

SOLID WASTE COLLECTION COMPANY UNDER CHAPTER RCW 81.77.040

621 Woodland Square Loop SE Lacey, WA 98503 PO Box 47250 Olympia, WA 98504-7250 Phone: 360-664-1222

Website: www.utc.wa.gov

This application packet contains the following information:

- Application Forms
- Sample Standard Tariff Format
- WAC 480-70 Rules Relating to Solid Waste Collection Companies
- "Your Guide to Achieving a Satisfactory Safety Rating"

You may not begin operations as a solid waste collection company until you are granted authority and a solid waste certificate is issued by the Utilities and Transportation Commission (Commission). Applications are subject to public notice and protest and may be set for a hearing.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Commission covering each vehicle operating under your solid waste certificate in the state of Washington. The Commission must be shown as the certificate holder.

Per WAC 480-70-181, insurance or bond minimum limits are:

Vehicles less than 10,000 GVWR	\$300,00 combined single limit of public liability and
	property damage insurance – Form E
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and
	property damage insurance – Form E
Transport quantities of biomedical waste not subject	\$1,000,000 combined single limit of public liability
to federal regulation	and property damage insurance – Form E
Transport quantities of hazardous or biomedical	The federal minimum combined single limit coverage
waste that are subject to federal regulation	(see Title 49 CFR Part 387.301 & 303)

You may contact our Licensing Services staff for assistance at 360-664-1222. Our Compliance staff can be reached at 360-664-1244. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or to TTY, 800-416-5289.

Please submit application forms, appropriate attachments, and proof of insurance to the address below:

Utilities and Transportation Commission 621 Woodland Square Loop SE, Lacey, WA 98503 PO Box 47250 Olympia, WA 98504-7250

Please refer to our website at http://www.utc.wa.gov/regulatedIndustries/transportation/solidwaste for WORD and PDF versions of this application, standard tariff format, adoption notice, etc.

Checklist for a completed application

	Type of authority requested – check one
	 Make sure appropriate Attachment is completed and attached.
	Correct fees
	Legal Name – as registered with Business Services Licensing
	 If corporation or LLC, name must match registration with Secretary of State's office.
	Trade Name(s) – as registered with Business Services Licensing
	Physical address – Mailing address also if different from physical address
	Phone, Fax and email address
	USDOT number – all carriers must have one. The legal name on the USDOT must match how you are
	applying for this authority.
	UBI number – as registered with the Business Service Licensing
	Type of Business Structure
	 If Partnership, Corporation, or Other, list members of partnership, corporation or LLC and their
	percentages. Corporation must be registered with the Secretary of State's office.
	Indicate the commodity you plan on hauling
	A complete description of the proposed service including the line, route, or service territory described
	in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other
	geographic descriptions.
	Map of the proposed line, route, or service territory that meets standards described in WAC 480-30-
	051.
	A statement of conditions that justify the proposed service.
	A statement of the applicant's prior experience and knowledge of transportation or solid waste,
	including motor carrier driver and equipment safety requirements.
	Financial Statement of assets and liabilities, as well as a balance sheet or business plan.
	Will you operate under a contract? If so, attach a copy of contract.
	Proposed rates and tariff – sample tariff pages attached.
	A list of equipment to be used in providing the proposed service (indicate whether the equipment is
	owned, leased or planning on purchasing)
	Safety & Operations – complete with person and position that will be responsible for understanding
	and complying with the requirements.
	Operational Responsibilities - completed with person and position that will be responsible for
// <u></u>	understanding and complying with the requirements.
	Hearing information – just in case your application is scheduled for a formal hearing.
	Declaration of Application – make sure application is signed and dated



621 Woodland Square Loop SE Lacey, WA 98503 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	Fee Required
Permanent Authority – (check appropriate box below) Complete entire	\$200
application and submit a proposed tariff as outlined in the standard tariff	
form. (<u>WAC 480-70-091</u>)	
☑ New Certificate	
☐ Extension of Certificate G	
☐ Transfer of authority — Certificate G	
 Complete Attachment B 	
☐ Lease of authority — Certificate G	
 Complete Attachment B 	
☐ 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	
Temporary Authority – (WAC 480-70-131)	
✓ New temporary authority	
 Complete Attachment A 	\$25
☐ Temporary authority to operate pending a commission decision on a	
concurrently filed certificate application.	
☐ Expedited temporary authority – to meet an immediate or urgent	
need for a period of not more than 30 days	
Complete Attachment A	
Name Change – (WAC 480-70-121) There can be no change in ownership.	
☐ Change of corporate name	
☐ Change of trade name	\$35
☐ Addition or new trade name	
☐ Change of surname of an individual owner or partner	
Complete Attachment C	
Mortgage – including requests for permission to mortgage or otherwise	\$35
encumber a certificate (<u>WAC 480-70-116</u>)	
Complete Attachment D	

