

## APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

| Type of Solid Waste Authority Requested   | <u>Fee Required</u> |
|---|---------------------|
| <p><u>Permanent Authority</u> – (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form. (<a href="#">WAC 480-70-091</a>)</p> <p><input checked="" type="checkbox"/> New Certificate</p> <p><input type="checkbox"/> Extension of Certificate G-_____</p> <p><input type="checkbox"/> Transfer of authority – Certificate G-_____           <ul style="list-style-type: none"> <li><input type="radio"/> Complete Attachment B</li> </ul> </p> <p><input type="checkbox"/> Lease of authority – Certificate G-_____           <ul style="list-style-type: none"> <li><input type="radio"/> Complete Attachment B</li> </ul> </p> <p><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><u>Temporary Authority</u> – (<a href="#">WAC 480-70-131</a>)</p> <p><input type="checkbox"/> New temporary authority           <ul style="list-style-type: none"> <li><input type="radio"/> Complete Attachment A</li> </ul> </p> <p><input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application.</p> <p><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"> <li><input type="radio"/> Complete Attachment A</li> </ul> </p>  | \$25                |
| <p><u>Name Change</u> – (<a href="#">WAC 480-70-121</a>) There can be no change in ownership.</p> <p><input type="checkbox"/> Change of corporate name</p> <p><input type="checkbox"/> Change of trade name</p> <p><input type="checkbox"/> Addition or new trade name</p> <p><input type="checkbox"/> Change of surname of an individual owner or partner           <ul style="list-style-type: none"> <li><input type="radio"/> Complete Attachment C</li> </ul> </p>   | \$35                |
| <p><u>Mortgage</u> – including requests for permission to mortgage or otherwise encumber a certificate (<a href="#">WAC 480-70-116</a>)</p> <p><input type="radio"/> Complete Attachment D</p>  | \$35                |

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

**SECTION 1 – APPLICANT INFORMATION**

Legal Name of Applicant: Superior Waste & Recycle LLC. \_\_\_\_\_

Trade Name(s) (if applicable): \_\_\_\_\_

Business Address

Mailing Address (if different from Business Address)

Street: 6070 MINNIG LN NW \_\_\_\_\_

Street: PO BOX 480 \_\_\_\_\_

City/State/Zip: SEABECK, WA. 98380 \_\_\_\_\_

City/State/Zip: SEABECK, WA. 98380 \_\_\_\_\_

Phone Number: (360) 328-6787 \_\_\_\_\_

Fax Number: NONE \_\_\_\_\_

Email: [SEATTLESIGHT@YAHOO.COM](mailto:SEATTLESIGHT@YAHOO.COM) \_\_\_\_\_

USDOT number: 3202197 \_\_\_\_\_

**SECTION 2 – BUSINESS INFORMATION**

Unified Business Identifier #: \_\_\_\_\_604301295\_\_\_\_\_

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> |
|----------------|--------------|--|
| Daniel J Stein | owner        | 100%                                     |
| _____          | _____        | _____                                    |
| _____          | _____        | _____                                    |

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: SOLID WASTE \_\_\_\_\_

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:

Area of territory to cover from the "north end" NW Rude road, (close to Poulsbo) from natural border of hood canal to highway 3. Using highway 3 as a border running south to silverdale at Newberry hill exit crossing highway 3 from roundabout intersection of Newberry hill, Silverdale way and Chico way head south on Chico way covering from natural border of Dyes inlet to highway 3 stopping at Chico way and highway 3 cross point. Starting point of territory south west corner. From natural border of hood canal Nellita Rd NW and Tekiu Rd NW (merger point) running eastward as the crow flies to the dead end of lewis Rd W. from that point as the crow flies to the Chico Way highway 3 cross point. Please refer to map.

Please attach a map that meet the requirements of WAC [480-70-056](#) 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": Immediate and urgent need, please read business plan \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: FMCSA class A CDL holder since 2010 extensive in classroom and in-field training. Transportation of hazardous waste to include radioactive material,(side dump). Also to include OSHA light industrial safety training.

