



Lacey, WA 98503

PO Box 47250

Olympia, WA 98504-7250

Phone: 360-664-1222

www.utc.wa.gov

APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

Type of Solid Waste Authority Requested	Fee Requested
<p><u>Permanent Authority</u> – (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form. (<u>WAC 480-70-352</u>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Certificate <input type="checkbox"/> Extension of Certificate G-_____ <input type="checkbox"/> Transfer of authority – Certificate G-_____ <ul style="list-style-type: none"> o Complete Attachment B <input type="checkbox"/> Lease of authority – Certificate G-_____ <ul style="list-style-type: none"> o Complete Attachment B <input type="checkbox"/> Reinstatement of cancelled authority – Certificate G-_____ (must be filed within 30 days of cancellation). Include a statement justifying the reinstatement and complete sections 1, 2, and 8 	<p>\$200</p>
<p><u>Temporary Authority</u> – (<u>WAC 480-70-352</u>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> New temporary authority <ul style="list-style-type: none"> o Complete Attachment A <input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application. <input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days <ul style="list-style-type: none"> o Complete Attachment A 	<p>\$25</p>
<p><u>Change of Name</u> – (<u>WAC 480-70-352</u>) There can be no change in ownership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change of corporate name <input type="checkbox"/> Change of trade name <input type="checkbox"/> Addition or new trade name <input type="checkbox"/> Change of surname of an individual owner or partner <ul style="list-style-type: none"> o Complete Attachment C 	<p>\$35</p>
<p><u>Refund</u> – including requests for permission to mortgage or otherwise encumber a certificate (<u>WAC 480-70-352</u>)</p> <ul style="list-style-type: none"> o Complete Attachment D 	<p>\$35</p>

FOR OFFICIAL USE ONLY

Date Filed: 3/23/2020	Insurance:	Docket #-TG- 200250	Cert Issued: G-
Staff Assigned:	Tariff:	ID #:	Map:
DOL/SOL:	Receipt ID:	227 02 032-20	Related App ID#:

Payment ID: 10983

Receipt ID:

ADE Dumpsters LLC

Paid: \$225 (\$25 refunded for overpayment)

FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to efiling@dcyf.wa.gov and pay online at payments.dcyf.wa.gov, or,
- Mail your application **with** your check or money order to the following address:
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.dcyf.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: ADE Dumpsters LLC

Trade Name(s) (if applicable): Ade Dumpster Rentals

Business Address

Mailing Address (if different from Business Address)

Street: 509 E 52nd street

Street: P.O. Box 111883

City/State/Zip: Tacoma WA 98404

City/State/Zip: Tacoma, WA 98411

Phone Number: 2533146785 Fax Number: N/A

Email: adeent1997@gmail.com USDOT number: 3411014

SECTION 2 – BUSINESS INFORMATION

Unified Business Identifier #: 604595306 State of Inc. WA

Type of business structure: Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner or member's share, or stock distribution for major stockholders.

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Anthony Douglas</u>	<u>Co-owner</u>	<u>50%</u>
<u>JoAn Douglas</u>	<u>Co-owner</u>	<u>50%</u>
<u> </u>	<u> </u>	<u> </u>

Do you currently hold, or have you ever held a solid waste certificate?
 No Yes If yes, please indicate your certificate number: G-

Have you ever applied for and been denied a certificate to transport solid waste?
 No Yes If yes, please explain:

Indicate the commodity to be hauled: Junk, Garbage, Yard Waste and metal

Please describe the territory in which you wish to operate, include the name, address, and county for disposal of waste and the name, address and county where residential recycling materials will be delivered. (NOTE: Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic description:

Operating in King, County, Pierce county and Thurston county. Dump site addresses: 3110 S Mullen st, Tacoma, WA 98409 (Tacoma landfill), (LRI landfill) 31317-31395 Meridian East, Graham, WA 98335. (North transfer station) 130 N. 34th st, Seattle WA 98103, (South transfer station) 130 S. Kenyon st, Seattle WA, (Thurston county transfer station) 2420 Hogum bay rd NE, Lacey, WA 98516

Please attach a map that meet the requirements of WAC ~~480-02-0010~~ and clearly shows the territory described above.

State below the conditions that justify granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of "immediate and urgent need: To fill the needs of the mid-level disposal of garbage, recycling, scrap metal and yard waste. Our containers are 15 yards and smaller and are perfect for the smaller jobs in the commercial and private sectors

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: I have been in transportation for 30 years. I've owned and operated a charter bus company and have administered a safety, training, and mentoring program for the operators

Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

No Yes If yes, please explain _____

SECTION 3 – FINANCIAL STATEMENT

Please include a Balance Sheet, Profit and Loss Statement, or business plan.

ASSETS		LIABILITIES	
Cash in Bank	\$1500	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$1,250 per month
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$10,000	TOTAL LIABILITIES	\$1,250 per month
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$60,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$71,500	TOTAL LIABILITIES AND NET WORTH	\$

SECTION 4 - RATES AND TARIFFS

Is this application to operate under a contract? No Yes If yes, submit a copy of each contract under which service will be performed. The contract must contain all the elements states in ~~WAC 480-02-0010~~

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach a copy of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs must comply with the provisions of WAC ~~480-02-0010~~ through WAC 480-70-351.

