

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE TO OPERATE AS A SOLID WASTE COLLECTION COMPANY UNDER CHAPTER 81.77 RCW

1300 South Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 PHONE 360-664-1222 FAX 360-586-1181

TTY 360-586-8203 TTY TOLI

Type of Solid Waste Authority Requested

Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire

*****103576G

TTY TOLL FREE 1-800-416-5289

Fee Required

\$ 25

WEBSITE: www.utc.wa.gov

The UTC has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133.

Temporary Authority (to meet an immediate or urgent need) — Complete entire application and Attachment A New Permanent Authority (including extension of authority)— (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form New Certificate Extension of Existing Certificate No. G— Permanent Authority to Transfer (WAC 480-70-090) (check appropriate box below) — Complete entire application and Attachments B All of Certificate No. G— Portion of Certificate No. G— Portion of Certificate No. G— Name Change — does not include changes resulting in change in ownership — Complete section 1 statement justifying the reinstatement and complete sections 1, 2 and 8 Name Change — does not include changes resulting in change in ownership — Complete section 1 and Attachment C Mortgage of Certificate — Complete section 1 and Attachment D \$ 35 Lease of Authority — Complete entire application and Attachment B All of Certificate No. G— SECTION 1 — APPLICATION INFORMATION Name of Applicant: Veneral III Fax Number: 253/92 — 1429 E-Mail: 1011 111 (1.0 e Veneral III) 142 (1.0 e Veneral III) 143 (1.0 e Veneral III) 143 (1.0 e Veneral III) 144 (1.0 e Veneral	application and Attachment A (VVAC 480-70-136)			1
entire application and submit a proposed tariff as outlined in the standard tariff form New Certificate Extension of Existing Certificate No. G		ent need) – Complete entire	application and	\$ 25
application and Attachments B All of Certificate No. G- Portion of Certificate No. G- Portion of Certificate No. G- Reinstatement of Cancelled Certificate (must be filed within 30 days of cancellation) –Include a statement justifying the reinstatement and complete sections 1, 2 and 8 Name Change – does not include changes resulting in change in ownership – Complete section 1 and Attachment C Mortgage of Certificate – Complete section 1 and Attachment D \$35 Lease of Authority – Complete entire application and Attachment B \$200 All of Certificate Portion of Certificate No. G - SECTION 1 – APPLICATION INFORMATION Name of Applicant: Veneral (Mapplicate) Phone Number: (35) 922-1911 Fax Number: (35) 922-1911 Fax Number: (35) 922-1911 Fax Number: (35) 922-1911 Susiness Address Street 205 FOR OFFICIAL USE ONLY Date Filed: FOR OFFICIAL USE ONLY Date Filed: Insurance ON Map: Map:	entire application and submit a proposed tariff as outline New Certificate			\$200
SECTION 1 — APPLICATION INFORMATION Name of Applicant: Veneral (Ling) Trade Name(s) (if applicable): Phone Number: 239921911 Fax Number: 239921029 E-Mail: 10) 10(16 eVeneral) Street 2305 Factor Houy E. Street City Tacona (Staff Assigned: Docket #: TG- Staff Assigned: Tariff: Permit Issued G- Staff Assigned: Mail of complete section 1 and Attachment D \$ 35 \$ 35 \$ 35 \$ 35 \$ 36 Sand Attachment D \$ 35 \$ 200 \$ 36 \$ 37 \$ 36 \$ 37 \$ 37 \$ 38 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39 \$ 39 \$ 30	application and Attachments B All of Certificate No. G	neck appropriate box below) - Complete entire	\$200
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Lease of Authority – Complete entire application and Attachment B All of Certificate Portion of Certificate No. G - SECTION 1 – APPLICATION INFORMATION Name of Applicant: Veneral December (Inc.) Trade Name (s) (if applicable): Phone Number: (AS) 922 (911 Fax Number: (AS) 922 (1029 E-Mail: 10)) Number (10) Number: (AS) 922 (1029 E-Mail: 10) Number (Inc.) Name of Applicant: Veneral Name (s) (if applicable): Phone Number: (AS) 922 (911 Fax Number: (AS) 922 (1029 E-Mail: 10) Number (Inc.) Name of Applicant: Veneral Name (s) (if applicable): Phone Number: (AS) 922 (1011 Fax Number: (AS) 923 (1029 E-Mail: 10) Number (Inc.) Name of Applicant: (Inc.) Name of Appli		g in change in ownership –	Complete section 1	\$ 35
SECTION 1 - APPLICATION INFORMATION Name of Applicant: Veneral (h) D TRANSPORT, Inc. Trade Name(s) (if applicable): Phone Number: (33) 922-1911 Fax Number: (23) 923-1029 E-Mail: 10) 10(10/16/16/16/16/16/16/16/16/16/16/16/16/16/	Mortgage of Certificate - Complete section 1 and Attachment D			\$ 35
Name of Applicant: Veneral Chip Trousport Inc. Trade Name(s) (if applicable): Phone Number: \(\partial \text{S3}\) 922-1911	All of Certificate	tachment B		\$200
Trade Name(s) (if applicable): Phone Number: (25) 92 1911 Fax Number: (25) 92 102 9 E-Mail: 1(1) 1 U (1 th @ Ven Con Business Address) Street 2205 Pacific Huy E. Street City Tacuma City State/Zip FOR OFFICIAL USE ONLY Date Filed: Docket #: TG- Tariff: Permit Issued G- Staff Assigned: Insurance Of Tariff: Map:	SECTION 1 – APP	LICATION INFORMA	ΓΙΟΝ	
Phone Number: \$\text{QS}_3\text{923.1911}	Name of Applicant: Veneer (hip TR	ansport, Inc	*	
Business Address Street City Tacoma State/Zip WP. 98424 FOR OFFICIAL USE ONLY Date Filed: Docket #: TG- Staff Assigned: Docket #: TG- Insurance ON ID#: Mailing address (if different from Business Address) Street City State/Zip FOR OFFICIAL USE ONLY Docket #: TG- Insurance ON ID#: Map:		·		
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SECTION 2 - BUSINESS INFORMATION