Have you been cited for violation of state laws or Commission rules?  No  Yes  
If yes, please explain: Advertising solid waste collection in my neighborhood without properly attaining a G-certificate first.

**SECTION 3 – FINANCIAL STATEMENT**

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

| ASSETS               |             | LIABILITIES                            |     |
|----------------------|-------------|--|-----|
| Cash in Bank         | \$8,000.00  | Salaries/Wages Payable                 | \$0 |
| Notes Receivable     | \$0         | Accounts Payable                       | \$0 |
| Accounts Receivable  | \$0         | Notes Payable                          | \$0 |
| Investments          | \$0         | Mortgages Payable                      | \$0 |
| Other Current Assets | \$0         | Contracts and Bonds Payable            | \$0 |
| Prepaid Expenses     | \$0         | <b>TOTAL LIABILITIES</b>               | \$0 |
| Land and Buildings   | \$0         | <b>NET WORTH \$0</b>                   |     |
| Trucks and Trailers  | \$38,000.00 | Preferred Stock                        | \$0 |
| Office Furniture     | \$0         | Common Stock                           | \$0 |
| Other Equipment      | \$0         | Retained Earnings                      | \$0 |
| Other Assets         | \$0         | Capital                                | \$0 |
| <b>TOTAL ASSETS</b>  | \$46,000.00 | <b>TOTAL LIABILITIES AND NET WORTH</b> | \$0 |

**SECTION 4 - RATES AND TARIFFS**

Is this application to operate under a contract?  No  Yes If yes, submit a copy of each contact under which service will be performed. The contract must contain all the elements states in [WAC 480-70-146](#).

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 [480-70-226](#) through WAC [480-70-351](#).



If this application is for a transfer or lease of authority from an existing certificate, you must either file a new 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.utc.wa.gov](http://www.utc.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 |
|---|------|-------------|----------------|-------------------|----------------------|-----------------|
| own   | 2017 | Chev. ¾ ton | C49852L        | 1gc0kueg3hz299255 | 9,500                | truck           |
|   |      |             |                |                   |                      |                 |
|   |      |             |                |                   |                      |                 |
|   |      |             |                |                   |                      |                 |

### 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. |                 |
| <b>SAFETY RESPONSIBILITIES</b>  |                 |
| <b>COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383)</b> Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.  |                 |
| Name: Daniel Stein  | Position: owner |
| <b>DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)</b> Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.  |                 |
| Name: Daniel Stein  | Position: owner |
| <b>DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)</b> Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.  |                 |
| Name: Daniel Stein  | Position: owner |
| <b>CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382)</b> 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: Daniel Stein  | Position: owner |
| <b>INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)</b> Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.  |                 |
| Name: Daniel Stein  | Position: owner |

**OPERATIONAL RESPONSIBILITIES** Page 5 of 5

|  |                 |
|--|-----------------|
| <b>TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351)</b> 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: Daniel Stein   | Position: owner |
| <b>ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 &amp; 076)</b> Companies must annually file a report of their financial operations and pay regulatory fees.  |                 |
| Name: Daniel Stein   | Position: owner |
| <b>BIOMEDICAL WASTE (WAC 480-70-426 through 476)</b> 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: Daniel Stein   | Position: owner |
| <b>CUSTOMER SERVICE</b> –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.   |                 |
| Name: Daniel Stein   | Position: owner |
| <b>STATE OF WASHINGTON – general laws, rules and regulations:</b> 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: Daniel Stein   | Position: 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: up to 16 potentially  | Amount of time: approximately 3 hrs. |
| Will an attorney be representing you? If yes, complete the following: potentially but none at this time.   |                                      |
| 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: Daniel J Stein \_\_\_\_\_

Signature of application:  \_\_\_\_\_ Title: owner \_\_\_\_\_

Date: 12/11/18 \_\_\_\_\_ County/State: Kitsap county WA \_\_\_\_\_