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.

(To be a	APPLICANT ST	ATEMENT		
(10 08 ¢)	ompleted by the individual	requesting operat	ing authority)	', !
appucant Name:	•		plication/Docket No:	
reninsula Juni	totion Service, Inc.	1	T (020012	
HE APPLICATION What	are you applying for? Includ	e any amendments	. 0 000013	
01.				
Dho	attached			
, .				
'c be completed by the fait	SUPPORT STAT	TEMENT		
to be completed by the indi-	vidual, business/organizatio	n supporting the	request for operating at	uthor
LE IKANSPORTATION N	MD Relative doomalks that			
plicant could provide to you o	r your business/organization i	f this request for o	perating authority is gran	ted.
***				1
	2-300 gallantute	s picked	up weekly	
		1		'ц.
e your transportation needs be perienced.	ing met now? Yes X N	o If not, ex	plain problems you have	
the request is denied, would it				
the request is denied, would it				
the request is denied, would it				
the request is denied, would it s, please explain.				
The request is denied, would it s, please explain.	have any affect on you or you	r business/organiz		
the request is denied, would it it, please explain. RIFICATION: BRIFICATION:	have any affect on you or you Note that the second of the	r business/organiz	ation? Yes No	
the request is denied, would it it, please explain. ERIFICATION: BRIAN BRIAN	have any affect on you or you N Dickey Envire	r business/organiz	ation? Yes No	
RIFICATION: ur name and title: PACE Bet/Mailing Address	have any affect on you or you N Dickey Environ County Box 68	r business/organiz	ation? Yes No	
ine request is denied, would it s, please explain. SRIFICATION: BRIA and title: BRIA and title: PACIF ect/Mailing Address PO y, State, Zip Code South	have any affect on you or you N DICKEY EAVIRE COUNTY BOX 68 1 BEND, UA 9	n business/organiz	ation? Yes No	
ihe request is denied, would it s, please explain. RIFICATION: Bur name and title: Address PACIF Cet/Mailing Address y. State, Zip Code South Sephone Number: 360 879 Inderstand that this information is	have any affect on you or you N DICKEY ENVIRO IC COUNTY BOX 68 1 BEND, UA 9 5-9356 Fax Num being given as the basis for a general control of the contr	TO DUSINESS/ORGANIZ TO MEMAL 8586 Ther: (360) 8	HEACH SEC.	
the request is denied, would it s, please explain. BRIFICATION: BUT name and title: BRIFICATION: Our name and title: BRIFICATION: Our name and title: South Detrict South Dephone Number: Dep	have any affect on you or you N DICKEY ENUR IC COUNTY BOX 68 1 BEND, UA 9 5-9356 Fax Num being given as the basis for a gitton Commission, an agency of the	TO MENAL 8586 Ther: 360 8 There of auto transport	HEACTH Sec.	y the
eet/Mailing Address PACIF eet/Mailing Address y, State, Zip Code South	have any affect on you or you N DICKEY ENUR IC COUNTY BOX 68 1 BEND, UA 9 5-9356 Fax Num being given as the basis for a gitton Commission, an agency of the	TO MENAL 8586 Ther: 360 8 There of auto transport	HEACTH Sec.	y the

(To be	APPI completed by the	LICANT STATEM	ENT ing operating authority)	1
Applicant Name:		and violat request		
Peninsula San	tation Servi	a. Tra	Application/Docket	
THE APPLICATION Wha	t are you applying	for? Include one or	<u> </u>	30813
			nendments.	
Sec	attachm	ent		
	-			
			,	
(To be completed by the inc	lividual, business	PORT STATEME! s/organization support	orting the request for on	erating authorit
ALLE IRANSPURIATION N	JUTU history	14 .4		
applicant could provide to you	or your ousiness/	organization if this re	quest for operating author	ity is granted.
Weekly	-bidup	of 1 -60 go	elan tote	
		9	012	
the request is denied, would es, please explain.	it have any affect o	on you or your busin	ess/organization? Yes	No If
ERIFICATION: Our name and title:	L Krume			·
uainess/Organization:				
rect/Mailing Address PoB	X 296			. ',
ity, State, Zip Code Jouth	Bend, Wa	98586		
elephone Number: <u>R60-87</u>	5-4181	Fax Number:		: '
understand that this information i ashington Utilitles and Transport	s being given as the ation Commission,	e basis for a grant of at an agency of the State	ito transportation operating of Washington.	authority by the
certify or declare under penalty of atement is true and correct.				n contained in this
Tender 1	uma 1	LINDA KRUN		
Print	Name	Signature	Date 18-18-18	13

(To be completed by the individual rec	questing operating authority)
Applicant Name: Peninsula Sinitation Service, Inc	Application/Docket No:
THE APPLICATION What are you applying for? Include a	T 6 030813 .
A true and shall for: Tutting a	iny amendments.
Dee attachment	
SUPPORT STATE To be completed by the individual, business/organization	MENT supporting the request for operating authority
HE TRANSPORTATION NEED Briefly describe the transpeplicant could provide to you or your business/organization if the transpeplicant could provide to you or your business/organization if the transpeplicant could provide to you or your business/organization if the transpeplicant could provide to you or your business/organization if the transpeplicant could provide to you or your business/organization if the transpeplicant could provide the transpeplicant could provide to you or your business.	
weekly joickup of 1-60 go	
the request is denied, would it have any affect on you or your s, please explain.	business/organization? Yes No If
BRIFICATION:	
our name and title: Ital Van Tuell siness/Organization:	,
ect/Mailing Address POBX 427	
y, State, Zip Code South Rand, Wa 98536	
lephone Number: 360- \$15-6169 Fax Number	er:
understand that this information is being given as the basis for a grantshington Utilities and Transportation Commission, an agency of the	nt of auto transportation operating authority by the State of Washington.
certify or declare under penalty of perjury under the laws of the state attement is true and correct.	of Washington that the information contained in this
ED VAN Turk Les Zan	2 Jesus 11-21-03
Print Name Signature	Date