	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#:

FILING YOUR APPLICATION

Select one of the following:

☑ Scan/PDF your application to <u>efileapp.utc.wa.gov</u> and pay online at <u>payments.utc.wa.gov</u>, or,
 ☐ Mail your application with your check or money order to the following address:
 UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at <u>payments.utc.wa.gov</u> (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

8-2019 Page **4** of **12**

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant:Ridwell, Inc.		
Trade Name(s) (if applicable):		
Business Address	Mailing Address (if different	ent from Business Address)
Street: 312 W. Republican St. Unit A	Street:PO Box 19737	
City/State/Zip:Seattle, WA 98119	City/State/Zip:Seattle, WA 9810	
Phone Number:(206) 483-2843	Fax Number: ^{n/a}	
Email:ryan@ridwell.com	USDOT number: ³³⁸²⁹⁵⁹	
SECTION 2 -	BUSINESS INFORMATION	
Unified Business Identifier #:604331559	S	tate of Inc
Type of business structure: ☐ Individual ☐ P	artnership ☑ Corporation ☐ O	ther (LP, LLP, LLC)
List the name, title, and percentage of partner of stockholders.	or member's share, or stock distribu	ution for major
Name Ryan Metzger	Title Stock	k Distribution or % of Shares
Aliya Marder	Head of Product / Co-founder	8%
Other founders/investors	Co-founder / Investors	63%
Do you currently hold, or have you ever held a s ☑ No ☐ Yes If yes, please indicate your cert	tificate number: G	
Have you ever applied for and been denied a ce ✓ No ☐ Yes If yes, please explain:	e es compressión acomo mon esta esta esta esta esta en esta esta esta esta esta esta esta esta	
Indicate the commodity to be hauled: ltems for reuse a	and recyclable categories restricted to those not identified as ava	illable through curbside collection where we operate
Please describe the territory in which you wish of waste and the name, address and county wh Territory must be described using boundaries so city limits, county boundaries or other geograph. Our service territory is based on areas where there is customer demand as not account to the country of the countr	ere residential recycling materials vuch as streets, avenues, roads, high hic description:	vill be delivered. (NOTE:
There are currently over 20,000 people on our mailing list with 95% of them to the largest number of people expressing interest reside in King, Snohomish		
wish to operate first. Coverage area, including those three counties are high	lighed in the attached maps. We will begin	
with the specific zip codes within those counties that have expressed the mo	ost interest.	

8-2019 Page **5** of **12**

Please attach a map that meet the requirements of WAC $\underline{480-70-056}$ 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": Keeping material out of landfills and instead reusing or recycling it is important to residents of Washington state. Options exist for people to do this outside of traditional solid waste services. Customers are encouraged to take in-kind donations to non-profit organizations, or specialized recyclables to places like hardware stores or grocers. For those without the time or the means to drive these specialized categories themselves, we provide an alternative at an affordable price that our customers voluntary choose to pay.

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

Have diverted many thousands of pounds of materials from landfills that was not identified as recyclable by traditional solid waste companies. We have a perfect safety record while doing so and have worked collaboratively with the King County Department of Public Health to ensure safe and healthy operating procedures are being followed.

Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?

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	\$ 3,680,752	Salaries/Wages Payable	\$ 1,455		
Notes Receivable	\$	Accounts Payable	\$ 30,722		
Accounts Receivable	\$ 25,954	Notes Payable	\$		
Investments	\$	Mortgages Payable	\$		
Other Current Assets	\$ 4,700	Contracts and Bonds Payable	\$		
Prepaid Expenses	\$ 5,780	TOTAL LIABILITIES	\$ 319,968		
Land and Buildings	\$	NET WORTH			
Trucks and Trailers	\$ 9,408	Preferred Stock	\$ 4,049,998		
Office Furniture	\$	Common Stock	\$		
Other Equipment	\$ 160,402	Retained Earnings	\$ (482,969)		
Other Assets	\$	Capital	\$		
TOTAL ASSETS	\$ 3,886,996	TOTAL LIABILITIES AND NET WORTH	\$ 3,886,996		