Type of business structure:
☐ Individual ☐ Partnership ☑ Corporation ☐ Other (LP, LLP, LLC)
UBI NO. (000-2102-9101 00)
List the name, title, and percentage of partner's share or stock distribution for major stockholders:
Name Stock Distribution or Percentage of Shares
Name James Lucich President Stock Distribution or Percentage of Shares 5000 Sonathan Lucich Vice-President 5000
Jonathan Lucich Vice-President 5090
Indicate below the commodity to be hauled and the territory in which you wish to operate. <u>PLEASE NOTE</u> Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic descriptions. In addition to describing the territory, you must file a map that meets the requirements of WAC 480-70-056 and clearly shows the described territory.
* + See Attached
Charles the state of the second continue of the second continue for temporary partificate outbority
State below the conditions that justify the granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and supports the question of "immediate and urgent need."
TT SEE Attached
What is your USDOT number: 23585 (If you currently don't have one, you can go online and apply at www.fmcsa.dot.gov/online-registration or contact (360)596-3812 for assistance.)
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:
Please tell us about your experience and knowledge of transportation or solid waste, including motor carrier driver and equipment safety requirements.
equipment safety requirements. Y Y SEE AHacked
Have you been cited for violation of state laws or Commission rules? If yes, please explain
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SECTION 3 - RATES AND TARIFFS

Is this application to operate under a contract? ☐ No ☐ Yes If yes, submit the original or a duplicate original of each contract under which service will be performed. The contract must contain all the elements stated in WAC 480-70-146.
If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach two copies of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs submitted must comply with the provisions of WAC 480-70-226 through WAC 480-70-351.
If this application is a transfer or a 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 attached to this application or an approved alternate format. Indicate which option you will use:
☐ Adopt
☐ File a new tariff

SECTION 4 - FINANCIAL STATEMENT

You may attach a Balance Sheet. Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES	LIABILITIES		
Cash in Bank	\$	Salaries/Wages Payable	\$		
Notes Receivable	\$	Accounts Payable	\$		
Accounts Receivable	ال) ، کو	Notes Payable	\$		
Investments	in a Vivo	Mortgages Payable	\$		
Other Current Assets U/ L	9115	Contracts and Bonds Payable	\$		
Prepaid Expenses W	\$	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 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year Make License Number Vehicle ID Number Gross Vehicle Weight Type of vehicle

Weight Type of vehicle

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. Position: Name: acich 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. Position: 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. Position: Name: 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: Position: 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. Position: Name: **OPERATIONAL RESPONSIBILITIES** List the person and/or position responsible for understanding and complying with the requirements of each category shown 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. Position: Name: ANNUAL REPORTS and REGULATORY FEES (WAC 480-70-071 & 076) Companies must annually file a report of their financial operations and pay regulatory fees. Position: Name: 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 Position: Name: CUSTOMER SERVICE -Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans. Name: Position: 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: Position:

SECTION 7 - HEARING INFORMATION

If the Commission assigns this application amount of time you will need for your property.		estimate the numb	er of witnesses you w	vill present and the
Number of witnesses: 3		Amount of time:	1 hour	
Will an attorney be representing you? If	yes, complete the fol	lowing:		
Attorney's name:		Attorney's phone	number:	·
Attorney's address:		Fax Number:	· · · · · · · · · · · · · · · · · · ·	
Street	·	E-mail:		
City, State, Zip	······			· · · · · ·
	TYPE OF I	PAYMENT:	#03	15/16/4
☐ Check ☐ Money Ord	der AMEX	☐ Discover	☐ MasterCard	X Visa
Credit Card Information:				
Expiration Date:		Amour	nt: 4/5.	
SECT	TION 8 – DECLAF	RTION OF APPL	LICANT	
I understand that filing this application d company.	oes not in itself cons	litute authority to op	perate as a solid wast	e collection
As the applicant for a solid waste collection 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.				
certify that I am authorized to execute	and file this document			•
Printed name of applicant: Veneer Chip Trunsport, INC. bnathan			onathan _	
Signature of Applicant: January January				
Date, County, State: 11-26-2013, Pierce, Wa				

ATTACHMENT A

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

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

AndinasiNi
Applicant Name: Jeneer Chip Transport, INC.
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CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE
Customer Name: Drywall Recycling Services Inc
Address: Po Box 4190 mill Evelt, WA 98082
Phone Number: (425) 245 80/5 Fax Number: (425) 245 80/3 E-mail:
Describe the immediate and urgent need for the requested service:
We cannot nandle all of our
material internally
What date(s) do you need the service?
What do you need transported? <u>ADC</u> , <u>ResidualS</u>
If there is an existing company providing this service in the terrority, please indicate the existing Company's name (if applicable):
Phone Number: ()
Explain why the current company is not able to provide you service:
Number of days, trips, loads: 5 days a week 3-10 week
Number of days, trips, loads: 5 days a week, 3-10 week Transported from: Seattle, WA To: Castle Rock, WA
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.
Brian Thompson 3 12/4/13 Snohamish, was
Print Name Signature Date, County, State
*This form is not required to be filed for an application for temporary certificate to operate an existing certificate pending the outcome of an application to transfer permanent authority.