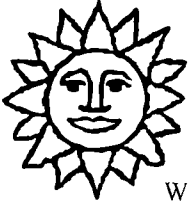


T6-040612 (A)



**Sunshine Disposal, Inc.**  
**Sunshine Recyclers, Inc.**

Washington Utilities & Transportation Commission  
1300 S. Evergreen Park Drive SW  
PO BOX 47250  
Olympia, WA 98504-7250

March 26, 2004

RE: Certificate G-199

Dear Sirs:

Enclosed please find our application for a Name Change, accompanied by the appropriate fee. Sunshine Disposal Inc. has registered a Trade Name with the State of Washington and would like to add this name to our Tariff #7. The Trade Name is Sunshine Disposal & Recycling. The Tariff will be adopted under our new trade name with no rate or service changes. I have enclosed a copy of the Tariff with our Trade Name inserted.

If any other information is required to make this change effective, please call me at 509-924-5678 ext. 17.

Thank you for your assistance in this matter.

Sincerely,

Adrienne Choate  
Secretary/Treasurer

RECEIVED

MAR 31 2004

WASH. UT. & TP. COMM.



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

**This application packet contains the following information:**

- Application Forms**
- Sample Standard Tariff Format**
- WAC 480-70 – Rules Relating to Solid Waste Collection Companies**
- “Your Guide to a Satisfactory Safety Rating”**

You may not begin operations as a solid waste collection company until you are granted authority and a solid waste certificate is issued to you. Applications are subject to public notice and protest and may be set for hearing.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Washington Utilities and Transportation Commission (Commission) covering each vehicle operating under your solid waste certificate in the state of Washington. Insurance or bond minimum limits are:

Vehicles less than 10,000 GVWR	\$300,000 combined single limit of public liability and property damage insurance (Form E)
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance (Form E)
Transport quantities of biomedical waste not subject to federal regulation	\$1,000,000 combined single limit coverage (Form E)
Transport quantities of hazardous or biomedical waste that are subject to federal regulation	The federal minimum combined single limit coverage (see Title 49 CFR Part 387.301 & 303)

You may contact our Licensing Services and Compliance staff for assistance at 360-664-1222. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or TTY 360-586-8203.

Please submit application forms, appropriate attachments and proof of insurance to the address below:

Washington Utilities and Transportation Commission  
1300 S. Evergreen Park Drive S.W.  
P.O. Box 47250  
Olympia, Washington 98504-7250

If paying by credit card, you may fax your application to: 360-586-1181 or mail it to the address listed above.

Please refer to our website [www.wutc.wa.gov](http://www.wutc.wa.gov) for WORD and PDF versions of the application, standard tariff format, adoption notice, etc.

**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

PHONE 360-664-1222

FAX 360-586-1181

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"/> <u>Expedited Temporary Authority</u> (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> <u>Temporary Authority</u> (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
<u>New Permanent Authority</u> (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 type="checkbox"/> New Certificate	
<input type="checkbox"/> Extension of Existing Certificate No. G-_____	
<u>Permanent Authority to Transfer</u> (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"/> <u>Reinstatement of Cancelled Certificate</u> (must be filed within 30 days of cancellation) -Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input checked="" type="checkbox"/> <u>Name Change</u> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> <u>Mortgage of Certificate</u> - Complete section 1 and Attachment D	\$ 35
<u>Lease of Authority</u> - 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>Sunshine Disposal Inc.</u>		
Trade Name(s) (if applicable): <u>Sunshine Disposal &amp; Recycling</u>		
Phone Number: <u>509)924-5678</u>	Fax Number: <u>(509)924-7448</u>	E-Mail:
Business Address		Mailing address (if different from Business Address)
Street <u>2405 N. University Rd.</u>	Street <u>Same</u>	
City <u>Spokane Valley</u>	City	
State/Zip <u>WA 99206</u>	State/Zip	

