

Replacement Page PART - A T4-091485

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250  
Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 19382 Safety: 1/17/09 Carrier ID#: M30242  
111 0268 200 02 Insurance: 9/16/09 Employee: KWC

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number  
Extension of Common Carrier Permit Authority  
X \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE  
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE  
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): RUC FREDRICKSON Date: 9-7-09  
Signature: Title: Manager

MOTOR CARRIER IDENTIFICATION

CC#: G-88 US DOT#: C929985 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-512-483  
APPLICANT NAME: MASON COUNTY GARBAGE CO. INC PHONE#: 360-426-8729  
d/b/a: FAX #: 360-427-0319  
BUSINESS (MAILING) ADDRESS: PO Box 787  
(street address, P.O. Box) (city, state, zip) Shelton, Wa, 98584  
PHYSICAL ADDRESS: (street address, if different) 81 E. Wilbur Way  
Shelton, Wa. 98584

*Replacement*

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION DE L  
(LP, LLP, LLC)

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

*Attached*

**TRANSFER OF PERMIT NUMBER**

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder

Date

**INSURANCE REQUIREMENTS (must check one)**

(permit will not be issued until acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
<i>Attached</i>	<i>List.</i>		

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature(s)

*9-16-09*

Date

# PART - B

## SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650  
J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333  
Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183  
US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

### Controlled Substances and Alcohol Testing (Part 382)

Name: Ric Fredrickson Position: Manager

Any person who drives a commercial motor vehicle 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).

### Commercial Drivers License (CDL) Requirements (Part 383)

Name: Ric Fredrickson Position: Manager

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

### Driver Qualification Requirements (Part 391)

Name: Ric Fredrickson Position: Manager

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any-interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

**Drivers Hours of Service (Part 395)**

Name: Ric Fredrickson Position: Manager

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.  
Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

Name: Ric Fredrickson Position: Manager


Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.***

  
\_\_\_\_\_  
Signature of applicant

9-7-09  
\_\_\_\_\_  
Date

WASHINGTON INSURANCE IDENTIFICATION CARD

COMPANY NUMBER  
22667

COMPANY  
ACE American Insurance Company

COMMERCIAL  PERSONAL

POLICY NUMBER  
ISA: H08579052

EFFECTIVE DATE  
8/1/2009

EXPIRATION DATE  
8/1/2010

YEAR

MAKE/MODEL

VEHICLE IDENTIFICATION NUMBER  
Fleet

AGENCY/COMPANY ISSUING CARD  
Aon Risk Insurance Services West, Inc.  
851 SW 6th Avenue, Suite 385  
Portland, OR 97204-1309

AGENCY TELEPHONE NUMBER  
(503) 224-9700

INSURED

Mason County Garbage  
PO Box 787  
Shelton, WA 98584 USA

SEE IMPORTANT NOTICE ON REVERSE SIDE

AON

SOLID WASTE ANNUAL REPORT  
Schedule 1 - Identification, Organization, and Control

1. Full and exact name of respondent making this report:  
Mason County Garbage Co., Inc. Garbage Certificate No. G-000088  
 Doing Business As: Same

2. Annual Report/ Accounting Contact Person:  
Jason Pratt Controller  
 (name) (title)  
PO Box 787, Shelton, WA 98584  
 (mailing address) (city, state, ZIP)  
81 East Wilbur Way Shelton, WA 98584  
 (physical address) (city, state, ZIP)  
(253) 896-3280 (360) 427-0319  
 (telephone) (fax)  
JasonP@wasteconnections.com  
 (E-Mail) (web site)

3. Washington Unified Business Identifier (UBI) No.: 601 826 978  
 (Contact Washington Department of Licensing at (360) 664-1400 for information.)  
 United States Department of Transportation (DOT) No.: \_\_\_\_\_

4. Type of Business Structure: C-Corp  
 (Proprietorship, Partnership, S-Corp., C-Corp., LLC, LLP, etc.)

5a. List the name, title, and percentage of partner's share or stock distribution of 5 major stockholders:

Name(s)	Title	Partner's Share or Stock Distribution
Waste Connections, Inc.		100.00%

5b. Total Stockholders at year's end:

6. Names, titles, and addresses of officers:

Name:	Title:	Address:
Ronald J Mittelstaedt	Chief Executive Officer	2522 Iron Point Circle #200; Folsom CA 95360
Steven F Bouck	President	2522 Iron Point Circle #200; Folsom CA 95360
Darrell W Chambliss	Chief Operating Officer	2522 Iron Point Circle #200; Folsom CA 95360
Robert D Evans	General Counsel & Secretary	2522 Iron Point Circle #200; Folsom CA 95360
Worthing F Jackman	Chief Financial Officer	2522 Iron Point Circle #200; Folsom CA 95360

