

Text approved for docket

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

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 Aut | thority I | Requested | | Fee Required |
|---|--|------------------------|---|-------------------------|--------------|
| Expedited Temporary A application and Attachn | Authority (to meet an urgent nent A (WAC 480-70-136) | need fo | or up to thirty days) - Co | mplete entire | \$ 25 |
| ☐ <u>Temporary Authority</u> (to Attachment A | meet an immediate or urg | ent need | d) – Complete entire ap | olication and | \$ 25 |
| New Permanent Authority (entire application and subm X New Certificate Extension of Existing C | including extension of auth it a proposed tariff as outlined at the contract of the contract o | ority)– (ned in th | check appropriate box t e standard tariff form | elow) Complete | \$200 |
| Permanent Authority to Train application and Attachments All of Certificate No. G- Portion of Certificate No. | s B | heck ap _l | propriate box below) - | Complete entire | \$200 |
| ☐ Reinstatement of Cance | elled Certificate (must be file reinstatement and complete | ed within e section | n 30 days of cancellations 1, 2 and 8 | n) –Include a | \$200 |
| □ Name Change – does no and Attachment C | ot include changes resultino | g in chai | nge in ownership – Com | plete section 1 | \$ 35 |
| ☐ Mortgage of Certificate | - Complete section 1 and A | ttachme | ent D | | \$ 35 |
| Lease of Authority Comple ☐ All of Certificate ☐ Portion of Certificate No | | ttachme | nt B | | \$200 |
| | SECTION 1 – APF | LICATI | ON INFORMATION | • | |
| Name of Applicant: Sure-Way | y Systems, Inc. | | | | |
| Trade Name(s) (if applicable) | : Sure-Way Systems, Inc. | | | | |
| Phone Number: (406) 846-2 | | | | E-Mail:garywayyn | @aol.com |
| Business A Street 210 Missouri | Address | Street: | Mailing address (if differ P.O. Box 899 | ent from Business | Address) |
| City: Deer Lodge | | City: D | eer Lodge | | |
| State/Zip Montana 59722 | | State/Z | Zip: Montana, 59722 | | |
| | EOD OFF | ICIAL II | SE ONLY | | |
| Date Filed: 11 - 29 - 04 | Staff Assigned: Clo- | | Motcar: 43384 | Decree 4 In - | |
| Tariff: | Insurance: | | Contract: | Permit Issu DOL/SOS: | ea G- |
| Application: GA-01933 | DODOO. | | | | |

Reception #: 0009033

200.00

227-02:

032-05:

| Type of business structure: | | | | ······································ |
|--|--|--|--|---|
| ☐ Individual ☐ Partnership X Corpor | ration Other(Li | P, LLP, LLC) | UBI No | |
| List the name, title, and percentage of partner | r's share or stock dist | ribution for major stockl | holders: | |
| <u>Name</u> | <u>Title</u> | Stock Distrib | ution or Percentage | of Shares |
| Gary Chilcott (Dawn Chilcott wife) | President/C.E.O. | | 44.35% | |
| Dudley Chilcott | Vice-President | | 21.43% | |
| William and Kim Lawrence | | | 15.56% | |
| Ken Cooke | | | 9.67% | |
| Price Collins | | | | |
| 1 | | | | |
| i | | · | · | ry must |
| ! | | | | s the |
| ! - | | | | |
| SOLID WASTE COLLECTION co | • | | | perate |
| ⁱ Adams, Asotin, Benton, Columbi | | | | <u>:ille,</u> |
| Oreille, Spokane, Stevens, Walla | Walla, Whitman a | nd Yakima Countie | S. | |
| | | t and the house divides on | | |
| authority, be sure your statement addresses a Sure-Way Systems, Inc. has found that the material statement to meet their current medical waste generators to remove more than just medical value confidential document destruction and Amalga postal service. We can provide these services a re-usable sharps container program that allo saves individual hospitals thousands of dollars. Do you currently hold, or have you ever held, a X No Yes If yes, please individual have you ever applied for and been denied a X No Yes If yes, please experience and know equipment safety requirements. Sure-Way Systems has been in the business of documents since 1990. Sure-Way, currently of Alabama, Florida, North and South Dakota, Mis 5 years of driving experience, meet DOT licent process. Drivers are thoroughly trained in the | edical waste generate eneeds. Throughout eneeds. Throughout ewaste. They would like an separation. Currer and can do it at a disws the generator to do every year. a solid waste certificate no certificate to transportation. Idedge of transportation and coerates in over 10 standards and requirements and require | or in the Eastern half of discussions we have for the a one stop shop that each they must ship this ecount to what they are iscontinue purchasing ste? umber: G | the state would like und that there is a necould perform the secould performance and confidential performance and confidential performance to have the secould perform the second performance and secon | eed of ervices of ia the e also offer nis alone ver and al h, e at least and review |
| and transport medical waste. Each Driver and Way has worked hard for and enjoyed a clean service throughout the states it serves. | Truck are trained and | d equipped with safety a | and cleanup spill kits | Sure- |
| Have you been cited for violation of state laws | or Commission rules | ? | | |
| X No ☐ Yes If yes, please expla | | | eir once was a comp | any with |
| similar name that operated in Washington. Ou | ır company has had n | o relations with that co | mpany or any of its | |
| principals Sure-Way was started in Montana ar | nd has grown from the | ere. | | |

| Is this application to operate under a contract? No X Yes If yes, submit the original or a duplicate original of each contract under which service will be performed. The contract must contain all the elements stated in WAC 480-70-146. We will operate under contract but at this time we do not have any contracts. In the future we intend to operate under contract and will file them as they are executed. You will find an attached Tariff. If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach two copies of your proposed toriff using either the standard teriff formet included in this results and the standard teriff formet included in this results are the standard teriff formet included in this results are the standard teriff formet included in this results are the standard teriff formet included in this results. | |
|---|--|
| attach two copies of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs submitted must comply with the provisions of WAC 480-70-226 through WAC 480-70-351. | |
| If this application is a transfer or a 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 attached to this application or an approved alternate format. Indicate which option you will use: Adopt | |
| X File a new tariff | |