**FOR OFFICIAL USE ONLY**

Date Filed: <u>3/31/04</u>	Staff Assigned: <u>TS</u>	Motcar: <u>5284</u>	Permit Issued G- <u>199</u>
Tariff:	Insurance: <u>TS</u>	Contract:	DOL/SOS: <u>TS</u>
Application: <u>GA-79270</u>	RMS Docket #: <u>TG</u>	Related App ID:	Map:
Text approved for docket	Reception #: <u>0006326</u>	227-02: <u>35.00</u>	032-05:

**SECTION 2 - BUSINESS INFORMATION**

**Type of business structure:**

Individual  Partnership  Corporation  Other(LP, LLP, LLC) \_\_\_\_\_ UBI No. 600 472 720

pk  
13165

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>

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.

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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."

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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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 must have a valid CDL.

Name:	Position:
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**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:	Position:
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**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:	Position:
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**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:	Position:
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**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:	Position:
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**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:	Position:
-------	-----------

**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:	Position:
-------	-----------

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

Name:	Position:
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**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:	Position:
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**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:	Amount of time:
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:**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa
<b>Credit Card Information:</b>					
Expiration Date: _____			Amount: _____		

**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 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: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Date, County, State: \_\_\_\_\_

**ATTACHMENT A**

**TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT  
STATEMENT\***

Temporary Certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: \_\_\_\_\_

**CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE**

Customer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_ Fax Number: (    ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Describe the immediate and urgent need for the requested service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What date(s) do you need the service? \_\_\_\_\_

What do you need transported? \_\_\_\_\_

If there is an existing company providing this service in the territory, please indicate the existing Company's name (if applicable): \_\_\_\_\_

Phone Number: (    ) \_\_\_\_\_

Explain why the current company is not able to provide you service:

\_\_\_\_\_  
\_\_\_\_\_

Number of days, trips, loads:

Transported from: \_\_\_\_\_

To: \_\_\_\_\_

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.

Print Name

Signature

Date, County, State

\*This form is not required to be filed for an application for temporary certificate to operate an existing certificate pending the outcome of an application to transfer permanent authority.



# ATTACHMENT B

## JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

This attachment must be completed when filing a joint application for permission to transfer or lease rights under Certificate of Public Convenience and Necessity.

Certificate Number G- \_\_\_\_\_

Check appropriate box:

Transfer All\*                       Transfer Portion\*                       Lease All\*\*                       Lease Portion\*\*

\_\_\_\_\_  
Current Name on Certificate (Seller/Lessor)

\_\_\_\_\_  
Current Trade Name on Certificate (Seller/Lessor)

\_\_\_\_\_  
Address (Seller/Lessor)

\_\_\_\_\_  
Phone Number

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have all fines and /or penalties been paid?

No                       Yes

Has the closing annual report been filed?

No                       Yes

Does the buyer/lessee agree to begin service as soon as the Commission authorizes the transfer or lease?

Yes

No, if not, then when? \_\_\_\_\_

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?

Yes

No

Both the seller/ lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

This application must include a map and copy of the certificated authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge.

\_\_\_\_\_  
Seller's/Lessor's Signature

\_\_\_\_\_  
Date, County, State

\_\_\_\_\_  
Buyer's/Lessee's Signature

\_\_\_\_\_  
Date, County, State

\*If this application is for transfer, please attach a copy of the sales or other agreement to sell.

\*\*If this application is to lease, please attach a copy of the executed lease agreement.

**ATTACHMENT C**

**CHANGE OF CORPORATE/INDIVIDUAL/TRADE NAME**

**(WAC 480-70-121)**

An application for change of corporate/individual name must be filed to change the name or trade name on the certificate, and must not involve a change in ownership, management, or control.

You must include applicable documentation supporting your request for change of name. Specifically, you must include a copy of any corporate minutes, partnership agreements, and/or other proof that the new name or trade name is properly registered with the Department of Licensing, Secretary of State, and/or other appropriate state agencies.

Sunshine Disposal Inc.