SECTION 4 - RATES AND TARIFFS

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

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 <u>480-70-226</u> 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)

	7						
Ownership:	Year	Make	License Number	Vehicle ID number	Gross Vehicle	Type of Vehicle	
Lease,					Weight		
own, or							
plan to							
purchase?	Name to the same t						
Own	2011	Ford	C55085M	1FNE2EW6BDA99712JA2119	8,900	Econoline E250 Cargo Van	

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 la	ws 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 RESP	ONSIBILITIES
COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, C	Code of Federal Regulations Part 383) Any driver who operates a
vehicle that meets the definition of a commercial motor vehicle me	
Name: n/a - we don't use vehicles requiring a CDL	Position:
DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federa	I Regulations Part 391) Driver's must meet minimum qualification
requirements and each company must maintain driver qualification	n files for each driver.
Name:	Position:
n/a - we don't use vehicles requiring a CDL	II/a
DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulation	s Part 395) Drivers must maintain logs and each company must
maintain true and accurate hours of service records for each driver	
Name: n/a - we don't use vehicles requiring a CDL and drivers operate exclusively within a 100 air-mile radius.	Position: n/a
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 FMCS	SR governing alcohol and controlled substances testing
requirements (49 CFR Part 382 and 49 CFR Part 40).	
Name:	Position:
n/a - we don't use vehicles requiring a CDL	n/a
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Code of Feder	al Regulations Part 396) Every motor carrier shall systematically
inspect, repair, and maintain all motor vehicles subject to its control	
Name: Justin Gough	Position: Head of Operations

8-2019

OPERATIONAL	RESPONSIBILITIES
TARIFF RATES AND CHARGES (WAC 480-70-226 through WAC 48	
showing all rates and charges it will charge its customers, togeth	Position:
n/a - see Request for Determination of Applicability	POSITION: n/a
ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 & 0 operations and pay regulatory fees.	776) Companies must annually file a report of their financial
Name: Ryan Metzger	Position: CEO
BIOMEDICAL WASTE (WAC 480-70-426 through 476) Companies waste according to the appropriate requirements of the federal additional requirements in these rules.	that transport biomedical waste must handle and transport that nazardous materials regulations (49 CFR Parts 170-189) and the
Name: n/a - we do not transport biomedical waste	Position: n/a
CUSTOMER SERVICE –Person responsible for customer service county solid waste plans.	omplaints, customer notice requirements, and compliance with
Name: Aliya Marder	Position: Head of Product
in your organization who will be responsible for ensuring compliadimited to: Department of Labor and Industries (industrial insurant drivers licenses, business licensing, Unified Business Identifier (U	federal agencies. Please state the name and position of the person ince with the laws of the state of Washington, such as, <u>but not not not not not not not not not no</u>
Name: Ryan Metzger	Position: CEO
SECTION 7 – HEAF	RING INFORMATION
If the Commission assigns this application for formal hearing amount of time you will need for your presentation.	g, estimate the number of witnesses you will present and the
Number of witnesses: 15	Amount of time: 30 minutes
Will an attorney be representing you? If yes, complete the	
Attorney's name: Jay Derr, Van Ness Feldman	Attorney's phone number:
Attorney's address:	Fax Number: (206) 623-4986
Street 719 Second Ave. Suite 1150 City, State, Zip Seattle, WA 98104	E-mail: jpd@vnf.com
SECTION 8 - DECLA	RATION OF APPLICANT
the State of Washington that the information contained	collections company certificate, I understand the nd I am in compliance with all local, state, and federal ston. I certify under penalty of perjury under the laws of
Trinted frame of applicant.	050
Signature of application:	Title:
Date: February 4, 2020 Co	unty/State: King/Washington



ATTACHMENT A

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

Temporary certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: Ridwell, Inc.

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: Edith Bookstein

Address: 1505 11th Ave, Seattle WA, 98122

Phone Number: (206) 200-9990 Fax Number: N/A Email: edebookst@gmail.com

Describe the immediate and urgent need for the requested service:

First of all, I'm in a wheelchair. I can't drive around from place to place to place getting rid of my stuff the right way. I am intense about recycling. My kids have called me Mrs. Green since they were young.

The amount of plastic film I accumulate in two weeks is astonishing. I am thrilled to be able to recycle it and I hated just throwing it away. And the fact that Ridwell picks up threads and batteries and everything else. I also find huge value in the creativity of the rotating categories for donation. Those are things I can't do myself!

