

Application for extension of Certificate G-11, for authority to provide:  
Solid Waste Collection Service in that portion of Pacific County described as follows: starting at the northwest corner of Section 16, T15N, R10W; thence south along the west line of said section extended to the south township line of T14N, R10W (generally in the vicinity of Section 33); thence east along south line of said township extended to the southeast corner of Section 26, T14N, R10W; thence north along the east line of said section extended to the northeast corner of Section 13, T15N, R10W; thence west along the north line of said section extended to the northwest corner of Section 16, T15N, R10W, the point of beginning.

**APPLICANT STATEMENT**  
 (To be completed by the individual requesting operating authority)

Applicant Name:

Peninsula Sanitation Service, Inc.

Application/Docket No:

T G 030813

**THE APPLICATION** What are you applying for? Include any amendments.

See attached.

**SUPPORT STATEMENT**

(To be completed by the individual, business/organization supporting the request for operating authority.)

**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the applicant could provide to you or your business/organization if this request for operating authority is granted.

2-300 gallon totes picked up weekly

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.

If the request is denied, would it have any affect on you or your business/organization? Yes  No  If yes, please explain.

**VERIFICATION:**

Your name and title: BRIAN Dickey, ENVIRONMENTAL HEALTH SPEC.

Business/Organization: PACIFIC COUNTY

Street/Mailing Address: PO BOX 68

City, State, Zip Code: SOUTH BEND, WA 98586

Telephone Number: (360) 875-9356 Fax Number: (360) 875-3904

I understand that this information is being given as the basis for a grant of auto transportation operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington.

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

BRIAN Dickey  
Print Name

*Brian Dickey*  
Signature

11/25/03  
Date

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**THE TRANSPORTATION NEED** Briefly describe the transportation service that you need and that the applicant could provide to you or your business/organization if this request for operating authority is granted.

Weekly pickup of 1 - 60 gallon tote

Are your transportation needs being met now? Yes  No  If not, explain problems you have experienced.

If the request is denied, would it have any affect on you or your business/organization? Yes  No  If yes, please explain.

**VERIFICATION:**

Your name and title: Linda Krume

Business/Organization:

Street/Mailing Address PO Box 296

City, State, Zip Code South Bend, Wa 98586

Telephone Number: 360-875-4181 Fax Number:

I understand that this information is being given as the basis for a grant of auto transportation operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington.

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Linda Krume LINDA KRUME

Print Name

Signature

12-10-03  
Date

(To be completed by the individual requesting operating authority)

Applicant Name:

Peninsula Sanitation Service, Inc

Application/Docket No:

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**VERIFICATION:**

Your name and title: Ted Van Tassel

Business/Organization:

Street/Mailing Address P.O.Bx 427

City, State, Zip Code South Bend, Wa 98536

Telephone Number: 360-875-6169 Fax Number:

I understand that this information is being given as the basis for a grant of auto transportation operating authority by the Washington Utilities and Transportation Commission, an agency of the State of Washington.

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

TED VAN TASSEL

Print Name

Ted Van Tassel

Signature

11-21-03

Date