



APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

Type of Solid Waste Authority Requested	Fee Required
<p><u>Permanent Authority</u> – (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form. (<u>WAC 480-70-091</u>)</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> New Certificate <input type="checkbox"/> Extension of Certificate G-_____ <input type="checkbox"/> Transfer of authority – Certificate G-_____ <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment B <input type="checkbox"/> Lease of authority – Certificate G-_____ <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment B <input type="checkbox"/> Reinstatement of cancelled authority – Certificate G-_____ (must be filed within 30 days of cancellation). Include a statement justifying the reinstatement and complete sections 1, 2, and 8 	<p>\$200</p> <p style="text-align: center;">RECEIVED MAY 08 2015 WASH. UT. & TP. COMM</p>
<p><u>Temporary Authority</u> – (<u>WAC 480-70-131</u>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> New temporary authority <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment A <input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application. <input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment A 	<p>\$25</p>
<p><u>Name Change</u> – (<u>WAC 480-70-121</u>) There can be no change in ownership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change of corporate name <input type="checkbox"/> Change of trade name <input type="checkbox"/> Addition or new trade name <input type="checkbox"/> Change of surname of an individual owner or partner <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment C 	<p>\$35</p>
<p><u>Mortgage</u> – including requests for permission to mortgage or otherwise encumber a certificate (<u>WAC 480-70-116</u>)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Attachment D 	<p>\$35</p>

FOR OFFICIAL USE ONLY			
Date Filed: 5/11/15	Insurance: on file	Docket # - TG-	Cert Issued: G-
Staff Assigned: [Signature]	Tariff:	ID #: 5885	Map:
DOL/SOL: [Signature]	Receipt ID: 55118	227 02 032-05	Related App ID#:
Payment ID: 20761		001 111 0268 227 02	\$ 200.00

TYPE OF PAYMENT

Check Money Order

Amex Discover Mastercard Visa

Expiration Date _____

Credit Card number:

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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.

Company Name: Topsoils Inc. dba United Recycling + Container

Name (printed): Dan McAuliffe Date: 5/6/15

Signature: *Dan McAuliffe* Title: President

If paying by credit card, you may fax your application to 360-586-1181 or scan and email to transportation@utc.wa.gov.



SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Topsoils Inc.

Trade Name(s) (if applicable): United Recycling & Container

Business Address Mailing Address (if different from Business Address)

Street: 18827 Yew Way Street: _____

City/State/Zip: Snohomish, WA 98296 City/State/Zip: _____

Phone Number: 360-668-4300 Fax Number: 360-668-9252

Email: dan@unitedrecyclingco.com USDOT number: 1867005

SECTION 2 – BUSINESS INFORMATION

Unified Business Identifier #: 601 642 009 State of Inc. WA

Type of business structure: Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner or member’s share, or stock distribution for major stockholders.

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Dan McAuliffe</u>	<u>President</u>	<u>50%</u>
<u>Nicole McAuliffe</u>	<u>Vice President</u>	<u>50%</u>

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: _____

Indicate the commodity to be hauled: Incidental, as requested by a homeowner, household recyclables from remodel/clean-up projects, 90% recyclable material per load

Please describe the territory in which you wish to operate, include the name, address, and county for disposal of waste and the name, address and county where residential recycling materials will be delivered. (NOTE: Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic description:

*TERRITORY: King County, WA and Snohomish County, WA
PROCESSING/SORTING: 18827 Yew Way, Snohomish, WA 98296 (our facility)
DISPOSAL: Snohomish County Transfer Station*

Please attach a map that meet the requirements of WAC 480-70-056 and clearly shows the territory described above.

*King County: <http://qismaps.kingcounty.gov/parcelviewer2/>
Snohomish County: <http://gis.snoco.org/maps/permits/viewer.htm>*

State below the conditions that justify granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of "immediate and urgent need": This is for incidental service for homeowners. As part of our container service, prior to placing the container, we put boards down on the ground to protect the concrete/asphalt surface where the container is set. After we load the full container on our truck, we sweep up and remove any debris that may be left over from the container.

