

**SOLID WASTE COLLECTION COMPANY
UNDER CHAPTER RCW 81.77.040**

This application packet contains the following information:

- Application Form
- **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 the Utilities and Transportation Commission (the commission) issues you a solid waste certificate, granting you the authority to operate. Applications are subject to public notice and protest, and may be set for a hearing.

Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (**Form E**) with the commission covering each vehicle operating under your requested 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	\$300,000 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 to federal regulation	\$1,000,000 combined single limit of public liability and property damage insurance – Form E
Transport quantities of hazardous or biomedical waste that are subject to federal regulation	The federal minimum combined single limit coverage (see Title 49 CFR Part 387.301 & 303)

The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

FILING YOUR APPLICATION

Select one of the following:

Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov, or,

Mail your application **with** your check or money order to the following address:

UTC, PO Box 47250, Olympia, WA 98504-7250

ACH on-line (no service fee) or credit card on-line at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

CHECKLIST

- Type of authority requested – check one.
 - Make sure appropriate attachment is completed and attached.
- Correct fees.
- Legal Name – as registered with **Business Licensing Services**.
 - If corporation or LLC, name must match registration with **Secretary of State's office**.
- Trade Name(s) – as registered with Business Licensing Services.
- Physical address – mailing address, if different from physical address.
- Phone number and email address.
- USDOT number – all carriers must have one. The legal name on the **USDOT MCS-150** must match how you are applying for this authority.
- UBI number – as registered with the Business Licensing Services.
- 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.
- Complete the industry questionnaire completely.
- 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 of 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**.
- A list of equipment to be used in providing the proposed service (indicate whether the equipment is owned, leased or planned purchase).
- Safety and Operations – complete with person and position that will be responsible for understanding and complying with the requirements.
- If your company operates commercial vehicles and has CDL drivers, include evidence of enrollment in a drug and alcohol testing program, or evidence that you have your own drug and alcohol testing program in place. **See 49 CFR 382(e) and 383.5**.
- Operational responsibilities – completed with person and position that will be responsible for understanding and complying with the requirements.
- Hearing information – in the event that your application is scheduled for a formal hearing.
- Declaration of Application – ensure the application is signed and dated.



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

SOLID WASTE COLLECTION COMPANY CERTIFICATE APPLICATION

FOR OFFICIAL USE ONLY			
Date Filed: <i>1/16/2023</i>	Company: <i>4 Seasons Junk Removal LLC</i>	Docket #:	
Receipt ID:	Payment ID: <i>20402</i>	Amount Paid: <i>205</i>	
111-0268	111-0268-227-02	111-0268-032-20	

Type of Solid Waste Authority Requested - only one type per application is allowed	Fee
<p>Permanent Authority – check the appropriate box below and complete entire application and submit a proposed tariff as outlined in the standard tariff form (WAC 480-70-091).</p> <p><input checked="" type="checkbox"/> New certificate</p> <p><input type="checkbox"/> Extension of certificate: Certificate G-</p> <p><input type="checkbox"/> Transfer of authority: Certificate G- Complete Attachment B</p> <p><input type="checkbox"/> Lease of authority: Certificate G- Complete Attachment B</p> <p><input type="checkbox"/> Reinstatement of canceled 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>Temporary Authority – Complete this application and check appropriate type (WAC 480-70-131).</p> <p><input type="checkbox"/> New temporary authority – 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 – complete Attachment A.</p>	\$25
<p>Name Change (There can be no change in ownership) – Check the appropriate box(s) below (WAC 480-70-121) and complete section one of this application and Attachment C.</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>	\$35
<p>Mortgage including requests for permission to mortgage or otherwise encumber a certificate (WAC 480-70-116).</p> <p><input type="checkbox"/> Complete Attachment D</p>	\$35



621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

Section 1 – Business Information

Legal Name: 4 Seasons Junk Removal LLC
Trade Name(s), if applicable:
Physical Address: 12515 NE 145th PL D135 Kirkland WA 98034
Mailing Address: 12515 NE 145th PL D135 Kirkland WA 98034
Telephone Number(s): 206 698 2921 Email Address: DmitryChernikov33@gmail.com
USDOT#: 4011522 If you do not have a USDOT number, go on-line at www.fmcsa.dot.gov/online-registration
to apply or call 360-596-3812 for assistance.
Is your business registered with the Department of Revenue? No Yes
Business License/UBI#: 604 858 906

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation

List the name, title and percentage of all partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution/% of Shares
<u>Dmitry Chernikov</u>	<u>OWNER</u>	<u>100</u>

*SUBMIT AS ATTACHMENT IF MORE SPACE IS REQUIRED

Section 2 – Industry Questionnaire

1. Do you currently hold, or have you ever held a solid waste certificate? No Yes
If yes, please indicate your certificate number: G-
2. Have you ever applied for and been denied a certificate to transport solid waste? No Yes
If yes, please explain:



Section 2 – Industry Questionnaire Continued

3. 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).