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): No

Explain why the current company is not able to provide you service: Not applicable

What date(s) do you need the service? Immediately

What do you need transported? Plastic film, Styrofoam, light bulbs, batteries, threads, and categories for donation

Number of days, trips, loads: Every two weeks

Transported from: My home To: Recycling and reuse partners

I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

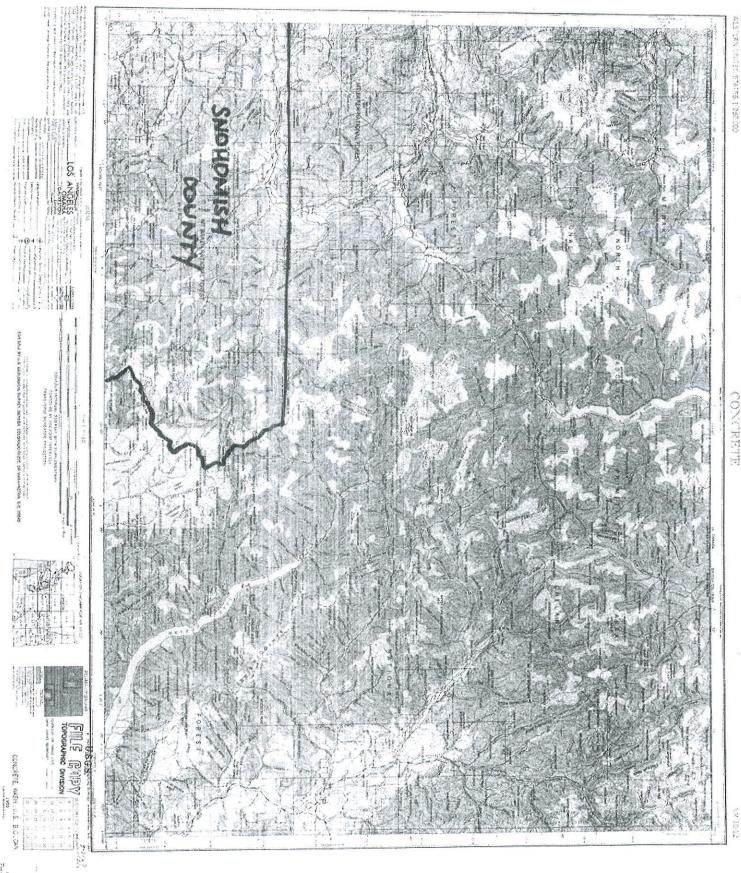
EDITH BOOKSTEIN PROPORTY

Signature

Date, County, State

*This form is not required to be filed for an application for temporary authority to operate an existing certificate pending the outcome of an application to transfer permanent authority.