SECTION 4 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

| ASSET | S | LIABILITIES | | | |
|--------------------------|-------------|---------------------------------|-------------|--|--|
| Cash in Bank \$ Attached | | Salaries/Wages Payable | \$ Attached | | |
| Notes Receivable | \$ Attached | Accounts Payable | \$ Attached | | |
| Accounts Receivable | \$ Attached | Notes Payable | \$ Attached | | |
| Investments | \$ Attached | Mortgages Payable | \$ Attached | | |
| Other Current Assets | \$ Attached | Contracts and Bonds Payable | \$ Attached | | |
| Prepaid Expenses | \$ Attached | TOTAL LIABILITIES | \$ Attached | | |
| Land and Buildings | \$ Attached | NET WORTH | | | |
| Trucks and Trailers | \$ Attached | Preferred Stock | \$ Attached | | |
| Office Furniture | \$ Attached | Common Stock | \$ Attached | | |
| Other Equipment | \$ Attached | Retained Earnings | \$ Attached | | |
| Other Assets | \$ Attached | Capital | \$ Attached | | |
| TOTAL ASSETS | \$ Attached | TOTAL LIABILITIES AND NET WORTH | \$ Attached | | |

SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted. **Gross Vehicle** Year Make **License Number Vehicle ID Number** Type of vehicle Weight 1999 Freightliner 1FV6HLBAOXHA20 26,000 **BOBTAIL Box Van** FL70 150

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: Dudley Chilcott Position: Dudley Chilcott 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: Dudley Chilcott Position: VP Operations 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: Dudley Chilcott Position: VP Operations 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: Dudley Chilcott Position: VP Operations 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: Dudley Chilcott Position: VP Operations **OPERATIONAL RESPONSIBILITIES** List the person and/or position responsible for understanding and complying with the requirements of each category 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: Cory Miller Position: Regional MGR 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: Cory Miller Position: Regional MGR 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: Cory Miller Position: Regional MGR CUSTOMER SERVICE - Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans. Name: Cory Miller Position: Regional MGR 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: Cory Miller Position: Regional MGR

Replacement

| SECTION 7 - HEA | RING INFORMATION |
|---|---|
| if the Commission assigns this application for formal hearing amount of time you will need for your presentation. | RING INFORMATION g, estimate the number of witnesses you will present and the |
| Number of witnesses: 5 | |
| Will an attorney be representing you? If yes, complete the f | Amount of time: Approximately One Hour |
| Attorney's name: to be determined | |
| Attomey's address: | Attorney's phone number: |
| Street | Fax Number: E-mail: |
| City, State, Zip | 1 |
| TYPE OF I | PAYMENT: |
| ☐ ☐ Check ☐ Money Order X AMEY | Diagram Date |
| Credit Card Information: | U Discover □ MasterCard □ Visa |
| Expir. on Date:03/05 | |
| A nount: \$200.00 | Ref # 164690 |
| SECTION 8 - DECLAR | TION OF APPLICANT: |
| I understand that filing this application does not in itself conscompany. | titute authority to operate as a solid waste collection |
| As the applicant for a solid waste collection company certifical collection company, and I am in compliance with all local, stat of Washington. | te, I understand the responsibilities of a solid waste te, and federal regulations governing business in the state |
| i certify under penalty of perjury under the laws of the State of application is true and correct. | Washington that the information contained in this |
| I certify that I am authorized to execute and file this document. | |
| Printed name of applicant: Gary Chilcott | |
| Signature of Applicant: Jary Chilco | |
| Date, County, State: 1/24/9704 Pd | well county MONTANA |
| | |

Replaced

| SECTION 7 – HEAR | RING INFORMATION |
|---|---|
| If the Commission assigns this application for formal hearing amount of time you will need for your presentation. | , estimate the number of witnesses you will present and the |
| Number of witnesses: 5 | Amount of time: Approximately One Hour |
| Will an attorney be representing you? If yes, complete the for | pllowing: |
| Attomey's name: to be determined | Attorney's phone number: |
| Attorney's address: | Fax Number: |
| Street | E-mail: |
| City, State, Zip | |
| TYPE OF I | PAYMENT: |
| ☐ Check ☐ Money Order X AMEX | ☐ Discover ☐ MasterCard ☐ Visa |
| Credit Card Information: | |
| . е. | |
| Expiration Date:03/05 | D. 1 + 1/11/00 |
| Amount:\$200.00 | Ref. # 164690 |
| SECTION 8 - DECLAR | TION OF APPLICANT: |
| I understand that filing this application does not in itself consompany. | stitute authority to operate as a solid waste collection |
| As the applicant for a solid waste collection company certifical collection company, and I am in compliance with all local, stated of Washington. | |
| I certify under penalty of perjury under the laws of the State of application is true and correct. | of Washington that the information contained in this |
| I certify that I am authorized to execute and file this documer | nt. |
| Printed name of applicant: | |
| Signature of Applicant: | |
| Date, County, State: | |

MASTER LICENSE SERVICE 12/15/04
INQR UTL024P1 BUSINESS ENTITY INQUIRY 14:00:42

UBI: 602 450 139 001 0001 State of Inc: MT Loc Status: Type: PROFIT CORPORATION Date of Inc: 12 13 2004 Corp Status:

Owner Name: SURE -WAY SYSTEMS, INC.

