



NW Drop Box LLC Had

1300 S. Evergreen Park Dr. SW
 PO Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 www.utc.wa.gov

APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

Type of Solid Waste Authority Requested	<u>Fee Required</u>
<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> <p><input checked="" type="checkbox"/> New Certificate</p> <p><input type="checkbox"/> Extension of Certificate G-_____</p> <p><input type="checkbox"/> Transfer of authority – Certificate G-_____</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment B</p> <p><input type="checkbox"/> Lease of authority – Certificate G-_____</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment B</p> <p><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><u>Temporary Authority</u> – (<u>WAC 480-70-131</u>)</p> <p><input type="checkbox"/> New temporary authority</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment A</p> <p><input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application.</p> <p><input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment A</p>	\$25
<p><u>Name Change</u> – (<u>WAC 480-70-121</u>) There can be no change in ownership.</p> <p><input type="checkbox"/> Change of corporate name</p> <p><input type="checkbox"/> Change of trade name</p> <p><input type="checkbox"/> Addition or new trade name</p> <p><input type="checkbox"/> Change of surname of an individual owner or partner</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment C</p>	\$35
<p><u>Mortgage</u> – including requests for permission to mortgage or otherwise encumber a certificate (<u>WAC 480-70-116</u>)</p> <p style="padding-left: 20px;"><input type="radio"/> Complete Attachment D</p>	\$35

FOR OFFICIAL USE ONLY

Date Filed:	Insurance:	Docket #-TG-	Cert Issued: G-
Staff Assigned:	Tariff:	ID #:	Map:
DOL/SOL:	Receipt ID:	227 02 032-20	Related App ID#:

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Lori Servin

Trade Name(s) (if applicable): NW Dropbox LLC

Business Address

Mailing Address (if different from Business Address)

Street: 18801 NE 184th St

Street: 13504 NE 84th St # 103-124

City/State/Zip: Brush Prairie, WA

City/State/Zip: Vancouver, WA 98682

Phone Number: 360-947-4404 98606

Fax Number: 360-326-4166

Email: info@nwdropbox.com

USDOT number: 3041484

SECTION 2 – BUSINESS INFORMATION

Unified Business Identifier #: 604-144-133 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>Lori Servin</u>	<u>Co-Owner</u>	<u>51%</u>
<u>David Mock Jr</u>	<u>Co-Owner</u>	<u>49%</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: recyclable materials

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:

Vancouver, Battle Ground, Ridgefield - SW Washington
Clark County

Home » Maps

Do you live or work in the City of Vancouver?

This map will show you whether you live or work inside City limits or elsewhere. Please enter your entire street address in the address search box and click "Find this address." A flag icon will show your location and if you are inside or outside City limits. The incorporated city limits are shaded red. You can zoom in or out depending on the level of detail you want to see.

Enter your address:

Please note: Some Vancouver addresses are duplicated outside of Clark County and may be found in this search. If this happens to you, try adding your ZIP Code after your street address.



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

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":

We want to haul construction & other recyclable materials for customers.

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements:

Dave Muck Jr has over 30 years of experience w/ roll off solid waste disposal & recycling, maintenance & safety of his equipment.

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	\$ 10,000	Salaries/Wages Payable	\$ n/a
Notes Receivable	\$ /	Accounts Payable	\$ 2,000
Accounts Receivable	\$ 3,000	Notes Payable	\$ 8,000
Investments	\$ /	Mortgages Payable	\$ /
Other Current Assets	\$ /	Contracts and Bonds Payable	\$ n/a
Prepaid Expenses	\$ /	TOTAL LIABILITIES	\$
Land and Buildings	\$ /	NET WORTH	
Trucks and Trailers (containers)	\$ 150,000	Preferred Stock	\$ /
Office Furniture	\$ /	Common Stock	\$ /
Other Equipment	\$ /	Retained Earnings	\$ /
Other Assets	\$ /	Capital	\$ /
TOTAL ASSETS	\$ 163,000	TOTAL LIABILITIES AND NET WORTH	\$ 10,000

SECTION 4 - RATES AND TARIFFS

Is this application to operate under a contract? No Yes If yes, submit a copy of each contact 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.

NW Dropbox, LLC

PROFIT AND LOSS

January 1 - April 25, 2019

	TOTAL
Income	
Discounts/Refunds Given	150.00
Services	50,711.85
Uncategorized Income	9.51
Total Income	\$50,871.36
GROSS PROFIT	\$50,871.36
Expenses	
Advertising & Marketing	1,389.42
Bank Charges & Fees	22.30
Credit Card	3,468.29
Disposal Fees	8,365.62
Fuel	1,106.41
Insurance	1,200.00
Job Supplies	125.88
Legal & Professional Services	535.00
Loan for Business - Containers	625.00
Meals & Entertainment	679.87
Office Supplies & Software	45.87
Rent & Lease	150.00
Repairs & Maintenance	1,069.49
Taxes & Licenses	129.80
Uncategorized Expense	500.00
Total Expenses	\$19,412.95
NET OPERATING INCOME	\$31,458.41
NET INCOME	\$31,458.41

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	'02	Peterbilt	C13915L	1NP2LT0X 82D713603	52,000	roll off truck
own	'18-19	Containers	(16)			

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: David C Muck Jr	Position: Co. Owner
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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: David C Muck Jr.	Position: Co. Owner
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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: David C Muck Jr.	Position: Co. Owner
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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: David C Muck Jr	Position: Co. Owner
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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: David C. Muck Jr	Position: Co. Owner
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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: <u>Lori Servin and David C Mock Jr</u>	Position: <u>Co. Owners</u>
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>Lori Servin and David C Mock Jr</u>	Position: <u>Co. Owners</u>
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>n/a</u>	Position:
CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name: <u>Lori Servin and David Mock Jr</u>	Position: <u>Co. Owners</u>
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: <u>Lori Servin</u>	Position: <u>Co. Owner</u>

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>1-4</u>	Amount of time: <u>5 - 20 mins each</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	

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: Lori Servin

Signature of application: [Signature] Title: Co. Owner

Date: 4.24.19 County/State: Clark - Washington