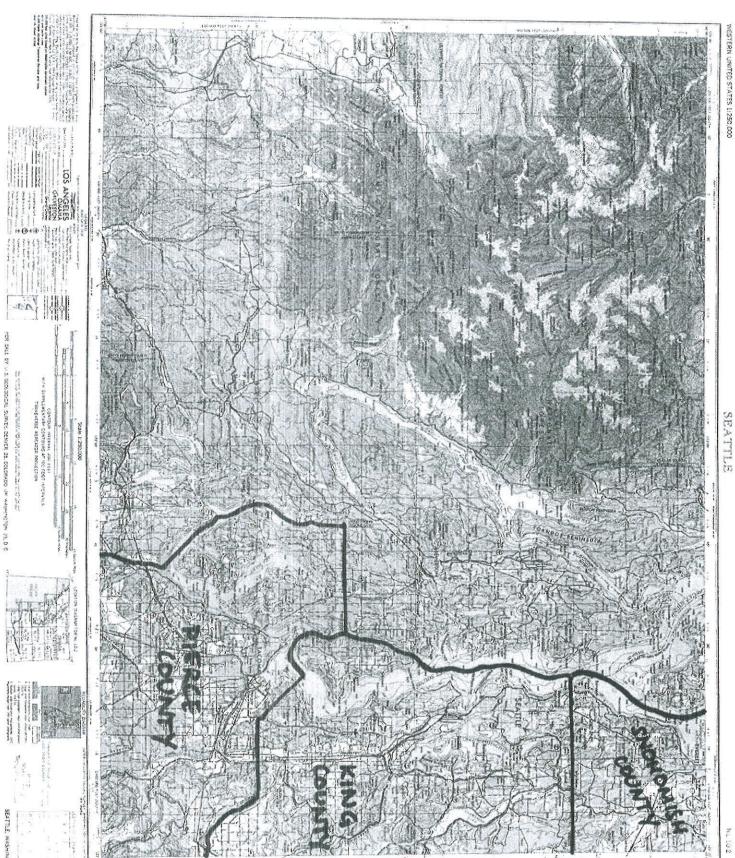


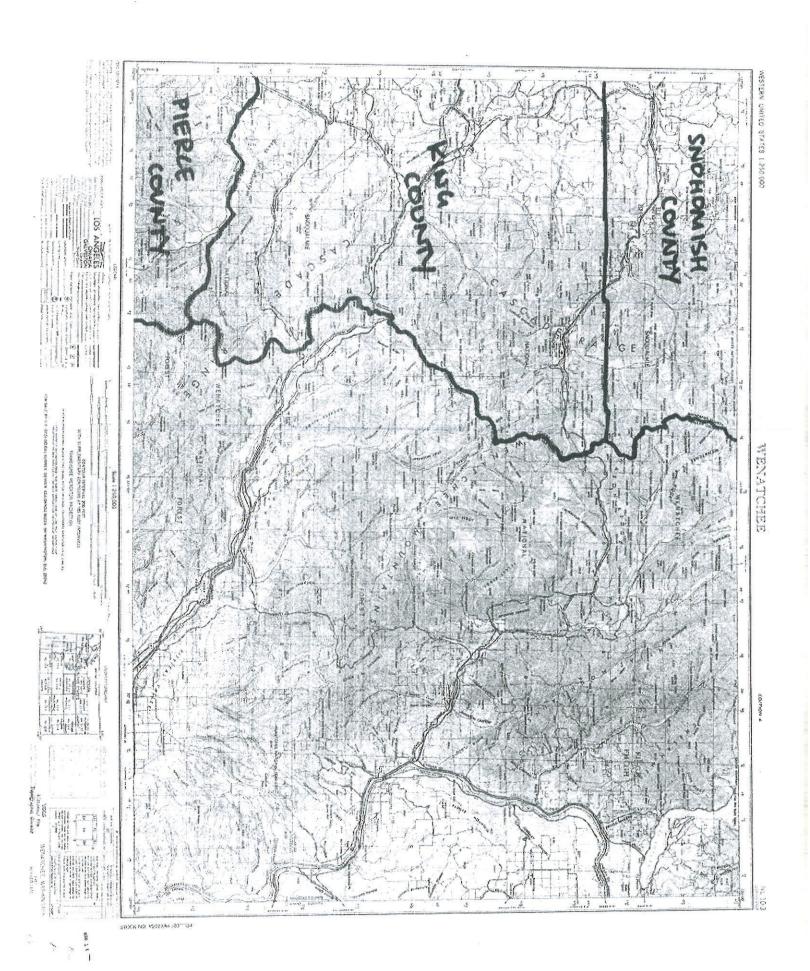


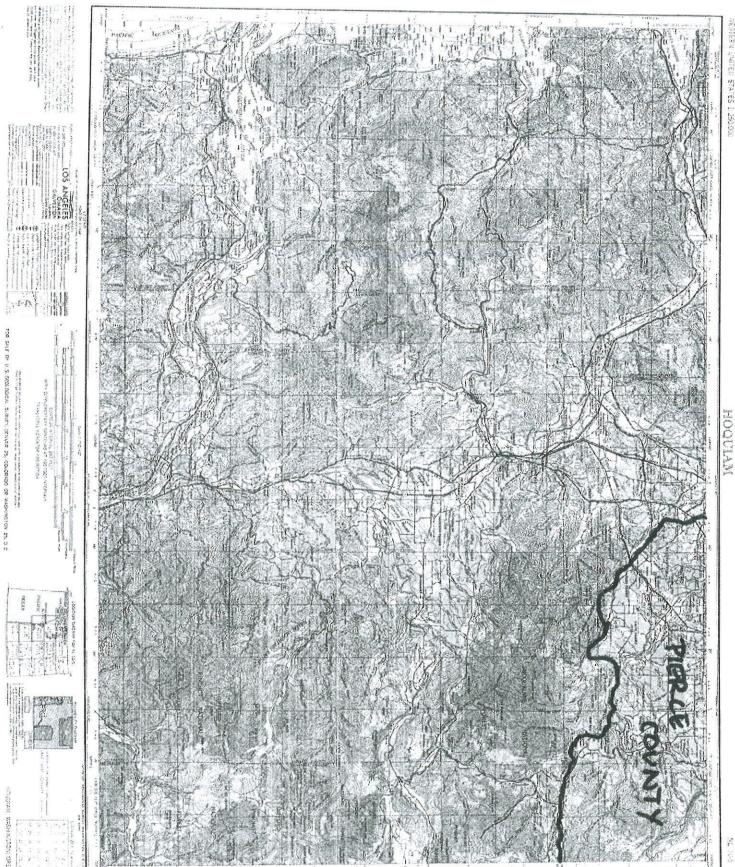
3

CONCRETE

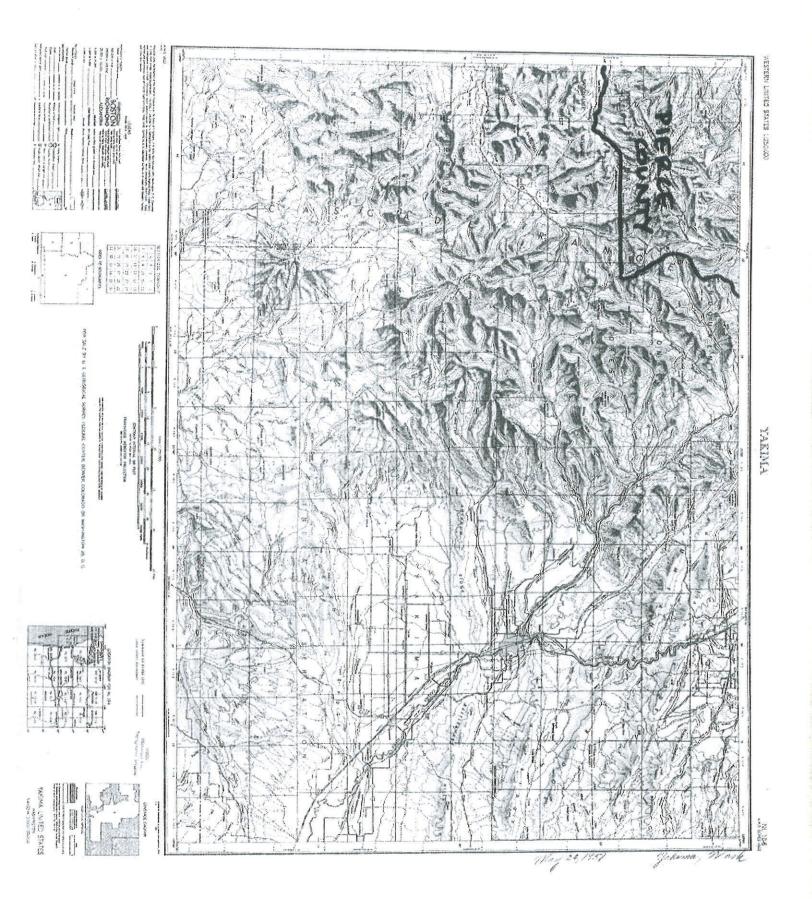
21-01 MA







HOQUIAM





PO Box 3199 • Winston Salem, NC 27102-3199

RIDWELL INC. PO BOX 19737 SEATTLE WA 98109 Policy Number:

Named Insured:

RIDWELL INC.

Policy Period:

6/7/2019 - 6/7/2020

Date of Notice:

01/13/2020 11:31 AM

2007846235

Policy Underwritten By:

Integon National Insurance Company 24 Hour Claim Reporting: 1-800-468-3466 For Policy Information: 1-877-468-3466

www.MyNatGenPolicy.com

Your Agent:

Insurance Services Group Inc 600 Main St Ste A Edmonds WA 98020 (425) 775-6446

WA COMMERCIAL VEHICLE DECLARATIONS PAGE

Endorsement Effective 01/13/2020 11:31 AM

The following changes were made to your policy - Driver Information Updated

#1	Ryan Metzger	•					······································	The state of the second
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Owner Driver	XXXX143B	WA	4/25/1979	Male	Married	0	24
#2	Aliya Marder	310-110	MARTINE TO THE PROPERTY OF THE PARTY OF THE					
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXX18JW	WA	4/16/1989	Female	Married	0	14
#3	David Dawson	1						Holland By one of Constitution
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXX213B	WA	2/6/1983	Male	Married	0	20
#4	Justin Gough			· · · · · · · · · · · · · · · · · · ·	(**			
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXX86J1	WA	4/21/1982	Male	Married	0	21
#5	Qasim Campb	ell				***************************************		
	Driver Status	License#	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXXC6FB	WA	12/21/1981	Male	Single	2	21
	Accidents/Vio	lations Desci	ription			•	-	
	#3	Date: 5/13/2	017	Defective equipment, Improper use of lights/signal				
	#4	Date: 11/24/	2017	Speeding: minor <=15 mph over speed limit				
#6	Dan Fair						***************************************	***************************************
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs, Licensed
	Employee	XXXX09B6	WA	1/26/1990	Male	Single	0	13
#7	Tomas Minota	S			WI WE SERVE THE SERVE SHEET SHEET		***************************************	
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXX0116	IL.	4/23/1980	Male	Single	0	23
18	Clayton Walke	*			THE STATE OF THE S	***************************************		
	Driver Status	License #	Lic State	Date of Birth	Gender	Marital Status	Driver Pts	Yrs. Licensed
	Employee	XXXX08QP	MA	11/17/1980	Male	Single	0	22

#9	Jill Weidman Driver Status		ic State	Date of Birth	Gender	Marital Status	Driver I	Pts Yrs.	Licensed
	Employee	XXXX61KL V		5/13/1994	Female	Single	0	9	
Ins	ured Vehicle(s) and Sche	dule of C	overages					
#1	2011 FORD EC	CONOLINE E250) VAN	VIN: 1FTNE2EW6 JA2119	BDA99712-	Usage: Busi Use Only	ness	Radius: 1	00
	Garaging Loca	ition:		98103					
	Policy Coverage	ge Level		ScheduledAu	ito				
	Coverages Pro	vided		Limits/Deductibles					Premiun
	Bodily Injury / P Combined Sing		\$500,000 Co	mbined Sing	gle Limit			\$2,220.00	
	Medical Payme			\$5,000 Each	Person / Ea	ch Accident			\$76.00
	Custom Equipm			\$1,000					Included
	Underinsured M Limit	lotorist Combine	ed Single	\$500,000 Co	mbined Sing	jle Limit			\$325.00
	Comprehensive			Actual Cash	Value - \$500) Deductible			\$91.00
	Collision			Actual Cash	Value - \$500) Deductible			\$426.00
***************************************		C) 1000 111 2000 111 111 111 111 111 111 1		Total for this	Vehicle				\$3,138.00
		Co	mbined Ve	ehicle Premiun	า			7/20	\$3,138.00
		Acq	uisition Ex	pense					\$20.00
					Total 12	Month Policy P	remium		\$3,158.00
Disc	ounts Applie	d	-		****			***************************************	
N SONO	y Level						***************************************		
	,	Paperless [Package Di							
mp	ortant Notice				***************************************			***************************************	
Onlin www.	e Policy Docume MyNatGenPolicy	ents: Your policy v.com. Click on t	form and he Policy I	coverage endor Documents link	sements ma	ay be viewed by nd enter your Po	going to o	our websit	e: ist Name.
	itional Policy			WANT Water and designation					
	ed email: ryan@r						· · · · · · · · · · · · · · · · · · ·	***************************************	***************************************
ier:		7							
)isc	losure of Pos	sible Additi	onal Cha	arges	· A. son a Assert May carb				
he a	mounts below ar	e authorized for	use in this	s state. Howeve	r, they are c	only charged if th	ey apply	to your po	licv.
cqui	sition Expense		\$20.00		or 1880 to 10 mg	*		,	
dditi	onal Insured Cha	arge	\$25.00						
onve	enience Fee		\$5.00						
	al Filing Fee		\$50.00						
orm	E Filing Charge		\$50.00						
R Fil	ing Charge		\$50.00					r.	
ate (Charge		\$10.00						
onsu	ifficient Funds C	harge	\$35.00						
eins	latement Charge	- Federal Filing	\$100.00						
	tatement Charge	an contraction to the section	\$20.00						
Vaive	r of Subrogation		\$25.00						

Forms and Endorsements

Form

Edition

Form Name

10150 01012014

NUCLEAR ENERGY LIABILITY EXCLUSION

11347 09012014 C

COMMERCIAL AUTO POLICY

But a Costilio

Authorized Signature