Reg. Agent: KEN COOK

Reg. Address: 11611 S BALTIMORE RD Exp. Date: 12 31 2005

SPOKANE WA 99223 Total Shares authzd:
Total Shares issued:

Firm Name : SURE-WAY SYSTEMS, INC.

Loc: 210 MISSOURI ST Mail: PO BOX 899

DEER LODGE MT 59722 DEER LODGE MT 59722

Phone: (406) 846-2033 Registered Tradenames for this UBI? Yes

RFI: No NSF: No Location First Activity: 01 20 2005 RFP: No Withhold: No Last License Issue: 12 07 2004

TRANSFER: ____ {Press < ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12
GLIST APLST UBIQ SERV TRDU INQA INQR MMEN

Date: 12/15/2004 Time: 2:01:04 PM

HOME

CORPORATIONS MENU

CORPORATIONS DIVISION - REGISTRATION DATA SEARCH

SURE-WAY SYSTEMS, INC.

UBI Number

602 450 139

Category

Regular Corporation

Profit/Nonprofit

Profit

Active/Inactive

Active

State of Incorporation

MT

Date of Incorporation

12/13/2004

License Expiration Date 12/31/2005

Registered Agent Information

Agent Name

KEN COOK

Address

11611 S BALTIMORE RD

City

SPOKANE

State

WA

ZIP

99223

Special Address Information

Address

City

State

Zip

« Return to Search List

Disclaimer

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| ACORD. CERTIFIC | CATE OF LI | ABILITY IN | ISURAN | CE DAS A MATTER OF INFO | DATE (MWDDYYYY) 11/19/04 RMATION |
| ontana int'i. Inc (Bite C.L.) D. Box 3089 | Tochment | THIS CERT ONLY AND HOLDER. T ALTER THE | CONFERS NO RIG | SHAS A MATTER OF INT SHAS UPON THE CERTIF DOES NOT AMEND, EX ORDED BY THE POLICIE | ICATE TEND OR |
| 75 Monroe itte, MT 59701-0638 | | ļ · | FFORDING COVE | RAGE | NAIC# |
| JRED | | INSURER A: GL | If Underwriters | Insurance Company | |
| Western States Medical \ | Waste Group Inc. | INSURER B: | | | |
| P.O. Box 899 | | INSURER C: | | | |
| Deer Lodge, MT 59722 | | INSURER D: | | | |
| - , | | INSURER E: | | | |
| VERAGES HE POLICIES OF INSURANCE LISTED BELO' MY REQUIREMENT, TERM OR CONDITION O | W HAVE BEEN ISSUED TO TH OF ANY CONTRACT OR OTHE | E INSURED NAMED ABOY R DOCUMENT WITH RES | /E FOR THE POLICY PECT TO WHICH TH | PERIOD INDICATED. NOTW IS CERTIFICATE MAY BE IS | ITHSTANDING SUED OR NS OF SUCH |
| MY REQUIREMENT, TERM OR CONDITION O MAY PERTAIN, THE INSURANCE AFFORDED POLICIES. AGGREGATE LIMITS SHOWN MAY | | ND CLAIMS. | | ACC091Q113 A1D CQ1121110 | 1001000 |
| NADE L INSRG TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE | POLICY EXPIRATION DATE IMM/DD/YY) | LIMITS | |
| GENERAL LIABILITY | 002829263 | 04/11/04 | 04/11/05 | EACH OCCURRENCE | \$1,000,000 |
| X COMMERCIAL GENERAL LIABILITY | AARARAAAA | | 1 | DAMAGE TO RENTED PREMISES (Ea occurrence) | s50,000 |
| | | | 1 | MED EXP (Any one person) | \$5,000 |
| CLAIMS MADE X OCCUR | | | | PERSONAL & ADV INJURY | s1,000,000 |
| | | | | GENERAL AGGREGATE | s2,000,000 |
| | | ji | 1 | PRODUCTS - COMP/OP AGG | \$2,000,000 |
| GEN'L AGGREGATE LIMIT APPLIES PER: | | 1 | | PRODUCTS - COMPION AGG | 82,000,000 |
| POLICY PRO- LOC AUTOMOBILE LIABILITY ANY AUTO | | | 5 | COMBINED SINGLE LIMIT (Ea accident) | s |
| ALL OWNED AUTOS SCHEDULED AUTOS | RI | ECEIVE | ٢ | BODILY INJURY (Per person) | 3 |
| MIRED AUTOS NON-OWNED AUTOS | <u> </u> | NOV 29 2004 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | BODILY INJURY (Per accident) | \$ |
| | WA: | SH. UT. & TP. CC |) VIIVI | PROPERTY DAMAGE (Per accident) | \$ |
| GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT | \$ |
| ANY AUTO | | | | OTHER THAN EA ACC | \$ |
| | | | | AUTO ONLY: AGG | \$ |
| EXCESS/UMBRELLA LIABILITY | | | | EACH OCCURRENCE | ş |
| OCCUR CLAIMS MADE | | | | AGGREGATE | \$ |
| L dccox | | | \ | | 5 |
| | | 1 | | | 5 |
| DEDUCTIBLE | • | | 1 | | S |
| RETENTION \$ | | | | WC STATU- OTH- | |
| WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | E.L. EACH ACCIDENT | \$ |
| ANY PROPRIETOR/PARTNER/EXECUTIVE | | | ļ. | E.L. DISEASE - EA EMPLOYE | 1 |
| OFFICER/MEMBER EXCLUDED? | | | | | |
| If yes, describe under SPECIAL PROVISIONS below | GU2825686 | 04/16/02 | 04/16/05 | £.L DISEASE - POLICY LIMIT \$1,000,000 | 13 |
| OTHER Site Pollution | GU2023080 | 04/10/02 | 04710700 | VI,000,000 | |
| SCRIPTION OF OPERATIONS / LOCATIONS / VEH | CLES / EXCLUSIONS ADDED BY E | NDORSEMENT / SPECIAL PI | ROVISIONS | .1 | |
| 4. | | | | | |
| | | , e | | | |
| ERTIFICATE HOLDER | | CANCELLA | | | |
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| | | , | REPRESENTATIVE | Rumer | |
| CORD 25 (2001/08) 1 of 2 #M | A163689 | | - | P1S / @ ACORE | CORPORATION |

