



**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"/> 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 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 checked="" type="checkbox"/> All of Certificate No. G- <u>262</u>	
<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** 602-591-390

Name of Applicant: <u>Russell VanderVeen</u>		
Trade Name(s) (if applicable): <u>VanderVeen Family Transport Inc</u>		
Phone Number: <u>360 410-7171</u>	Fax Number: <u>360 354-2239</u>	E-Mail: _____
Business Address		Mailing address (if different from Business Address)
Street <u>5446 Allison RD</u>	Street _____	
City <u>Bellingham, WA</u>	City _____	
State/Zip <u>WA 98226</u>	State/Zip _____	

FOR OFFICIAL USE ONLY			
Date Filed: <u>6/9/06</u>	Staff Assigned: <u>FW</u>	Motcar: <u>44306</u>	Permit Issued G- <u>262</u>
Tariff: _____	Insurance: <u>FW</u>	Contract: <u>✓</u>	DOL/SOS: <u>FW</u>
Application: <u>GA-79461</u>	RMS Docket #: <u>TG-060972</u>	Related App ID: _____	Map: _____
Text approved for docket	Reception #: <u>2236</u>	227-02: _____	032-05: _____

**SECTION 2 - BUSINESS INFORMATION**

Type of business structure:

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

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

Name	Title	Stock Distribution or Percentage of Shares
Russell VanderVein	President	50%
Michele VanderVein	Secretary/Treasurer	50%

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. Whatcom County Contract

- From: Cedarville Landfill, Cedarville RD, ~~to Port of Bellingham~~ Bellingham, Wa  
TO: Ferndale Waste Water Treatment plant Ferndale RD Ferndale, Wa
- Port of Bellingham: From Wynn RD Bellingham, Wa To F srt Bellingham, Wa
- Skagit County Contract:  
From Allen RD in Burlington To Mount Vernon Treatment plant in Mount Vernon

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."

We are incorporating our bussiness, we need this application granted to continue doing bussiness with our contractors to fulfill the contracts and also to remain a company.

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 have been driving truck for many years

app 25 yrs I'm in compliance with the FMCSR. I have driver files & maint records, I have also hauled Leachote for 2 1/2 yrs.

Have you been cited for violation of state laws or Commission rules?  
 No  Yes If yes, please explain: \_\_\_\_\_

**SECTION 3 - RATES AND TARIFFS**

Is this application to operate under a contract?

No  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.

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must 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
- File a new tariff

**SECTION 4 - FINANCIAL STATEMENT**

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

ASSETS		LIABILITIES	
Cash in Bank	\$ 4,000	Salaries/Wages Payable	\$ 1650.00
Notes Receivable	\$	Accounts Payable	\$ 1170
Accounts Receivable	\$ 5,006	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$ 2820.00
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 11,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$ 1,000	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	\$ 21,500	<b>TOTAL LIABILITIES AND NET WORTH</b>	\$

**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.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight	Type of vehicle
1981	Petr B	27078 RR		80,000	Tractor
1982	Heil	5736 RM		10,720	Tonker

**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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: Russell VanderVeen 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: <u>1</u>	Amount of time: <u>1/2 hour</u>
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   
  MasterCard   
  Visa

**Credit Card Information:**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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: Russell VanderVeen

Signature of Applicant: Russell Vand. Veen

Date, County, State: 6-6-06 Whatcom, Washington

**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- 262

Check appropriate box:

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

*dba Vander Veen Family Transport*  
Russell Vanderveen  
Current Name on Certificate (Seller/Lessor)

Current Trade Name on Certificate (Seller/Lessor)

5446 Allison RD 360 410-7171  
Address (Seller/Lessor) Phone Number

Fax: 360-354-2239 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.

Russell Vand. Veen  
Seller's/Lessor's Signature

6-6-06 Whatcom, Ws  
Date, County, State

Russell Vand. Veen  
Buyer's/Lessee's Signature

6-06 Whatcom, Ws  
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.



