



TG-110023-AN

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 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
X <u>Name Change</u> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C <i>adding trade name: WH Healthcare Solutions of Washington</i>	\$ 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: Waste Management of Washington, Inc.		USDOT #: 19677460
Trade Name(s) (if applicable): See attached list		
Phone Number: (425) 814-7840	Fax Number: (425) 814-7866	E-Mail: mweinstein@wm.com
Business Address		Mailing address (if different from Business Address)
Street: 13225 NE 126th Place		Street
City: Kirkland		City
State/Zip: Washington/98034		State/Zip

FOR OFFICIAL USE ONLY			
Date Filed: <i>1/31/11</i>	Docket #: TG- <i>1137365</i>	Tariff:	Permit Issued G <i>231</i>
Staff Assigned: <i>[Signature]</i>	Insurance <i>on file</i>	Related App ID:	Map:
DOL/SOS <i>[Signature]</i>	Reception #: <i>0029784</i>	227-02: <i>\$35.-</i>	032-05:

Authorization #025488
VI

TYPE OF PAYMENT:

Check Money Order AMEX Discover MasterCard Visa

Credit Card Information: _____

Expiration Date: 05/13

Amount: \$35.00

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: Michael A. Weinstein

Signature of Applicant: _____



Date, County, State: December 22, 2010, King County, Washington

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.

Waste Management of Washington, Inc.

Current Name on Certificate

See attached list

Current Trade Name on Certificate

13225 NE 126th Place, Kirkland Washington 98034

Address

(425) 814-7840

Phone Number

(425) 814-7866

Fax Number

mweinstein@wm.com

E-mail address

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

I request the name on Solid Waste Certificate G- 237 be changed to:

New Name

601415286

UBI Number

WM Healthcare Solutions of Washington

New Trade Name (if applicable)

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

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

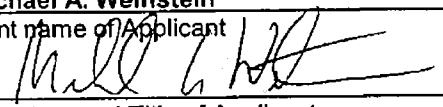
File a new tariff

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.

Michael A. Weinstein

Print name of Applicant

Signature and Title of Applicant



December 23, 2010, King County, Washington
Date, County, State

WASTE MANAGEMENT OF WASHINGTON, INC.

REGISTERED TRADE NAMES

Federal Way Disposal

Nick Raffo Garbage

North Cascades Disposal

Olson's Sanitation Service

Recycle America

R.S.T. Disposal

Rural Skagit Sanitation

Stanwood Camano Disposal

Tri-Star Disposal

Valley Garbage

Washington Waste Hauling & Recycling, Inc.

Waste Management

Waste Management Sno-King

Waste Management – Northwest

Waste Management – Rainier

Waste Management – South Sound

Waste Management of Addy

Waste Management of Ellensburg

Waste Management of Kennewick

Waste Management of Seattle

Waste Management of Skagit County

Waste Management of Spokane

Waste Management of Greater Wenatchee

Waste Management of Yakima

Western Refuse

Brem-Air Disposal

New trade name:

WM Healthcare Solutions of Washington, Inc.

X per UBI



Master License Service
Department of Licensing
P O Box 9034
Olympia WA 98507-9034

Master Business Application Record of Filing

Congratulations! The application has been submitted

[Print](#) | [Save](#)

If you find any mistakes, please enter your corrections on the next screen.

Filing Information

Filing Date and Time:	Dec 22 2010 11:46:19:000AM Pacific Time
UBI Issued:	
Application Transaction #:	20103565314
	<i>(Refer to this number if you have questions about this application.)</i>
Credit Card Approval #:	2930471790003322364281
Last 5 digits of Credit Card #:	26540
Credit Card type:	Visa
Total fees to be billed to your credit card	\$20.00

Below are the licenses you are applying for.

Licenses with no additional requirements:

Tax Registration	\$0.00
Trade Name (1 x \$5.00)	\$5.00
Processing Fee:	\$15.00
Total fees to be billed to your credit card:	\$20.00

Purpose of Application

Register Trade Name

Ownership Structure

Ownership Structure:	Corporation
Is this application for a business with a Washington State location?	Yes
Will you have employees working in Washington State within 90 days?	No
Do you plan to hire independent contractors or people you will report on a 1099 form?	Yes
Federal Employer ID Number (FEIN):	363846342
Unified Business ID (UBI):	601415286
Business ID:	
Location ID:	
Business Location Address:	13225 N.E. 126th Pl.
Business Location City:	Kirkland

State: WA

Business Information On File

Legal Business Name: WASTE MANAGEMENT OF WASHINGTON, INC.
Legal Name: WASTE MANAGEMENT OF WASHINGTON, INC.
Date of Incorporation: May 1999
State of Incorporation: DE