ATTACHMONT B

Sure-Way Systems Balance Sheet (UNAUDITED) For Management Purposes Only

| | December 31, 2003 |
|--|---------------------|
| ASSETS | |
| Current Assets | |
| Cash | (\$12,147) |
| Accounts Receivable (net of Allowance) | \$288,872 |
| Other Receivables | \$31,155 |
| Deposits on Reserve | <u>\$1,225</u> |
| Total Current Assets | \$309,105 |
| Property, Plant & Equipment | \$1,734,855 |
| Other Long-Term Assets | |
| Plant Startup Costs | \$292,967 |
| Fixed Assets-Escrow | \$201,731 |
| Other Investments | \$167,069 |
| Deferred Tax Asset | \$11,674 |
| Other Long-Term Assets | <u>\$52,947</u> |
| Total Other Assets | \$726,388 |
| Total Assets | \$ <u>2,770,348</u> |
| LIABILITIES & OWNER'S EQUITY | |
| Current Liabilities | , |
| Accounts Payable | \$303,192 |
| Current Portion of Capital Leases | \$35,088 |
| Taxes Payable | \$28,629 |
| Interest Payable | \$11,559 |
| Current Portion Long-Term Debt | \$553,261 |
| Deferred Taxes Payable | \$158,686 |
| Other Current Liabilities | <u>\$16,574</u> |
| Total Current Liabilities | \$1,106,988 |
| Long-Term Liabilities | |
| Escrow Payable (GE Capital) | \$99,298 |
| Notes Payable-Noncurrent | <u>\$702,887</u> |
| Total Long-Term Liabilities | \$802,184 |
| Total Liabilities | \$1,909,173 |
| Owner's Equity | |
| Common Stock | \$997,903 |
| Retained Earnings | (\$158,919) |
| Treasury Stock | (\$72,027) |
| Subscription/Treasury Stock | (\$183,523) |
| Net Income | \$277,743 |
| Total Equity | \$861,176 |
| m - 17 1 199 - 0 0 | |

\$2,770,348

Total Liabilities & Owner's Equity

Sure-Way Systems Income Statement (UNAUDITED) For Management Purposes Only

| | December 31, 2003 |
|--|-------------------|
| | Year to Date |
| Total Revenues | \$3,234,065 |
| Cost of Sales | \$169,336 |
| Labor | \$1,322,307 |
| Materials & Supplies | \$121,348 |
| Maintenance | \$103,247 |
| Transportation | \$211,194 |
| Disposal | \$208,946 |
| Insurance | \$68,975 |
| Licensing and Permitting | \$18,948 |
| DD&A | \$280,419 |
| Communications | \$41,965 |
| Legal and Professional | \$56,454 |
| Travel | \$65,139 |
| Utilities | \$53,010 |
| Other | \$30,317 |
| Other Taxes | \$21,986 |
| Postage | \$13,700 |
| Rent or Lease | \$67,988 |
| Total COGS, Operating, and SG&A Expenses | \$2,855,277 |
| Income Before Financing Costs | \$378,788 |
| Financing | \$101,045 |
| Pre-Tax Income | \$277,743 |
| Income Tax Expense | \$0 |
| Net Profit | \$277,743 |

ATTA CLAMENT C

Tariff No. 1

of

Sure-Way Systems, Inc.

Certificate Number G- New Application

NAMING RATES FOR THE COLLECTION, TRANSPORTATION, AND DISPOSAL OF SOLID WASTE, CONSISTING OF BIOHAZARDOUS OR BIOMEDICAL WASTES

IN THE FOLLOWING DESCRIBED TERRITORY:
THE COUNTIES OF ADAMS, ASOTIN, BENTON, COLUMBIA, FRANKLIN, GARFIELD, GRANT, KLICKITAT, LINCOLN, PEND OREILLE, SPOKANE, STEVENS, WALLA WALLA, WHITMAN, AND YAKIMA.

| | | • |
|---|---------------------|--|
| | | |
| Name of person issuing tariff: Gar | ry Chilcott | Official UTC requests for information regarding consumer questions and/or complaints should be referred to the following company representative: |
| Mailing address of issuing agent: | P.O. BOX 899 | Name: Cory J. Miller |
| City, State/Zip Code: DEER LOD | GE, MONTANA 59722 | Title: Regional Manager |
| Telephone number, including area | code: 406-846-7902 | Phone: 406-240-7530 |
| FAX number, if any: 406-846-7842 E-mail address, if any: GARYWAYYN@AOL.COM | | E-Mail:coryjmiller_1999@yahoo.com Fax: 406-846-7842 |
| | | 33. 100 0.0 70.2 |
| | | |
| Issue date: | | Effective date: |
| | (For Official Use (| Only) |
| Docket No. TG- | Date: | By: |

| Tariff N | NO. | П |
|----------|-----|---|

Page No. 2

Company Name/Permit Number: Sure-Way Systems, Inc.

