[Service Date April 26, 2005] BEFORE THE WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION

| In the Matter of |) | DOCKET NO. TG-050252 |
|-------------------------------------|---|-------------------------------------|
| |) | |
| ROBERT VERN PONTIUS |) | ORDER M.V. NO. 156685 |
| |) | |
| Regarding Suspension of Solid Waste |) | |
| Certificate and Common Carrier |) | NOTICE OF BRIEF ADJUDICATION |
| Permit for Failure to File Proof of |) | |
| Liability and Property Damage |) | SETTING TIME FOR ORAL |
| Insurance Covering Equipment |) | STATEMENTS |
| |) | (Set for April 28, 2005, 9:30 a.m.) |
| |) | |

- On April 21, 2005, the Commission entered orders suspending, effective May 1, 2005, the solid waste Certificate No. G-212¹ and common carrier Permit No. CC-20396² of Robert Vern Pontius for failure to provide proof of liability and property damage insurance. The order states to avoid cancellation, the certificate holder must file acceptable proof of insurance or request a hearing within 30 days to show why the certificate and permit should not be canceled. *RCW* 81.77.030(6), WAC 480-70-166(4), *RCW* 81.80.280, and WAC 480-14-230(6).
- 2 On April 22, 2005, Mr. Pontius orally contacted the Commission to request a hearing be set in this matter.
- ³ Pursuant to RCW 34.05.482 and WAC 480-07-610, the Commission determines that a brief adjudicative proceeding is appropriate for determining whether the carrier has the insurance coverage required by law and rule, and whether suspension and/or cancellation are proper.

¹ WAC 480-70-161 states the Commission may suspend a certificate for failure to maintain evidence of required liability insurance coverage for all areas of a company's operations. ² WAC 480-14-250(4).

- 4 THE COMMISSION GIVES NOTICE That consistent with WAC 480-07-440(1)(a), the Commission has determined that good cause exists for this matter to be heard on shortened notice.
- 5 THE COMMISSION GIVES NOTICE That a brief adjudicative proceeding in this matter will be held at 9:30 a.m., on Thursday, April 28, 2005, in Room 207, Chandler Plaza Building, 1300 S. Evergreen Park Drive S.W., Olympia, Washington.
- 6 If any party or witness needs an interpreter or other assistance, please fill out the form attached to this notice and return it to the Commission.
- 7 The names and know mailing addresses of the parties and their known representatives are as follows:

| Respondent: | Robert Vern Pontius 400 Belfrage Road Port Ludlow, WA 98365-0409 (360) 732-4776 |
|-------------------|--|
| Commission Staff: | Ms. Teri Wallace Licensing Services Washington Utilities & Transportation Commission 1300 S. Evergreen Park Drive S.W. P.O. Box 47250 |
| | Olympia, WA 98504-7250 (360) 664-4891 |

8 Administrative Law Judge Karen M. Caillé, from the Utilities and Transportation Commission's Administrative Law Division, will preside during this proceeding.

DOCKET NO. TG-050252

9 Notice of any other procedural phase will be given in writing or on the record, as the Commission may deem appropriate during the course of this proceeding.

DATED at Olympia, Washington and effective this 26th day of April, 2005.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

CAROLE J. WASHBURN Executive Secretary

<u>NOTICE</u>

PLEASE NOTE: The hearing facilities are accessible to interested people with disabilities; that smoking is prohibited; and if limited English-speaking or hearing-impaired parties or witnesses are involved in a hearing and need an interpreter, a qualified interpreter will be appointed at no cost to the party or witness.

The information needed to provide an appropriate interpreter or other assistance should be stated below and returned to Washington Utilities and Transportation Commission, Attention: Carole J. Washburn, 1300 S. Evergreen Park Drive SW, P. O. Box 47250, Olympia, WA 98504-7250. (PLEASE SUPPLY ALL REQUESTED INFORMATION)

| Docket No.: | |
|--|--|
| Case Name: | |
| Hearing Date: Hearing Location: | |
| Primary Language: | |
| Hearing Impaired (Yes) (No) | |
| Do you need a certified sign language interpreter: | |
| Visual Tactile | |
| Other type of assistance needed: | |
| English-speaking person who can be contacted if there are questions: | |
| Name: | |
| Address: | |
| Phone No.: () | |