



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:

Trade Name(s), if applicable:

Physical Address:

Mailing Address:

Telephone Number(s):

Email Address:

USDOT#: If you do not have a USDOT number, go on-line at www.fmcsca.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#:

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

**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).

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



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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		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		Total Liabilities	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
TOTAL ASSETS		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 contact 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

Section 5 - Equipment List

solid waste collection services.

Lease/Own/ Plan to Purchase	Year	Make	License Number	Vehicle ID (VIN)	GVW	Type of Vehicle

attach additional pages if necessary

Section 6 – Safety

list the person and position responsible

@ U # o k 8 , CFR's, † o o RCW 81.77 and WAC 480.70 h † #

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

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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)

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Driver Qualification Requirements (Title 49, CFR Part 391)

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Drivers Hours of Service (Title 49, CFR Part 395)

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Controlled Substances and Alcohol Testing (Part 382)

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Title #7k h	#7k h	U #ok

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Inspection, Repair and Maintenance (Title 49, CFR Part 396)

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Section 7 - Operational Responsibilities	
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Tariff Rates and Charges (WAC 480-70-226 through WAC 480-70-351) #	
V	h
Annual Reports and Regulatory Fees (WAC 480-70-071 & 076) #	
V	h
Biomedical Waste (WAC 480-70-426 through 476) #	
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V	h
Customer Service (WAC 480-70-386 and 391) h	
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State of Washington – general laws, rules and regulations: @	
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Section 8 – Hearing Information	
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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:	Date:
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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**