**Mason County Garbage  
Active Truck list August 2009**

Truck #	Description	License #	State	Vin #
O1	2004 Dodge	B57150K	Washington	3D7KU28C84G237527
C1	2003 GMC	A41177R	Washington	1GTHK23113F156563
S1	2008 Ford	B40345G	Washington	1FDWF37R58ED24893
2	1992 Int W/20 yard Heil	A68439C	Washington	1HTSDNWN1NH412274
3	2003 Int W/20 yard Heil	A38623S	Washington	HTWCAAN33J072538
4	2004 Int W/20 yard Heil	A94665V	Washington	1HTWCAZR553054374
5	2006 Int W/20 yard Heil	A47399Z	Washington	1HTWCAZR76J312556
6	1991 Int W/20 yard Heil	13860T	Washington	1HTSDNGN4MH337454
7	2006 Peterbilt Rolloff	B78186A	Washington	1NPFLBOX77D675706
8	1991 International W/20 yard	B47529C	Washington	1HTSDPCN4NH43376
9	1987 Int Hooklift	14069T	Washington	JPA WRYRK2HTE40467
10	2008 Peterbilt/Labrie	B22923F	Washington	3BPZL00X68F718113
11	2008 Peterbilt/Labrie	B01778E	Washington	3BPZL00X88F718114
13	1999 Peterbilt/Heil 24yd auto	A43327E	Washington	1NPZHZ8X2XD711913
14	1999 Peterbilt/Heil 24yd auto	A43431D	Washington	1NPZHZ8X0XD711912
15	1990 Int W/18 yard Heil	91636Y	Washington	1HTSDZ7N7LH277305
16	1994 Freightliner R/C	A47396Z	Washington	1FV6HFAA6RL548534
17	1999 Freightliner Tractor	B25835D	Washington	1FUYS7DB1YLB28223
18	1986 White Rolloff	A53252A	Washington	1WUDDHJE8GN112985
19	1990 Int W/20 yard heil	A01873D	Washington	1HTSDZ7NXLH288721
20	1991 Int Hooklift	A22764E	Washington	1HTSDNWNOMH387771
22	1992 Int W/20 yard Heil	A45315J	Washington	1HTSDPPN9NH434730
23	2007 Int W/25yd Heil	B01047E	Washington	1HTWGZR97J461427
24	2008 Volvo Rolloff	B94626H	Washington	4V5M99EH49N277275
25	2003 Peterbilt Rolloff	A64374S	Washington	1NPFLBOX3D807254
26	2001 Int Hooklift	B86954G	Washington	1HTSDAAN91H357387
27	2008 Peterbilt/McNielus	B12084L	Washington	3BPZL00X78F718153
28	2009 Peterbilt/McNielus	B12319L	Washington	3BPZL00X19F719770
29	2009 Peterbilt/McNielus	B12418L	Washington	3BPZL00X99F719712

PART - A

TV-091485

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: <b>0019382</b>	Safety:	Carrier ID#: <b>m30242</b>
111 0268 200 02 <b>100.00</b>	Insurance: <b>9/16/09</b>	Employee: <b>KVC</b>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input checked="" type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
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\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  
(Must be filed within 10 months of cancellation)

For Commission Use Only:  
Auth #:

TYPE OF PAYMENT

Check  Money Order

Expiration Date: \_\_\_\_\_

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): **Ric. FREDRICKSON** Date: **9-7-09**

Signature: \_\_\_\_\_ Title: **Manager**

COMMON CARRIER IDENTIFICATION

CC#: <b>G-88637731</b>	US DOT#: <b>C929985</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>601-512-483</b>
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APPLICANT NAME: <b>Mason County Garbage Co. Inc</b>	PHONE#: <b>360-426-8729</b>
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d/b/a:	FAX #: <b>360-427-0319</b>
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **PO Box 787**

(city, state, zip) **Shelton, Wa. 98584**

PHYSICAL ADDRESS: (street address, if different) **81 E. Wickers Way**  
**4 Shelton, Wa. 98584**



## TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL   
  PARTNERSHIP   
  CORPORATION – STATE OF INCORPORATION DEL  
 (LP, LLP, LLC)

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

Attached

## TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder

Date

## INSURANCE REQUIREMENTS (must check one)

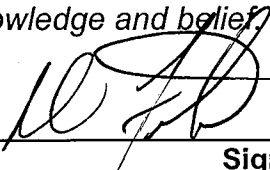
(permit will not be issued until acceptable insurance is received)

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|--|--|---|---|

## EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>Attached</u>	<u>List.</u>		

*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.*



Signature(s)

9.7.09

Date