Registered Trade Name: Sure-Way Systems, Inc

CHECK SHEET

All pages contained in this tariff are listed below in consecutive order. The pages in the tariff and/or any supplements to the tariff listed on this page have issue dates that are the same as, or are before, the issue date of this page. "O" in the revision column indicates an original page.

| Page Number | Current Revision | Page Number | Current Revision | Page Number | Current Revision |
|---------------|---------------------|-------------|---------------------|-------------|---------------------|
| Title Page | 0 | | | | |
| Check sheet | 0 | | | | <u> </u> |
| Item Index | 0 | | | 7 | |
| Subject Index | 0 | | | T | |
| Taxes Sheet | 0 | | | 1 | |
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| Company Name/Per | rmit Number: Sure-V | Vay Systems, Inc. | | |
| Registered Trade IV | ame: Sure-Way Syste | | 27 | · · · · · · · · · · · · · · · · · · · |
| In addition to the ra | • | | of Rates – Taxes f, the following taxes apply: | |
| Entity imposing tax: | Ordinance number: | Amount of tax: | Applicati | ion |
| City of Spokane | C-30113 | 17.0% | On total bill of waste generate City Limits of Spokane (Cha | tors located within the |
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| Tariff No. 1 | · | · | Page No. 5 |
| Company Name/Permit 1 Registered Trade Name: | Number: Sure-Way Systems, Sure-Way Systems, Inc | Inc. | |
| | <u>Item 10 – Applica</u> | tion of Rates – General | |
| The rates contained in thi transportation service and | is tariff cover the utilization land | by a medical waste generator of Sure and disposal program. | -Way Systems |
| Use of Sure-W Medical waste Transportation | ed, the rates include the follow Vay's unique containers tracking and documentation to treatment, and disposal of local usable sharps containers and | Biohazardous or Biomedical waste | |
| Unless provided herein, rawaste, as defined in WAC | ates contained in this tariff ap C 480-70-041, in tubs, boxes | oply to the transportation of Biohazar or other containers provided by Sure | dous or Biomedical -Way Systems, Inc. |
| | Item 15 – Holiday Pickup | - Regularly Scheduled Service | |
| When a pickup is missed additional cost to the custo | due to the company's observa | ance of a holiday, the company will p | rovide service, at no |
| A list of the holidays the c | company observes is shown i | n Item 60. | |
| For application of rates in | this tariff, the company defin | nes alternate day to mean the following | ng: |
| The most appropris | ate day preceding or following | ng the regularly scheduled pick-up da | te. |
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Registered Trade Name: Sure-Way Systems, Inc

Item 17 Refunds

Credit due the customer. When there has been a transaction that results in a credit due the customer, the following apply:

- (a) If the amount due is five dollars or less, an adjustment will be made to the customer's account. The adjustment must be shown on the next regular bill.
- (b) If the amount due is more than five dollars, the customer may accept an account adjustment or may request a refund.
 - If the customer elects to have an account adjustment made, the adjustment must show on the next regular billing.
 - If the customer elects to receive a refund, the company must issue a check within thirty days of the request.

Overcharges. Once a company becomes aware that it has overcharged a customer, it must provide a refund or an account adjustment credit to the customer. The customer must be given a choice as to which option is preferred. The refund or credit must be the amount overcharged in the three years before the date of discovery.

- If the customer elects to have an account adjustment made, the adjustment must show on the next regular billing.
- If the customer elects to receive a refund, the company must issue a check within thirty days of the request.

Prepayments. If a customer has paid service fees in advance, service is discontinued during the pre-billed period, and the customer is due a refund, the following apply:

- (a) A company must honor all requests for refunds of the unused portion of prepayments.
- (b) If the customer provides a forwarding address to the company or one can be obtained from the Post Office, the company must issue a refund check no more than thirty days following the customer's request.
- (c) If the customer cannot be located or did not provide a forwarding address and the U.S. Post Office cannot furnish a forwarding address, the amount may be presumed to be abandoned and is subject to the Uniform Unclaimed Property Act after one year.

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|---|---|---|--|
| Company Name/Permit Number: S Registered Trade Name: Sure-Way | Sure-Way Systems, In Systems, Inc | c. | |
| | · · · · · · · · · · · · · · · · · · · | | |
| <u>Item 18 – Bil</u> | ling, Advance Billing | and Payment Delinquency | <u>Dates</u> |
| Billing period. SWS will bill cus each month. | tomers for previous s | services rendered. Bills wil | l be sent on a specified date |
| Advance billing and payment dela Accounts become delinquent 21 day | inquency dates, ys after mail date of the | he bill. | |
| Late charges. Customers with pass late fee of 1% on outstanding balancharge per month is \$5.00. | st due accounts after t ces that are unpaid at | he delinquency dates speci- the time of the next regular | fied above will be charged a billing date. The minimum |
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Registered Trade Name: Sure-Way Systems, Inc

Item 20 – Definitions

Company Specific Definitions:

Sure-Way Systems (SWS) Sharps Disposal Program is the program SWS offers to its customers to provide them with FDA and DOT accepted sharps containers for disposal of the sharps portion of their medical waste. This service reduces the facilities waste volume to the landfill and their costs to buy and pay for the disposal of disposable sharps containers.

Gross Pathological Waste refers to pathological waste that is easily recognizable as a human body part like arms, feet, legs, or hands. Small pieces of tissue from labs do not fit this definition and do not need special packaging.