Governing Person(s)

Person 1:

Title(s): President, Officer
Name: DUANE WOODS
Phone: (480) 624-8400
Birth Date:
SSN: ██████████
Percent Owned: 0%
Address: 7025 N. Scottsdale Road
#200
Scottsdale, AZ 85253

Does this Governing Person have a spouse? No

Person 2:

Title(s): Vice President, Officer
Name: DON PATRICK CARPENTER
Phone: (713) 512-6200
Birth Date:
SSN: ██████████
Percent Owned: 0%
Address: 1001 Fannin
#4000
Houston, TX 77002

Does this Governing Person have a spouse? No

Person 3:

Title(s): Vice President, Treasurer, Officer
Name: CHERIE C RICE
Phone: (713) 512-6200
Birth Date:
SSN: ██████████
Percent Owned: 0%
Address: 1001 Fannin
#4000
Houston, TX 77002

Does this Governing Person have a spouse? No

Person 4:

Title(s): Vice President, Secretary, Chairman of the Board,
Director, Officer
Name: LINDA J SMITH
Phone: (713) 512-6200

Birth Date:
 SSN: ██████████
 Percent Owned: 0%
 Address: 1001 Fannin
 #4000
 Houston, TX 77002
 Does this Governing Person have a spouse? No

Person 5:
 Title(s): Vice President, Officer
 Name: GREG A ROBERTSON
 Phone: (713) 512-6200
 Birth Date:
 SSN: ██████████
 Percent Owned: 0%
 Address: 1001 Fannin
 #4000
 Houston, TX 77002
 Does this Governing Person have a spouse? No

Business Information

Business Firm Name (doing business as): WM Healthcare Solutions of Washington
 Mailing Address: 1001 Fannin
 #4000
 Houston, TX 77002

Business Location Information

Location Address: 13225 NE 126TH PL
 KIRKLAND, WA 98034 8701
 Is this business located within the city limits? Yes
 Do you want a separate tax return for each location or trade name? No
 First date of business: December 2010
 Phone: (425) 814-7840
 Fax Number: (425) 814-7866
 Email Address:
 Estimated Gross Income: \$0 - \$12,000
 Products sold and Services provided: medical waste collection, treatment and disposal
 Business activities in Washington State: Services

Additional Business Information

Bank Name: Bank of America
 Branch:
 Did you buy, lease or acquire all or part of an existing business? None
 Date bought/leased/acquired:
 Prior Business Name:
 Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity? Yes

Affiliated businesses: Waste Management Holdings, Inc.
Waste Management, Inc.
WM Healthcare Solutions, Inc.

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account? N/A

Old UBI number to be closed:

Have you ever owned another business in Washington? No

Business Name:

UBI Number:

If you need assistance, specify your language:

Optional Insurance

Major operation of your business: Other

Do you want unemployment insurance coverage for corporate officers? No

Do you wish to apply for elective workers' compensation coverage for owners? No

Do you wish to apply for elective workers' compensation coverage for excluded employment? No

Trade Name(s)

Business Firm Name (doing business as): WM Healthcare Solutions of Washington

Have you previously registered this name as a Trade Name in Washington (under this ownership structure)? No

New name(s): WM Healthcare Solutions of Washington

Previously registered name(s):
BREM-AIR DISPOSAL
CASCADE RECYCLING CENTER
ENVIROCYCLE
FEDERAL WAY DISPOSAL
GRAHAM ROAD RECYCLING AND DISPOSAL FACILITY
GREATER WENATCHEE REGIONAL LANDFILL AND RECYCLINGCENTER
NICK RAFFO GARBAGE
NORTH CASCADES DISPOSAL
OLMPIC VIEW TRANSFER STATION
OLSON'S SANITATION SERVICE
PORT-O-LET
R.S.T. DISPOSAL
RECYCLE AMERICA
RECYCLING NORTHWEST

RURAL SKAGIT SANITATION
STANWOOD CAMANO DISPOSAL
TRI-STAR DISPOSAL
VALLEY GARBAGE
WASHINGTON WASTE HAULING & RECYCLING,
INC.
WASHINGTON WASTE SYSTEMS

Prepared By:

Name: Katja Ellertson
Phone number: (206) 264-3066

By checking this box, I declare under penalty of perjury under the laws of the State of Washington that I am the applicant or authorized representative of the firm making this application and that the information provided in this application, including any additional information provided separately, is true, correct and complete.

Yes

Your application has been completed and submitted. We will review your application within the next 24 business hours. Your license document will be mailed after all licenses are approved. Please allow 14 business days to receive your license in the mail.

Please Print this page for your records.

Continue