



## APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A SOLID WASTE COLLECTION COMPANY UNDER CHAPTER 81.77 RCW

1300 South Evergreen Park Drive SW  
 P.O. Box 47250  
 Olympia, WA 98504-7250

TOLL FREE 1-888-606-9566 PHONE 360-664-1222  
 FAX 360-586-1181 or 360-586-1118  
 TTY 360-586-8203 TTY TOLL FREE 1-887-210-5963  
 WEBSITE: [www.wutc.wa.gov](http://www.wutc.wa.gov)

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

Type of Solid Waste Authority Requested	Fee Required
<input type="checkbox"/> Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> Temporary Authority (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
<b>New Permanent Authority</b> (including extension of authority) - (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form	\$200
<input checked="" type="checkbox"/> New Certificate	
<input type="checkbox"/> Extension of Existing Certificate No. G- _____	
<b>Permanent Authority to Transfer</b> (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B	\$200
<input type="checkbox"/> All of Certificate No. G- _____	
<input type="checkbox"/> Portion of Certificate No. G- _____	
<input type="checkbox"/> Reinstatement of Cancelled Certificate (must be filed within 30 days of cancellation) - Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input type="checkbox"/> Name Change - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> Mortgage of Certificate - Complete section 1 and Attachment D	\$ 35
<b>Lease of Authority</b> - Complete entire application and Attachment B	\$200
<input type="checkbox"/> All of Certificate	
<input type="checkbox"/> Portion of Certificate No. G- _____	

### SECTION 1 - APPLICATION INFORMATION

Name of Applicant: <u>DAVID BESTE, NORTALAND INVESTMENTS LLC</u>	
Trade Name(s) (if applicable): <u>CALL AND HAUL</u>	
Phone Number: <u>(208) 929-0120</u>	Fax Number: <u>208 607-2413</u> E-Mail: <u>DBESTE@CALLANDHAUL.COM</u>
Business Address Street <u>1923 E. SAINT MARIES</u>	Mailing address (if different from Business Address) Street <u>P.O. BOX 3058</u>
City <u>COEUR D'ALENE</u>	City <u>COEUR D'ALENE</u>
State/Zip <u>ID 83814</u>	State/Zip <u>ID 83816</u>

Posted

### FOR OFFICIAL USE ONLY

Date Filed: <u>5/29/03</u>	Staff Assigned: <u>TS</u>	Motcar: <u>41420</u>	Permit Issued G- DOL/SOS: <u>TS</u>
Tariff: <u>TS</u>	Insurance:	Contract:	Map: <u>TS</u>
Application: <u>GA-79176</u>	RMS Docket #: <u>JG-030811</u>	Related App ID:	
Text approved for docket	Reception #: <u>0019678</u>	227-02: <u>700.00</u>	032-05:

SECTION 2 - BUSINESS INFORMATION

Type of business structure:

Individual  Partnership  Corporation  Other(LP, LLP, LLC) LLC UBI No. 602 300 066

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

Name	Title	Stock Distribution or Percentage of Shares
DAVID BESTE	PRESIDENT	100%

Indicate below the commodity to be hauled and the territory in which you wish to operate. PLEASE NOTE Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic descriptions. In addition to describing the territory, you must file a map that meets the requirements of WAC 480-70-056 and clearly shows the described territory.

HAULING OF DEBRIS FROM RESIDENTIAL + COMMERCIAL SITES IN SPOKANE COUNTY. (MOSTLY CONSTRUCTION DEBRIS AND YARD DEBRIS)

State below the conditions that justify the granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and supports the question of "immediate and urgent need."

~~HAULING~~ CALL AND HAVL PROVIDES A LEVEL OF CUSTOMER SATISFACTION AND PROFESSIONALISM NOT FOUND IN THIS INDUSTRY.

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: \_\_\_\_\_

Please tell us about your experience and knowledge of transportation or solid waste, including motor carrier driver and equipment safety requirements.

I WORKED FOR CALL AND HAVL LOCATION IN CALIFORNIA SINCE 2001.

Have you been cited for violation of state laws or Commission rules?

No  Yes If yes, please explain: \_\_\_\_\_



**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, as defined in Part 383, must have a valid CDL.

Name: **DAVID BESTE** Position: **PRESIDENT**

**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: **DAVID BESTE** Position: **PRESIDENT**

**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: **DAVID BESTE** Position: **PRESIDENT**

**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: **DAVID BESTE** Position: **PRESIDENT**

**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: **DAVID BESTE** Position: **PRESIDENT**

**OPERATIONAL RESPONSIBILITIES**

List the person and/or position responsible for understanding and complying with the requirements of each category shown below.

**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: **DAVID BESTE** Position: **PRESIDENT**

**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: **DAVID BESTE** Position: **PRESIDENT**

**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: **N / A** Position:

**CUSTOMER SERVICE** - Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: **DAVID BESTE** Position: **PRESIDENT**

**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, but not limited to: 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 and Internal Revenue Service (taxes); and Employment Security.

Name: **DAVID BESTE** Position: **PRESIDENT**

**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: 2 Amount of time: 15 MIN.

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: \_\_\_\_\_

**TYPE OF PAYMENT:**

Check    Money Order    AMEX    Discover    MasterCard    Visa

Credit Card Information: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Amount: \$200 ±

**SECTION 8 - DECLARATION OF APPLICANT:**

*Auth # 029965*

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 collection 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.

I certify that I am authorized to execute and file this document.