Current Name on Certificate

None

Current Trade Name on Certificate

2405 N. University Rd. Spokane, WA 99206-4778

Address

509-924-5678

Phone Number

509-924-7448

Fax Number

MTORRE96@ad.com

E-mail address

If a corporation, list names, titles, stock distribution, or major stockholders under the current name:

Michael L. Torre

President

Marc B. Torre

Vice President

Larry O. Lorenz

Vice President

Adrienne M. Choate

Secretary/Treasurer

I request the name on Solid Waste Certificate G- 199 be changed to:

Sunshine Disposal Inc.

New Name

600 472 720

UBI Number

*✓OK  
1/31/05*

Sunshine Disposal & Recycling

New Trade Name (if applicable)

If a corporation, list names, titles, stock distribution, or major stockholders under the new name:

Same as above

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff use the standard tariff format attached to the application or an approved alternate form. Indicate which option you will use:

Adopt

File a new tariff

I certify that this information is true and correct, and that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Adrienne M. Choate

Print name of Applicant

Adrienne M. Choate, Secretary/  
Treasurer

Signature and Title of Applicant

3-29-2004, Spokane, Washington

Date, County, State

**ATTACHMENT D**

**PERMISSION TO MORTGAGE A CERTIFICATE**

You must attach a copy of the mortgage and a Profit and Loss Statement for the 12-month period indicated below.

\$ \_\_\_\_\_  
Amount of Mortgage

\_\_\_\_\_ Date Mortgage is in Effect

Mortgage will be due and payable as follows:

\_\_\_\_\_  
\_\_\_\_\_

Mortgage is incurred for the following purpose:

\_\_\_\_\_  
\_\_\_\_\_

Indicate other property to be secured by the mortgage:

\_\_\_\_\_  
\_\_\_\_\_

For the most recent 12-month period ending \_\_\_\_\_, the internally generated funds of the certificate holder consist of the following:

Depreciation	\$	_____	
Net Income	\$	_____	
Other	\$	_____	
		Total:	\$ _____

Less the estimated payments during the next 12-month period for:

Interest in existing debt	\$	_____	
Interest on proposed debt	\$	_____	
Principal payments on existing debt	\$	_____	
Principal payments on proposed debt	\$	_____	
Payments on other long-term obligations			\$ _____
		Total:	\$ _____

Balance of internal funds available for other purposes: \$ \_\_\_\_\_

If internally generated funds are insufficient to meet the actual and proposed interest and principal payments, report the source and amount of other funds to be used for these payments.

I certify this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date, County, State

TRDU TRD700P2

MASTER LICENSE SERVICE  
TRADE NAME BY UBI SEARCH

03/25/2004  
10:55

UBI: 600 472 720  
CORPORATION : SUNSHINE DISPOSAL, INC.

BUSN MAIL ADDR : 601 UNION ST STE 4100  
PO BOX 21926 SEATTLE WA 98111 3926

Sel:

TRADE\_NAME(s)

1) SUNSHINE DISPOSAL & RECYCLING

REGSTRD CANCELED  
03/15/2004

\*\*\*\*\* END OF FILE \*\*\*\*\*

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---  
FNAM GNAM CNAM PNAM ONAM TRDN TOP ADDR INQP MMENU

### TARIFF ADOPTION NOTICE

Tariff No. 7

Sunshine Disposal Inc.  
(Name of new company)

Sunshine Disposal & Recycling  
(Trade name of new company)

adopt all tariffs and supplements to the tariffs,  
filed with the Washington Utilities and Transportation by:

Sunshine Disposal Inc.  
(Name of prior company)

before the date of its (new company) acquired possession  
of that (prior) company, or a portion of the authority  
of that (prior) company.

Notice issued by:

Name: Adrienne Choate

Title: Secretary/Treasurer

Telephone Number: 509-924-5678

Fax Number: 509-924-7448

E-Mail Address: ACHOATE@SUNSHINEDISPOSAL.COM

Date filed with Commission: March 31, 2004