name of all facilities where waste tires are hauled for disposal, storage or processing or of another site of end use where the waste tires will be transported:

- 1) Name: Dakota Bluffs landfill  
Address: 14108 34th st nw  
City/State/Zip Code: Bismarck ND 58503  
Phone Number: 701-471-4964
- 2) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_
- 3) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**ITEM 7** If this application represents a NEW registration, attach a surety bond for \$150,000 using the form attached herein. If a renewal, provide or obtain copies of statement or invoice that shows that the bond renewal has been paid for and is current and in effect.

**ITEM 8** The applicant, representing the waste tire hauler identified herein, agrees to comply with the vehicle marking requirements as contained in Iowa Administrative Code 567 chapter 116.

Initial here with understanding of these requirements: SH

**ITEM 9** The applicant agrees to notify the department of natural resources within 30 days of any change in the information provided by the applicant in this application.

Initial here with understanding of these requirements: SH

**ITEM 10** The applicant shall pay all amounts due to any individual, group, or entity for damages caused by improper disposal of waste tires by the applicant or the applicant's employee while acting within the scope of employment. I understand that such damages shall not be limited to the value of the hauler's bond.

Initial here with understanding of these requirements: SH

**ITEM 11** I understand the responsibilities of a waste tire hauler, per applicable Iowa Code and administrative rule requirements, and submit this application as signed below:

Signature:  Date: 10/07/2025  
Type or print name: Shaun Haux

**ITEM 12** **Attach the annual registration fee of \$50.** Make checks payable to the "Iowa Department of Natural Resources." Registration fees are non-refundable; incomplete applications or applications not meeting the requirements of Iowa Administrative Code 567 Chapter 116 will be denied.

**Return completed application, fee, and bond information to:**

Becky Jolly  
Iowa Department of Natural Resources  
6200 Park Ave Ste 200  
Des Moines IA 50321



## IOWA WASTE TIRE HAULER BOND

Bond No. 101670177  
October 21, 2025

### KNOW ALL PERSONS BY THESE PRESENTS:

That we, Saber Shred Solutions Inc.

As Principal, and Merchants National Bonding, Inc.,

Incorporated under the laws of the State of Iowa,

with principal office in West Des Moines Iowa, as Surety, are held and firmly bound unto the State of Iowa, as Obligee, the penal sum of one hundred fifty thousand dollars (\$150,000.00) lawful money of the United States, for which payment, well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly, by these presents.

**WHEREAS**, the said Principal has applied to said Obligee for a registration to haul waste tires in the State of Iowa,

**NOW, THEREFORE, THE CONDITON OF THIS OBLIGATION IS SUCH** that if the said Principal shall indemnify said Obligee against all loss to it caused by said Principal's breach of any ordinance, rule or regulation relating thereto, then the above obligation shall be void, otherwise to be and remain in full force and effect.

**PROVIDED, THE LIABILITY OF THE SURETY** upon this bond shall be and remain in full force and effect for the full period of the registration or license, and renewals thereof, issued to the Principal above named, or until 30 days after receipt by the Obligee of a written notice signed by such Surety, or its authorized agent, stating that the liability of such Surety is thereby terminated and canceled; and provided further, that nothing herein shall affect any rights or liabilities which shall have accrued under this bond prior to the date of such termination.

Signed, sealed and date this 21st day of October, 20 25.

Saber Shred Solutions Inc.

Principal

By: Mitchell Kaelberer  
Mitchell Kaelberer

Merchants National Bonding, Inc.

Insurance Company

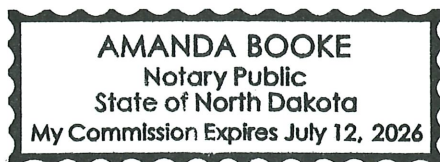
By: Seth Farkas  
Seth Farkas Attorney-in-Fact

### ACKNOWLEDGEMENT OF PRINCIPAL

State of ND \_\_\_\_\_

County of Burleigh \_\_\_\_\_

On this 27<sup>th</sup> day of October, 2025 before me a Notary Public in and for the State of North Dakota personally appeared Mitchell Kaelberer know to me to be the President of the principal described in the within instrument and who executed the same and acknowledge to me that he/she executed the same for on behalf of the said principal.



Amanda Booke  
NOTARY PUBLIC

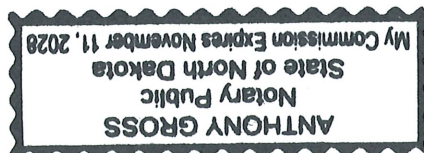
(SEAL)

### ACKNOWLEDGEMENT OF SURETY

State of North Dakota \_\_\_\_\_

County of Cass \_\_\_\_\_

On this 21st day of October, 2025 before me a Notary Public in and for the State of North Dakota, personally appeared Seth Farkas know to be the Attorney-In-Fact of the Surety described in the within instrument and who executed the same and acknowledge to me the he/she executed the same for on behalf of the said Surety.