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: We have been in the recycling business since 1995, operate a recycling facility, make recycled products and provide hauling service for landscape debris, broken concrete and asphalt, and construction and demolition debris.

Have you been cited for violation of state laws or Commission rules? No Yes

If yes, please explain: _____

SECTION 3 – FINANCIAL STATEMENT

Please include a Balance Sheet, Profit and Loss Statement, or business plan.

ASSETS		LIABILITIES	
Cash in Bank	\$ 250,000	Salaries/Wages Payable	\$ 50,000
Notes Receivable	\$	Accounts Payable	\$ 200,000
Accounts Receivable	\$ 875,000	Notes Payable	\$ 1,175,000
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 1,425,000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$ 1,325,000	Common Stock	\$ 100
Other Equipment		Retained Earnings	\$ 650,000
Other Assets	\$	Capital	\$ 374,900
TOTAL ASSETS	\$ 2,450,000	TOTAL LIABILITIES AND NET WORTH	\$ 2,450,000

SECTION 4 - RATES AND TARIFFS

Is this application to operate under a contract? No Yes If yes, submit a copy of each contract under which service will be performed. The contract must contain all the elements states in WAC 480-70-146.

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach a copy of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs must comply with the provisions of WAC 480-70-226 through WAC 480-70-351.

If this application is for a transfer or 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 (www.utc.wa.gov) or you must seek approval to use an alternate format.

Indicate which option you will use: Check one - Adopt File New Tariff

SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary)

Ownership: Lease, own, or plan to purchase?	Year	Make	License Number	Vehicle ID number	Gross Vehicle Weight	Type of Vehicle
OWN	1997	KENWORTH	A13138N	1XKDDB9X7VJ735243	56,000	HOOK TRUCK
OWN	2006	KENWORTH	A41655Z	1XKDPU0X96R152109	58,000	HOOK TRUCK
OWN	2006	KENWORTH	A39130Z	1XKDPU0X56R152110	58,000	HOOK TRUCK
OWN	2009	KENWORTH	B78766F	1NKDX0EX19R242063	58,000	HOOK TRUCK
OWN	2009	KENWORTH	B39253K	1NKDX0EX59R257472	66,000	HOOK TRUCK
OWN	2013	KENWORTH	B57416X	1NKDXPEX9ER394952	98,000	HOOK TRUCK
OWN	2014	KENWORTH	B35890Y	1NKDXPEX2ER406164	98,000	HOOK TRUCK
OWN	2015	KENWORTH	C41291D	2NKHHM8X9FM472163	48,000	HOOK TRUCK
OWN	2015	KENWORTH	C41292D	2NKHHM8X0FM472164	48,000	HOOK TRUCK

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: Bruce Clark

Position: Manager

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: Bruce Clark

Position: Manager

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: Bruce Clark

Position: Manager

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: Bruce Clark

Position: Manager

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: Bruce Clark	Position: Manager
OPERATIONAL RESPONSIBILITIES	
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: Cathy Lenning	Position: Controller
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: Cathy Lenning	Position: Controller
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:	Position:
CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name: Cathy Lenning	Position: Controller
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, <u>but not limited to</u> : 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, Internal Revenue Service (taxes); and Employment Security.	
Name: Cathy Lenning	Position: Controller

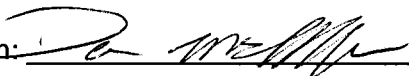
SECTION 7 – HEARING INFORMATION

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: 3	Amount of time: 1 hour
Will an attorney be representing you? If yes, complete the following: No	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
	E-mail:

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 collections 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.

Printed name of applicant: Dan McAuliffe

Signature of application:  Title: President

Date: 5/6/15 County/State: Snohomish County, WA