Sharps waste refers to all potentially infectious materials that could cause a puncture if broken or in their natural state like syringes, glass products, and certain hard plastic products that could break and cause a puncture or abrasion to the skin while handling the product as defined by OSHA and NIOSH.

Maximum Weights

The maximum weight allowed per container is:

Container Size Maximum Weight

Small Box (10 gal) 20 Pounds Small/Medium Box (20 gal) 30 Pounds Medium/Large Tub (32 gal) 55 Pounds Large Tub (48 gal) 65 Pounds

Replacement Costs

Customers will be charged for containers lost on their behalf, charges will be as follows:

Container Size Replacement Cost Small Box (10 gal) \$5.00

 Small Box (10 gal)
 \$5.00

 Small/Medium Box (20 gal)
 \$5.00

 Medium/Large Tub (32 gal)
 \$35.00

 Large Tub (48 gal)
 \$40.00

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Registered Trade Name: Sure-Way Systems, Inc

<u>Item 30 – Limitations of Service (continued on next page)</u>

General Limitations of Service

- 1. Sure-Way Systems will not knowingly accept shipments including containers which are not properly packaged or identified as REQUIRED by the Department of Transportation.
- 2. Sure-Way Systems may refuse to accept shipments not immediately available for pickup at designated pickup areas adjacent to a loading dock or otherwise immediately accessible to Sure-Way Systems vehicles.
- 3. All manifesting paperwork must be properly completed by the generator, verified, appropriately signed, and available at the time of pickup.
- 4. Sure-Way Systems may refuse to pickup materials from points where the designated pickup area is obstructed at the time of pickup.
- 5. Rates include normal wear and tear on reusable containers. Reusable containers provided to the generator for the storage of biomedical waste shall remain the property of Sure-Way Systems unless otherwise purchased by the generator. Charges for the replacement of containers lost by the generator are shown in Item 20.
- 6. Sure Way Systems reserves the right to modify its container sizes in the future provided that the rate per gallon equivalent remains the same and unless and until rate changes per gallon are approved by the Washington Utilities and Transportation Commission.
- 7. Sure-Way Systems will not knowingly accept containers for shipment unless they have sealed bag liners other than sharps containers.
- 8. The generator shall not tender and Sure-Way Systems shall not knowingly accept for shipment any container which:
 - a. is not sealed and properly labeled;
 - b. is punctured or materially damaged;
 - c. is overfilled or overweight;
 - d. contains anything other than biomedical waste; or
 - e. contains radioactive materials as defined by the U.S. Nuclear Regulatory Commission.

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|--|--|---|---|
| Company Name/Permit Registered Trade Name | Number: Sure-Way System Sure-Way Systems, Inc | s, Inc. | |
| <u>Item</u> | 40 – Material Requiring Spe | ecial Equipment, Precaution | ns, or Disposal |
| Transportation of solid to time rates named in I | waste requiring special equip tem 160, or to other specific | oment or precautions in har rates contained in this tari | ndling or disposal will be subject ff. |
| sites named in the comp | every effort to be aware of the pany's tariffs. The company spection at the company's office | shall maintain a list of thos | e special handling at the disposal se commodities and make it |
| | | | |
| W.V. (1944 | · | | |
| | Item 45 - Material Requirir | ng Special Testing and/or | <u>Analysis</u> |
| is required to determine and/or analysis will be p or invoice for costs incu | whether dangerous or prohibated by the customer. The co | ited substances are presen mpany must provide the c is and also must retain a c | ing and/or analysis of solid waste t, the actual cost for such testing ustomer with a copy of any bill opy in the company's file for at markup. |
| | Item 50 - Retu | rned Check Charges | |
| Returned check charge the customer will be asso | e. If a customer pays with a coessed a returned check charge | heck, and the customer's be in the amount of \$30. | ank refuses to honor that check, |
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| Tariff No. 1 | | Page No. 12 |
|---|---|---|
| Company Name/Permit N Registered Trade Name: S | fumber: Sure-Way Systems, Inc. Sure-Way Systems, Inc | |
| | Item 51 – Resta | art Fees |
| There will be no reinstater then reinstate service at a | ment fees charged to a customer if future date. | the customer chooses to discontinue service and |
| | <u>Item 52 – Redeliv</u> | very Fees |
| There will be no redelivery reinstate service at a future | y fees charged to a customer if the e date. | customer chooses to discontinue service and then |
| | Item 55 – Over-sized or Over- | weight Cans or Units |
| the receptacle exceeds the | size and weight limits shown in Ite | tacle (box, or tub), if upon reasonable inspection em 20. The company will refuse to pickup epartment Of Transportation packaging |
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|-----------------------------------|---|---|
| Company Name/Registered Trade | Permit Number: Sure-Way Sys Name: Sure-Way Systems, Inc | rems, Inc. |
| | <u>Item 6</u> | 0 – Overtime Periods |
| Companies will a periods. Overtim | ssess additional charges when periods include Saturdays, Su | providing services, at customer request, during overtime andays, and the following holidays: |
| Christmas | December 25 | New Years January 1 |
| Easter | Dates vary | Independence Day July 4 |
| Thanksgiving | Dates vary | |
| · | | |
| terminal until the | ge will be assessed to custome ience. | f 15 minutes from the time the company's vehicle leaves the rs for overtime or holiday work performed solely for the arge per hour \$30 |
| | | |
| | MII | imum Charge \$90 |
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Registered Trade Name: Sure-Way Systems, Inc

<u>Item 100 – Rates Biohazardous, Chemotherapy, and minor pathological and biomedical waste (continued on next page)</u>

Rates in this item apply:

(1) To Biohazardous, Chemotherapy, minor pathological and biomedical waste (not sharps waste in SWS reusable sharps containers or Gross Pathological waste). This includes hospitals, surgical centers, mortuaries, assisted living facilities, laboratories, doctor and dentist offices, and any other place that generates Biohazardous or Biomedical waste.