Anthony Gross  
NOTARY PUBLIC

(SEAL)

THE UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637

UNIVERSITY OF CHICAGO  
LIBRARY  
540 EAST 57TH STREET  
CHICAGO, ILL. 60637



# MERCHANTS

## BONDING COMPANY™

### POWER OF ATTORNEY

Know All Persons By These Presents, that MERCHANTS BONDING COMPANY (MUTUAL) and MERCHANTS NATIONAL BONDING, INC., both being corporations of the State of Iowa, and MERCHANTS NATIONAL INDEMNITY COMPANY, an assumed name of Merchants National Bonding, Inc., (herein collectively called the "Companies") do hereby make, constitute and appoint, individually,

Seth Farkas

their true and lawful Attorney(s)-in-Fact, to sign its name as surety(ies) and to execute, seal and acknowledge any and all bonds, undertakings, contracts and other written instruments in the nature thereof, on behalf of the Companies in their business of guaranteeing the fidelity of persons, guaranteeing the performance of contracts and executing or guaranteeing bonds and undertakings required or permitted in any actions or proceedings allowed by law.

This Power-of-Attorney is granted and is signed and sealed by facsimile under and by authority of the By-Laws adopted by the Board of Directors of the Companies.

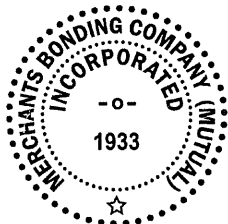
"The President, Secretary, Treasurer, or any Assistant Treasurer or any Assistant Secretary or any Vice President shall have power and authority to appoint Attorneys-in-Fact, and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, recognizances, contracts of indemnity and other writings obligatory in the nature thereof."

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile or electronic transmission to any Power of Attorney or Certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligations of the Company, and such signature and seal when so used shall have the same force and effect as though manually fixed."

In connection with obligations in favor of the Florida Department of Transportation only, it is agreed that the power and authority hereby given to the Attorney-in-Fact includes any and all consents for the release of retained percentages and/or final estimates on engineering and construction contracts required by the State of Florida Department of Transportation. It is fully understood that consenting to the State of Florida Department of Transportation making payment of the final estimate to the Contractor and/or its assignee, shall not relieve this surety company of any of its obligations under its bond.

In connection with obligations in favor of the Kentucky Department of Highways only, it is agreed that the power and authority hereby given to the Attorney-in-Fact cannot be modified or revoked unless prior written personal notice of such intent has been given to the Commissioner - Department of Highways of the Commonwealth of Kentucky at least thirty (30) days prior to the modification or revocation.

In Witness Whereof, the Companies have caused this instrument to be signed and sealed this 21st day of October, 2025.



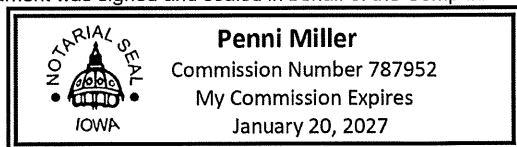
MERCHANTS BONDING COMPANY (MUTUAL)  
MERCHANTS NATIONAL BONDING, INC.  
MERCHANTS NATIONAL INDEMNITY COMPANY

By

President

STATE OF IOWA  
COUNTY OF DALLAS ss.

On this 21st day of October, 2025, before me appeared Larry Taylor, to me personally known, who being by me duly sworn did say that he is President of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY; and that the seals affixed to the foregoing instrument are the Corporate Seals of the Companies; and that the said instrument was signed and sealed in behalf of the Companies by authority of their respective Boards of Directors.

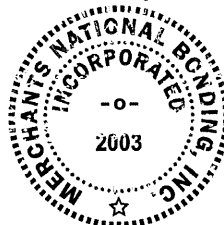


(Expiration of notary's commission  
does not invalidate this instrument)

Notary Public

I, Elisabeth Sandersfeld, Secretary of MERCHANTS BONDING COMPANY (MUTUAL), MERCHANTS NATIONAL BONDING, INC., and MERCHANTS NATIONAL INDEMNITY COMPANY do hereby certify that the above and foregoing is a true and correct copy of the POWER-OF-ATTORNEY executed by said Companies, which is still in full force and effect and has not been amended or revoked.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the Companies on this 21st day of October, 2025.



Secretary

**SABER SHRED SOLUTIONS, INC.**

Iowa Department of Natural Resources  
Date 10/27/2025 Type Bill Reference '25 registration fee

Original Amt.  
50.00

Balance Due  
50.00

10/28/2025  
Discount

Check Amount

Payment  
50.00  
50.00

**2346**

Checking Account-Sa

50.00