

**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 **TG-110895-CT**  
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**

Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)

\$ 25

Temporary Authority (to meet an immediate or urgent need) - Complete entire application and Attachment A

\$ 25

New Permanent Authority (including extension of authority)- (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form  
New Certificate  
Extension of Existing Certificate No. G- \_\_\_\_\_

\$200

Permanent Authority to Transfer (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B

\$200

All of Certificate No. G- \_\_\_\_\_

Portion of Certificate No. G- \_\_\_\_\_

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

Name Change - does not include changes resulting in change in ownership - Complete section 1 and Attachment C

\$ 35

Mortgage of Certificate - Complete section 1 and Attachment D

Lease of Authority - Complete entire application and Attachment B

All of Certificate

Portion of Certificate No. G - \_\_\_\_\_

RECEIVED  
 PERSONNEL MANAGEMENT  
 2011 MAY 13 AM 9:37  
 STATE OF WASH.  
 UTIL. AND TRANSP.  
 COMMISSION

**SECTION 1 - APPLICATION INFORMATION**

Name of Applicant: Estrategy Consulting, LLC	USDOT #: 2024113
Trade Name(s) (if applicable): Estrategy Medical Waste Disposal Service	
Phone Number: (505) 856-4000	Fax Number: (505) 790-9840
Business Address: Street 4500 Anaheim Ave. NE Suite A	E-Mail: jfallis@eststrategy1.com
City Albuquerque	Mailing address (if different from Business Address)
State/Zip New Mexico / 87113	Street
	City
	State/Zip

**00493B**  
**ID: 6466**

**FOR OFFICIAL USE ONLY**

Date Filed: 5/16/11	Docket #: TG-	Tariff:	Permit Issued G-
Staff Assigned: [Signature]	Insurance	Related App ID:	Map:
DOL/SOS	Reception #: <b>032749</b>	227-02: \$200.00	032-05:

Mastercard

**SECTION 2 – BUSINESS INFORMATION**

**Type of business structure:**

Individual  Partnership  Corporation  Other (LP, LLP, LLC) 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
Djono Jackson	CEO, President	78%
Mukul Kellkar	CFO, COO	20%

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.

Infectious Medical Waste - King County

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."

What is your USDOT number: 2024113 OK (If you currently don't have one, you can go online and apply at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact (360)596-3816 or (360)596-3803 for assistance.)

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. Operating as a registered special waste

haul - for three years Registered in New Mexico, Arizona, New York, Maine, Wisconsin & South Carolina

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	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	<b>TOTAL LIABILITIES</b>	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
<b>TOTAL ASSETS</b>	<b>\$</b>	<b>TOTAL LIABILITIES AND NET WORTH</b>	<b>\$</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
2006	International	967RBW	3HAJEAVH96C172388	10,000 lbs.	Reinforced Van - Body

## 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: <u>Abraham Ramirez</u>	Position: <u>Primary Driver</u>
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**DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391)** Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: <u>Abraham Ramirez</u>	Position: <u>Primary Driver</u>
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**DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395)** Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: <u>Abraham Ramirez</u>	Position: <u>Primary Driver</u>
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**CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382)** All persons who drive commercial vehicles requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: <u>Maria Castillo</u>	Position: <u>Operations Manager</u>
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**INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396)** Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: <u>Omar Roman</u>	Position: <u>Chief of Operations / Warehouse</u>
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### OPERATIONAL RESPONSIBILITIES

List the person and/or position responsible for understanding and complying with the requirements of each category shown below.

**TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 480-70-351)** Companies must file with the Commission a tariff showing all rates and charges it will charge its customers, together with rules that govern how rates and charges will be assessed.

Name: <u>Elizabeth Capasso</u>	Position: <u>Business Manager</u>
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**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: <u>Maria Castillo</u>	Position: <u>Operations Manager</u>
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**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: <u>Maria Castillo</u>	Position: <u>Operations Manager</u>
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**CUSTOMER SERVICE** –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: <u>Maria Castillo</u>	Position: <u>Operation Manager</u>
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**STATE OF WASHINGTON – general laws, rules and regulations:** Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: <u>Maria Castillo</u>	Position: <u>Operations Manager</u>
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**STATE OF NEW MEXICO - MOTOR VEHICLE DIVISION  
CERTIFICATE OF VEHICLE REGISTRATION**



MRT 02Z 110055 010101 20110105 01

REG EXP DATE	VEHICLE CLASSIFICATION	LICENSE NUMBER	AUDIT NUMBER		
Y JAN 2013	TRUCK	967RBW	17741259		
D.G.V.W	VEHICLE IDENTIFICATION NUMBER	MAKE	YR. 1ST REG		
16000	3HAJEAVH96L172383	INTL	2006		
FEES PAID	WT/WHEELS	YR/MODEL	BODY TYPE	CYLS	SERIES
574.80	6000	2006	VN	06	500

SIGNATURE - OWNER MUST SIGN

*[Handwritten Signature]*

OWNER AFFIRMS FINANCIAL RESPONSIBILITY AS DEFINED  
IN THE MANDATORY FINANCIAL RESPONSIBILITY ACT.

REGISTERED OWNER NAME AND ADDRESS

ESTRATEGY-MEDICAL WASTE DISPOSAL SERVICE  
4500 ANAHEIM AVE NE STE A  
ALBUQUERQUE NM 87113

1.1

THIS CERTIFICATE AND EVIDENCE OF FINANCIAL RESPONSIBILITY MUST BE AVAILABLE WHILE VEHICLE IS IN USE.

MVD-1014 REV 10/06