Rate Schedule for Biomedical Waste except Gross Pathological Waste.

| Container Quantity | Small Box (10 Gal) | Small/Medium Box | Medium/Large Tub | Large Tub |
|--------------------|--------------------|------------------|------------------|----------------|
| | | (20 Gal) | (32 Gal) | (48 Gal) |
| 1 | 22.20 | 33.40 | 51.52 | 75.67 |
| 2 | 16.38 | 31.98 | 47.36 | 58.32 |
| 3 | 15.88 | 27.49 | 39.04 | 48.20 |
| 4 | 15.68 | 24.85 | 34.24 | 41.45 |
| 5 | 14.79 | 21.59 | 30.72 | 38.08 |
| 6 | 13.49 | 19.76 | 27.84 | 35.19 |
| 7 | 12.79 | 18.34 | 26.56 | 32,78 |
| 8 | 12.19 | 17.52 | 25.28 | 31.33 |
| 9 | 11.19 | 16.50 | 23.36 | 29.88 |
| 10 | 10.59 | 15.68 | 22.72 | 28.44 |
| 11 | 10.39 | 15.28 | 21.76 | 26.99 |
| 12 | 9.69 | 14.67 | 21.12 | 25.55 |
| 13 | 9.49 | 14.26 | 20.48 | 24.58 |
| 14 | 8.99 | 13.64 | 19.84 | 23.14 |
| 15 | 8.79 | 13.44 | 19.20 | 22.17 |
| 16 | 8.59 | 13.03 | 18.88 | 18.32 |
| 17 | 8.29 | 12.63 | 17.92 | 17.83 |
| 18 | 7.99 | 12.43 | 17.60 | 17.35 |
| 19 | 7.69 | 12.22 | 16.96 | 16.39 |
| 20 | 7.59 | 11.82 | 16.64 | 15.91 |
| 21 | 7.49 | 11.41 | 16.00 | 15.91 |
| 22 | 7.39 | 11,20 | 15.68 | 15.91 |
| 23 | 7.29 | 11.00 | 15.01 | 15.91 |
| 24 | 7.19 | 10.79 | 13.76 | 15.91 |
| 25 | 7.09 | 10.38 | 13.28 | 15.91 |
| 26 | 6.99 | 10.18 | 13.12 | 15.91 |
| 27 | 6.89 | 9.98 | 12.80 | 15.91 |
| 28 | 6.79 | 9.58 | 12.32 | |
| 29 | 6,69 | 9.37 | 12.00 | 15.91 15.91 |

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Registered Trade Name: Sure-Way Systems, Inc

| Container Quantity | Small Box (10 Gal) | Small/Medium Box (20 Gal) | Medium/Large Tub (32 Gal) | Large Tub (48 Gal) |
|--------------------|--------------------|------------------------------|------------------------------|-----------------------|
| 30 | 6.59 | 9.37 | 10.88 | 15.91 |
| 31 | 6.49 | 9.37 | 10.56 | 13.75 |
| 32 | 6.39 | 9.37 | 10.56 | 13.75 |
| 33 | 6.29 | 9.37 | 10.56 | 13.75 |
| 34 | 6.19 | 9.37 | 10.56 | 13.75 |
| 35 | 6.09 | 9.37 | 10.56 | 13.75 |
| 36 | 5.99 | 9.37 | 10.56 | 13.75 |
| 37 | 5.89 | 9.37 | 10.56 | 13.75 |
| 38 | 5.89 | 9.37 | 10.56 | 13.75 |
| 39 | 5.87 | 8.55 | 10.56 | 13.75 |
| 40 | 5.85 | 8.55 | 10.56 | 13.75 |
| 41 | 5.79 | 8.55 | 10.56 | 13.75 |
| 42 | 5.69 | 8.55 | 10.56 | 13.75 |
| 43 | 5.65 | 8.55 | 10.56 | 13.75 |
| 44 | 5.59 | 8.55 | 10.56 | |
| 45 | 5.49 | 8.55 | 10.56 | 13.75 |
| 46 | 5.45 | 8.55 | 10.56 | 13.75 |
| 47 | 5.39 | 8.55 | 10.56 | 13.75 |
| 48 | 5.35 | 8.55 | 10.56 | 13.75 |
| 49 | 5.29 | 8.55 | 10.56 | 13.75 |
| 50 | 5.19 | 8.55 | | 13.75 |
| 51 | 5.09 | 8.55 | 10.56 | 13.75 |
| 52 | 5.00 | 8.55 | 10.56 | 13.75 |
| 53 | 4.95 | | 9.12 | 13.75 |
| 54 | 4.90 | 8.55 | 9.12 | 13.75 |
| 55 | 4.80 | 8.55 | 9.12 | 13.75 |
| 56 | 4.75 | 8.55 | 9.12 | 13.75 |
| 57 | 4.70 | 8.55 | 9.12 | 13.75 |
| 58 | | 8.55 | 9.12 | 13.75 |
| 59 | 4.60 | 8.55 | 9.12 | 13.75 |
| | 4.10 | 8.15 | 9.12 | 13.75 |
| 60 + | 4.10 | 8.15 | 9.12 | 13.75 |

- Note 1. Rates to be charged shall be based upon the total number of containers per pickup. Rates stated in this Item are in addition to charges specified in Items 50, 51, 52, 55 and 60.
- Note 2. A minimum of \$22.00 will be charged per scheduled pickup.
- Note 3. Rates will be reduced \$0.02 per gallon if generator chooses to use both the med-waste disposal program and the reusable sharps container disposal service.
- Note 4. A stop charge of \$30.00 will be levied for any stop that does not generate \$100.00 in total medical waste charges.