**PORT OF BELLINGHAM**  
*Washington State, USA*

TO: Teri Wallace  
COMPANY: WA Utilities & Transp. Commission  
FAX NUMBER: 360-586-1181  
FROM: Susan French  
DATE SENT: 6.19.06

1 PAGE(S) TO FOLLOW (NOT INCLUDING COVER SHEET)

NOTE: Dear Ms. Wallace, On June  
13, 2006, Port staff received notice  
from Mr. Russ VanderVeen that  
VanderVeen Family Transport<sup>had</sup> incorporated.  
Please feel free to call if you have any  
questions regarding this matter.

PORT OF BELLINGHAM  
P.O. Box 1677  
BELLINGHAM, WA 98227-1677

*Thank you,  
Susan French*

Attachment:  
*a copy of that letter accompanies this fax.*

FAX NUMBER (360) 671-6411

HARD COPY: [WILL] [WILL NOT] FOLLOW BY MAIL

*If you do not receive all pages,  
please contact the Port of Bellingham  
at (360) 676-2500*

VanderVeen Family Transport, Inc.  
5446 Allison Rd.  
Bellingham, WA 98226  
360-410-7171

6-13-06

Port of Bellingham

On March 3, 2006, VanderVeen Family Transport Incorporated and became VanderVeen Family Transport Inc.

The company's new UBI # is 602-591-390. Our company is here to assist you in any way we can to make this transaction as convenient as possible.

Thank you

Russ Vand. Veen



**AMENDMENT #1  
ORIGINAL AGREEMENT #C20050359**

VanderVeen Family Transport, Inc., hereinafter called "Contractor", and Skagit County, hereinafter called "County", agree to amend Agreement No. C20050359, as set forth below under "Terms of Amendment".

**TERMS OF AMENDMENT:**

This Amendment will change the Contractor name from VanderVeen Family Transport to VanderVeen Family Transport, Inc.

All other terms and conditions of the original contract shall remain in effect.

Date: \_\_\_\_\_, 2006

*6-14-06*

VanderVeen Family Transport, Inc.

APPROVED:  
BOARD OF COUNTY COMMISSIONERS  
SKAGIT COUNTY, WASHINGTON

*Michelle VanderVeen Seafrees*  
Signature of Authorized Signatory

*Michelle VanderVeen Seafrees*  
Print name

\_\_\_\_\_  
Kenneth A. Dahlstedt, Chairman

\_\_\_\_\_  
Ted W. Anderson, Commissioner

Mailing Address:  
VanderVeen Family Transport, Inc.  
5446 Allison Road  
Bellingham, WA 98226

\_\_\_\_\_  
Don Munks, Commissioner  
For contracts under \$5000:

Telephone No. (360)592-5446  
Fed. Tax ID # (will use SSN)  
Contractor Lic. # N/A

\_\_\_\_\_  
County Administrator  
(Authorization per Resolution #R20030146)

Recommended:

By: \_\_\_\_\_  
Department Head

By: \_\_\_\_\_  
Budget & Finance Director

Approved as to Indemnification:

By: \_\_\_\_\_  
Risk Manager

Approved as to Form:

By: \_\_\_\_\_  
Civil Deputy

Attest:

\_\_\_\_\_  
Clerk of the Board

<b>ACORD</b> <small>TM.</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 05/11/2006
PRODUCER Phone: (360) 478-5707 Fax 360-478-5880 MAPLE LEAF INSURANCE AGENCY, INC. 6635 HARLOW DRIVE BREMERTON WA 98312		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
		INSURERS AFFORDING COVERAGE
		NAIC #
INSURED VANDERVEEN FAMILY TRANSPORT INC C/O RUSSELL VANDERVEEN 5446 ALLISON ROAD BELLINGHAM WA 98226		INSURER A: CANAL INSURANCE CO. INSURER B: CANAL INSURANCE CO. INSURER C: RED SHIELD INS. CO. INSURER D: INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR. LTR	ACCT. INSTR.	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
C		GENERAL LIABILITY	CLP010943	10/12/05	10/12/06	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER POLICY <input type="checkbox"/> PRO. JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED. EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS-COMP/OP AGG. \$ 1,000,000
A		AUTOMOBILE LIABILITY	497809	04/25/06	04/25/07	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY EA ACC AGG \$ AGG \$
		EXCESS / UMBRELLA LIABILITY				OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below
B		OTHER:	A418257	04/25/06	04/25/07	PHYSICAL DAMAGE COVERAGE FOR SPECIFIED TRAILERS ONLY. \$1,000 DEDUCTIBLE APPLIES.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS  
 SKAGIT COUNTY, ITS ELECTED OFFICIALS, OFFICERS AND EMPLOYEES ARE NAMED AS ADDITIONAL INSURED.

**CERTIFICATE HOLDER**

SKAGIT COUNTY  
 1800 CONTINENTAL PLACE  
 Mount Vernon WA 98273  
 360-336-9478 FAX  
 360-336-9400 PHONE

Attention: JANICE

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*E. Russell*  
 Elizabeth K. Russell

**WHATCOM COUNTY  
PUBLIC WORKS DEPARTMENT**

JEFFREY M. MONSEN, P.E.  
Director



**WHATCOM COUNTY PUBLIC WORKS  
SOLID WASTE DIVISION**

322 N. Commercial St. Suite 220  
Bellingham, WA 98225  
Phone: (360) 676-7695  
Fax: (360) 738-4561

June 13, 2006

Terri Wallace  
WA Utilities and Transportation Commission

RE: VanderVeen Family Transport

Dear Terri,

VanderVeen Family Transport holds the contract with the Whatcom County Solid Waste Division for hauling leachate from the Cedarville Landfill here in Whatcom County. This contract expires on December 31<sup>st</sup>, 2006. Russ VanderVeen, owner, has informed this office that he has incorporated his business and is now known as VanderVeen Family Transport, Inc.

If there are any questions, please call this office at 360-676-7695.

Thank You,

Penni Lempere  
Solid Waste Specialist  
Whatcom County Public Works

VanderVeen Family Transport

  
(signature and title)

Date: June 14 2006

**WHATCOM COUNTY  
PUBLIC WORKS DEPARTMENT**

**FAX**

322 N. Commercial St, Suite 220  
Bellingham, WA 98225

PH: 360-676-7695 FAX: 360-738-4561

DATE: 6/15/06

TIME: 8:15 a.m.

**PLEASE DELIVER TO**

NAME: Terri Wallace

COMPANY: Washington Utilities and Transportation Commission

DEPARTMENT: \_\_\_\_\_

PHONE: 360-664-4891 FAX: 360-586-1181

**FROM**

NAME: Debbie Bailey

DIVISION: **SOLID WASTE**

PHONE: 360-676-7695 FAX: 360-738-4561

**MESSAGE**

Per your request, letter confirming VanderVeen Family Transport has informed Whatcom County that it has incorporated and is now known as VanderVeen Family Transport, Inc.

No. of Pages including this cover sheet: 2

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

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

RECEIVED JUN 09 2006 WASH. UT. & TP. COMM.

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.

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.

Table with 2 columns: Description and Insurance Limit. Rows include: Vehicles less than 10,000 GVWR (\$300,000), Vehicles 10,000 GVWR and more (\$750,000), Transport quantities of biomedical waste not subject to federal regulation (\$1,000,000), Transport quantities of hazardous or biomedical waste that are subject to federal regulation (The federal minimum combined single limit coverage).

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.

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 for WORD and PDF versions of the application, standard tariff format, adoption notice, etc.

RECEIVED

JUN 09 2006

WASH. UT. & TP. COMM.

0002236

\$ 200.00

001 111 02-68 227-02