If this application is for a transfer or lease of authority from an existing certiffical tariff at the same rate levels as on file, or you must adopt the current certificate holder's tariff. To file a new tariff, use the standard tariff format (www.wa.gov) or you must seek approval to use an alternate format.

Indicate which option you will use: Check one - Adopt File New Tariff

SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary)

Ownership: Lease, own, or plan to purchase?	Year	Make	License Number	Vehicle ID number	Gross Vehicle Weight	Type of Vehicle
Purchase	2016	Nissan	C94719H	1N6BA1F41GN509249	7,100	Pick up
Purchase	2020	JP trailer		4P5DR1427TL1331610	14,00	TRAILER

SECTION 6 - SAFETY AND OPERATIONS

In each of the categories show below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: **Anthony Douglas** Position: **Co-owner**

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: **Anthony Douglas** Position: **Co-owner**

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: **JoAn Douglas** Position: **Co-owner**

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: **JoAn Douglas** Position: **Co-owner**

INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: **: Anthony Douglas** Position: **Co-owner**

OPERATIONAL RESPONSIBILITIES

TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351) Companies must file with the Commission a tariff showing all rates and charges it will charge its customers, together with rules that govern how rates and charges will be assessed.	
Name: JoAn Douglas	Position: Co-Owner
ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their financial operations and pay regulatory fees.	
Name: Anthony Douglas	Position: Co-owner
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Companies that transport biomedical waste must handle and transport that waste according to the appropriate requirements of the federal hazardous materials regulations (49 CFR Parts 170-189) and the additional requirements in these rules.	
Name:	Position:
CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name: Anthony Douglas	Position: Co-owner
STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, <u>but not limited to</u> : Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue, Internal Revenue Service (taxes); and Employment Security.	
Name: Anthony Douglas	Position: Co-owner

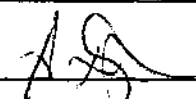
SECTION 7 – HEARING INFORMATION

If the Commission assigns this application for formal hearing, estimate the number of witnesses you will present and the amount of time you will need for your presentation.	
Number of witnesses: 3	Amount of time: 60 minutes
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

SECTION 8 - DECLARATION OF APPLICANT

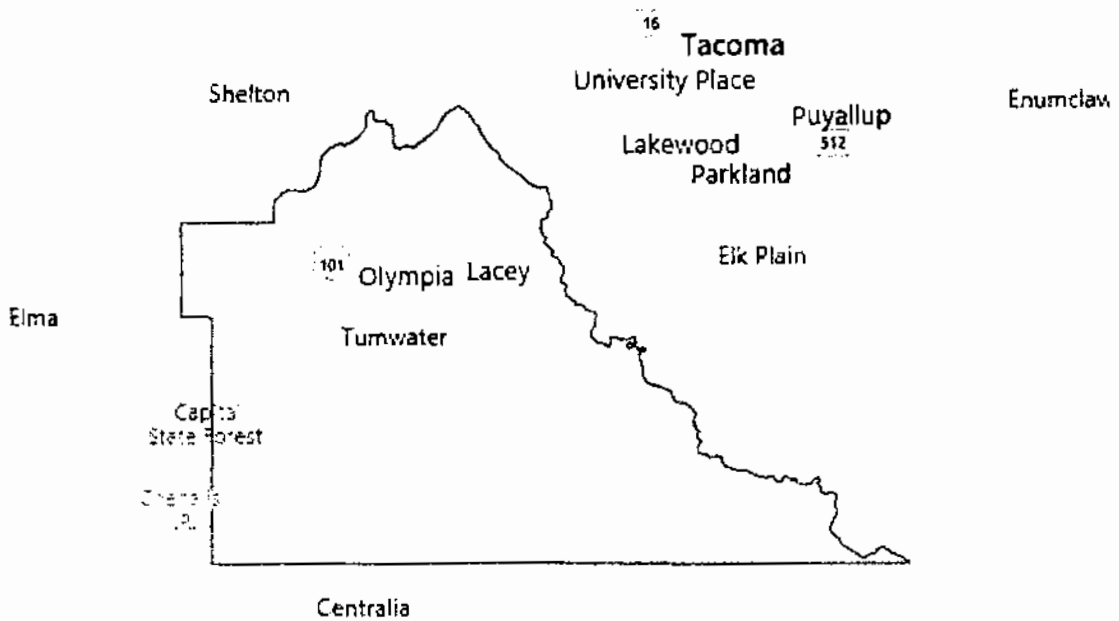
I understand that filing this application **does not** in itself constitute authority to operate as a solid waste collection company. As the applicant for a solid waste collections company certificate, I understand the responsibilities of a solid waste collection company, and I am in compliance with all local, state, and federal regulations governing business in the state of Washington. I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Printed name of applicant: Anthony Douglas

Signature of application:  Title: Owner

Date: 3/01/2020 County/State: Pierce/WA

Thurston County Boundaries Map



Pierce County Boundaries Map



King County Boundaries Map

