## APPLICATION FOR REGISTRATION OF INTERSTATE MOTOR CARRIER OPERATIONS EXEMPT FROM ICC RECULATIONS

|  | EXEMPT FRO                   | EXEMPT FROM ICC REGULATIONS  TRANSPORTATION COMMISSION |               |              |            | INS      |                   |
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| WASHINGTON UTILITIES   | S AND TRANSPORTATI           |  |               |              |            |          |                   |
| Chandler Plaza, MS: FY-11<br>1300 Evergreen Park Drive Sc<br>Olympia, WA 98504<br>(206) 753-3111 |                              |  | RECEPTION NO. |              |            |          |                   |
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| 1.   |                              |  |               |              |            |          |                   |
| Name of Applicant Klee   | nwell BlottAL                | ARD Waste  | £ 4           | Ge           | ner        | 0   E    | COLOGY CONSULTA   |
| Name of Applicant Klee  Trade Name   | inwell BlottAZ               | AKO Wasta  | € \$          | + Ge         | ner        | 0   E    | COLOGY Consulta   |
| Address 17800 DES  | moines Way Se                | SATTE,   | <del></del> . | + Ge         | ner        | 0 / E    | APPROVAL GRANTED: |
| Trade Name   | moines Way Se<br>TILE, Wa 98 | SATTE,   | <del></del> . | Ge           | ner        | 0 / E    |                   |

Are you registering under the AGRICULTURAL COOPERATIVE EXEMPTION as defined in the Interstate

Commerce Act? Yes \_\_\_\_\_ No \_\_\_\_\_

NOTE: If your answer to No. 6 above is "yes", a copy of your registration will be sent to the Interstate Commerce Commission, Washington, D.C.

Have you previously operated under a registration or permit from this Commission?

( ) Yes ( ) No If so, registration or permit number was \_\_\_\_\_\_

The application fee is \$25.00. See regulatory and stamp application for applicable fees and a description of the types of stamps and their uses.

FORM E UNIFORM CERTIFICATE OF INSURANCE MUST BE ATTACHED TO APPLICATION BEFORE REGISTRATION NUMBER CAN BE ISSUED. Carrier will be required to trip permit until registration is approved.

SUBMIT THIS REGISTRATION IN DUPLICATE. When registration has been approved, a copy will be returned to applicant.

Cause No. \_\_\_\_\_ Exhibit # \_\_\_\_\_ Witness \_\_\_\_\_ Date \_\_\_\_ Signature of applicant or applicant's agent or Attorney