King County WA Woodinville Kirkland 15-20 mi area
Deliver materials for recycling to these two locations
Southwest Recycling & Transfer Station
21311 61st Pl W Mountlake Terrace WA 98043.
United Recycling &
18827 Yew Way Snohomish WA 98296.

Attach a map that meets the requirements of WAC 480-70-056 and clearly shows the territory described above.

4. State below the conditions that justify granting your application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of "immediate and urgent need."

My company would like to provide a junk removal service to help people clean up their homes, garages and offices of old junk and dispose of it in specialized places to protect our state from pollution.

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

We take safety seriously and before transporting municipal solid waste, we always secure it with special belts and use a tarp to transport the cargo safely to the recycling station.

6. Have you or your company ever been cited for business-related violations of state laws or commission rules by the commission or any other federal or state agency? No Yes If yes, please explain:

Area for providing details or explanations regarding the citation question.



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

7. Will you be employing CDL drivers? Yes No If "yes" you must attach evidence of enrollment in a drug and alcohol testing program.

Section 3 - Financial Information
 Complete the following or attach a balance sheet, profit and loss statement, or business plan.

Assets		Liabilities	
Cash in Bank	5000	Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		Total Liabilities	
Land and Buildings	1000	Net Worth	
Trucks and Trailers	64000	Preferred Stock	
Office Furniture		Common Stock	
Other Equipment	500	Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS	70500	TOTAL LIABILITIES AND NET WORTH	

Section 4 - Rates and Tariffs

7. 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 stated in **WAC 480-70-146**.
 Is the contract with a (check one): City County Municipality Other

8. 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**. Have you attached a proposed tariff? Yes No

9. 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** or you must seek approval to use an alternate format.
 Indicate which option you will use: Adopt File New Tariff

Have you attached a proposed tariff? Yes No



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

Section 5 - Equipment List

List the equipment you own or lease to provide solid waste collection services.

Lease/Own/ Plan to Purchase	Year	Make	License Number	Vehicle ID (VIN)	GVW	Type of Vehicle
Lease	2021	TOYOTA Tundra	C79031W	5TFC75F1MX028115	6900	TRUCK.
Own	2022	TRLR	25405AH	4P51D192XN1373654	14000	TRAILER

*attach additional pages if necessary

Section 6 – Safety

In each of the categories below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations, CFR's, Washington State **RCW 81.77** and **WAC 480.70**. Please refer to the WAC, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

Controlled Substance and Alcohol Use and Testing (Title 49, Code of Federal Regulations Part 382 and Part 40).

If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program. **Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers.**

Commercial Drivers License (CDL) Requirements (Title 49, CFR Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name:	Position:
-------	-----------

Driver Qualification Requirements (Title 49, CFR Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name:	Position:
-------	-----------

Drivers Hours of Service (Title 49, CFR Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name:	Position:
-------	-----------

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 Title 49 CFR Part 382 and Title 49 CFR Part 40.

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

Name:	Position:
-------	-----------

Inspection, Repair and Maintenance (Title 49, CFR Part 396) Every motor carrier shall systematically inspect, repair, and maintain all motor vehicles subject to its control.

Name: Dmitry Chernikov	Position: Owner
-------------------------------	------------------------



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

Section 7 - Operational Responsibilities

Identify the person and 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: DMITRY Chernikov Position: Owner

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: DMITRY Chernikov Position: Owner

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 (WAC 480-70-386 and 391) Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: DMITRY Chernikov Position: Owner

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, Internal Revenue Service (taxes); and Employment Security.

Name: DMITRY Chernikov Position: Owner

Section 8 – 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: 1 Amount of time: _____

Will an attorney be representing you? No Yes If yes, complete the following:

Attorney's Name: _____	Attorney's Phone Number: _____
Attorney's Firm: _____	Fax Number: _____
Street: _____	Email: _____
City: _____	
State, Zip: _____	



621 Woodland Square Loop SE
Lacey, WA 98503
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Email: transportation@utc.wa.gov

Section 9 - Declaration of Applicant

Initial

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.

I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

Name:

DMITRY Chernikov

Handwritten signature

Date:

1/16/2023

Section 10 – Additional Required Attachments

- Attachment A – Temporary Certificate or Expedited Temporary Authority Support Statement
- Attachment B – Joint Application for Transfer or Lease of Certificated Authority
- Attachment C – Change of Corporate/Individual Name
- Attachment D – Permission to Mortgage a Certificate

4 Seasons Junk Removal LLC



12515 NE145TH PL D 135 206-939-9995
Kirkland WA 4seasonsjunkremovalllc@gmail.com
98034 4seasonsjunk.com

Price

LOAD TRAILER	UNIT COST
MIN	99\$
1/4	199\$
1/2	349\$
3/4	450\$
FULL	550\$