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| Company Name/Permit Nu | mber: Sure-Way Systems, Inc. |
| Registered Trade Name: Su | re-Way Systems, Inc |
| | |
| | Item 105 Rates for Gross Pathological Waste Disposal |
| Gross pathological waste m the generator | ust be frozen at the time of pickup and identified as "Gross Pathological Waste" by |
| Rates for Gross Pathologic | cal Waste will be as follows: |
| Container Size Medium/Large (32 Gal) | Rate \$35.00 |
| Large (48 Gal) | \$50.00 |
| Item 110 Rates for the co | ollection and transportation of Biomedical Waste in, and processing of, Reusable Sharps Containers – Prices Per Gallon |
| Type of Service | Price Per Gallon |
| Premium Service | \$1.10 per gallon, price calculated using rate multiplied by rated size of container. |
| Economy Service | \$0.90 per gallon, price calculated using rate multiplied by rated size of container. |
| Item 115 Rates fo | r the collection, transportation and destruction of confidential documents |
| Size From 0-100 pounds From 101-500 pound | |
| From 501-1000 poun Greater than 1001 po | |
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| Company Name/Permit Number: Sure-Way Systems, Inc. Registered Trade Name: Sure-Way Systems, Inc | | | | |
| Item 120 Rates for the collection, transportation, and processing of Amalgam | | | | |
| A charge of \$36 will be levied for e | every 1 pint inc | rement of amalg | gam collected f | for recycling. |
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Company Name/Permit Number: Sure-Way Systems, Inc.

Registered Trade Name: Sure-Way Systems, Inc

<u>Item 230 – Disposal Fees</u>

Charges in this item apply when other items in the tariff specifically refer to this item.

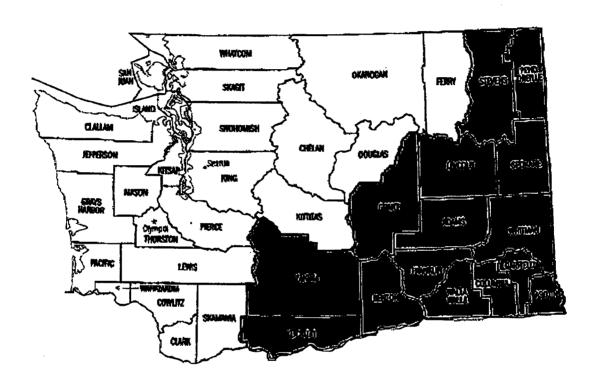
| Disposal site (name or location) | Type of Material | Fees for disposal |
|----------------------------------|------------------|---------------------|
| Great Falls Landfill | All | \$ 54.00 per ton |
| | | \$ per |
| | , | \$ per |
| | | \$ per |

State whether fees are per yard, per ton, etc. Include charges assessed for special commodities (tires, appliances, asbestos, etc.) or special conditions at each specific disposal site. Attach additional sheets as necessary.

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| Company Name/Permit N | Number: Sure-Way Systems, Inc. | |
| Registered Trade Name: | Sure-Way Systems, Inc | |
| Item 300 – List of Abbre | viations and Symbols Used in This Tariff | |
| (A) Denotes increases. | | |
| (R) Denotes decreases. | | |
| (C) Denotes changes in w | vording, resulting in neither increases or decrea | ases. |
| (N) Denotes new rates, se | ervices, or rules | |
| *** Denotes that material | previously shown has been deleted. | |
| Yd. or yd. are abbreviatio | ons for yard | |
| Cu. or cu. are abbreviation | ns for cubic. | |
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Sure-Way Systems, Inc Map of Proposed Waste Authority Area (Black Counties)



Sure-Way Systems, Inc

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

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NOV 29 2004

WASH. UT. & TP. COMM

Dear Commissioners;

In the following pages you will find our application for a Class G Waste Haulers permit.

Sure-Way Systems, Inc. was founded in Deer Lodge, MT in 1990. For the past 14 years we have been collecting, transporting, and processing waste from Florida to Hawaii and would like the opportunity to do business in Washington. Over the years we have accumulated an outstanding record with all agencies that regulate the many facets of our business.

It has come to our attention through discussions with waste generators in the area that there had been a company operating in Washington with the same or similar name. It is also our understanding that they did not run their business as directed. We were not or have ever been, associated with this company.

In recent discussions with waste generators in eastern Washington we have found that our services would exceed current services offered by Stericycle, the major hauler for most generators. It is our experience that customers need other services besides the hauling of medical waste. That is why we have grown to offer confidential document destruction and Amalgam separation services to these customers. These services allow customers to save money on stop charges that would otherwise be levied numerous times by a plethora of companies. Our goal is to consolidate these services and provide customers a significant savings on their current disposal costs.

We are making this move into Washington to get back the waste that we were processing for Stericycle up until the fall of 2003. The capacity generated by eastern Washington customers is capacity that we have processed in the past and are confident that we can handle in the future.

Your staff has been incredibly helpful and has assisted us with answers to many of our questions. We look forward to working with you through this permitting process.

Sincerely,

Gary Chilcott
President/CEO

Attachment A: Proof of Insurance Attachment B: Financial Statements

lary Chilcott

Attachment C: Tariff