Printed name of applicant: DAVID BESTE

Signature of Applicant: *[Signature]*

Date, County, State: 053003, Kootenai (ID), IDAHO

Northland Investments LLC dba Call and Haul  
P.O. Box 3058  
Coeur d'Alene, Idaho 83816  
208-929-0120

*Initial tariff  
Approved by  
Cathie A.*

Call and Haul provides hand-loading and hauling of construction and yard debris. Materials are loaded into a 26,000 GVW single-axel dump truck. Rates for these types of materials are \$19 per cubic yard.



**FAX TRANSMITTAL**

To: Tammy

From: Northland Investments

RE: Tariffs

Date: June 2, 2003

Comments: Please add to Application for G-permit.  
Thanks, Dave Beste 208-929-0120

FROM: Washington Utilities and Transportation Commission  
Transportation Operations  
PO Box 47250 Phone: (888) 606-9566  
Olympia, WA 98504-7250 Fax: (360) 586-1118

Date: 06-02-2003 Staff: Tami Schultz

TO: GA079176  
NORTHLAND INVESTMENTS LLC  
CALL AND HAUL  
1923 E. SAINT MARIES  
PO BOX 3058  
COEUR D'ALENE, ID 83816

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

X Please provide the following information: 1. Three Support Statements 2. Tariff 3. Map 4. Unified Business Identification Number (UBI)



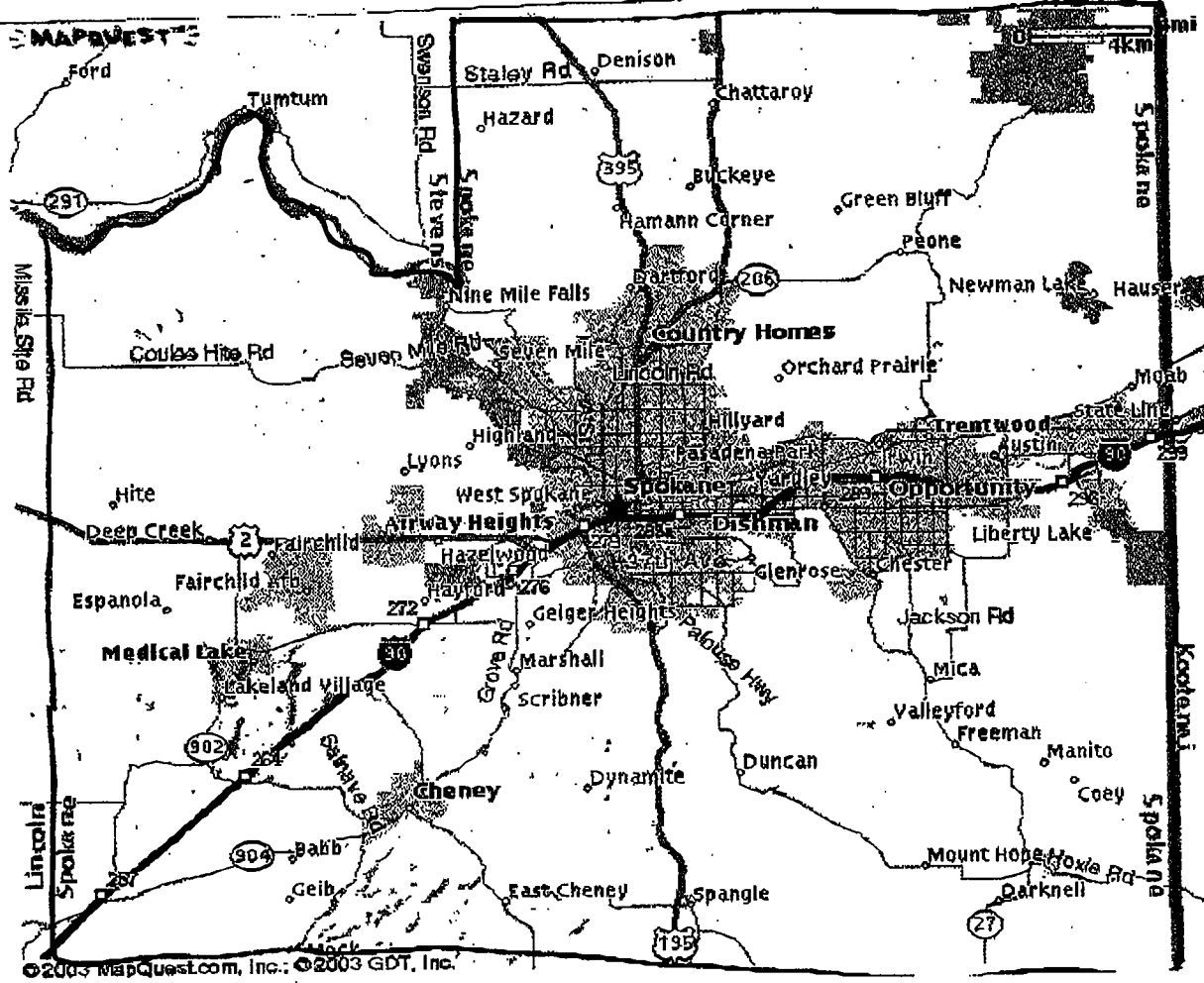
To: WUTZ 360.586.1118

From: NORTHLAND INVESTMENTS LLC DBA CALL+HAUL

RE: MAP OF SPOKANE COUNTY

DATE: 8.20.03

UBI 602 300 066



Solid Waste Collection Service consisting of yard waste and construction and demolition debris in Spokane County.

<b>Post-it® Fax Note</b>	7671	Date	8/20	# of pages	▶ 1
To	Dana	From	TAMI		
Co./Dept.		Co.	WUTC		
Phone #		Phone #	360 664-1228		
Fax #		Fax #	360 586-1181		