



## 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  
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WEBSITE: [www.utc.wa.gov](http://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.

Type of Solid Waste Authority Requested	Fee Required
<input checked="" type="checkbox"/> <u>Expedited Temporary Authority</u> (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> <u>Temporary Authority</u> (to meet an immediate or urgent need) – Complete entire application and Attachment A	\$ 25
<u>New Permanent Authority</u> (including extension of authority)– (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form	\$200
<input type="checkbox"/> New Certificate <input type="checkbox"/> Extension of Existing Certificate No. G-_____	
<u>Permanent Authority to Transfer</u> (WAC 480-70-090) (check appropriate box below) – Complete entire application and Attachments B	\$200
<input type="checkbox"/> All of Certificate No. G-_____ <input type="checkbox"/> Portion of Certificate No. G-_____	
<input type="checkbox"/> <u>Reinstatement of Cancelled Certificate</u> (must be filed within 30 days of cancellation) –Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
<input type="checkbox"/> <u>Name Change</u> – does not include changes resulting in change in ownership – Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D	\$ 35
<u>Lease of Authority</u> – Complete entire application and Attachment B	\$200
<input type="checkbox"/> All of Certificate <input type="checkbox"/> Portion of Certificate No. G - _____	

### SECTION 1 – APPLICATION INFORMATION

Name of Applicant: <u>Veneer Chip Transport, Inc.</u>		
Trade Name(s) (if applicable):		
Phone Number: <u>253 922 1911</u>	Fax Number: <u>253 922 1629</u>	E-Mail: <u>jonluweich@veneorchip.com</u>
Business Address		Mailing address (if different from Business Address)
Street <u>2205 Pacific Hwy E.</u>	Street	
City <u>Tacoma</u>	City <u>same</u>	
State/Zip <u>WA 98424</u>	State/Zip	

FOR OFFICIAL USE ONLY			
Date Filed: <u>12/9/13</u>	Docket #: TG-	Tariff:	Permit Issued G-
Staff Assigned: <u>[Signature]</u>	Insurance <u>on file</u>	ID#:	Map:
DOL/SOS <u>[Signature]</u>	Reception #: <u>048222</u>	227-02: <u>25.00</u> 032-05:	Related App ID:

\*V035766

SECTION 2 - BUSINESS INFORMATION

Type of business structure:

Individual  Partnership  Corporation  Other (LP, LLP, LLC) \_\_\_\_\_

UBI No. 1000-2102-961 *aw*

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

Name	Title	Stock Distribution or Percentage of Shares
<u>James Lucich</u>	<u>President</u>	<u>50%</u>
<u>Jonathan Lucich</u>	<u>Vice-President</u>	<u>50%</u>

Indicate below the commodity to be hauled and the territory in which you wish to operate. **PLEASE NOTE** 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*

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."

*\*\* See Attached*

What is your USDOT number: 235585 *aw* (If you currently don't have one, you can go online and apply at [www.fmcsa.dot.gov/online-registration](http://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.

*\*\* See Attached*

Have you been cited for violation of state laws or Commission rules?

No  Yes

If yes, please explain \_\_\_\_\_



## 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.

Name: Jonathan Lucich	Position: Vice-President
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**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.

Name: Jennifer Tremlett	Position: Office Administrator
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**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.

Name: Jennifer Tremlett	Position: Office Administrator
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**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: Jonathan Lucich	Position: Vice-President
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**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.

Name: James Lucich	Position: President
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### OPERATIONAL RESPONSIBILITIES

List the person and/or 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: Jonathan Lucich	Position: Vice-President
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**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: Jonathan Lucich	Position: Vice-President
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**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: Jonathan Lucich	Position: Vice-President
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**CUSTOMER SERVICE** –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: Jonathan Lucich	Position: Vice-President
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**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: Jonathan Lucich	Position: Vice-President
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**SECTION 7 – 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: <u>3</u>	Amount of time: <u>1 hour</u>
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

**#03576G**

**TYPE OF PAYMENT:**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover	<input type="checkbox"/> MasterCard	<input checked="" type="checkbox"/> Visa
<b>Credit Card Information:</b>					
Expiration Date: _____			Amount: <u>975</u>		

**SECTION 8 – DECLARATION OF APPLICANT**

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 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.

I certify that I am authorized to execute and file this document.

Printed name of applicant: Vengeer Chip Transport, Inc. Jonathan

Signature of Applicant: [Signature] Luich

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 sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: Jeneer Chip Transport, INC.

**CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE**

Customer Name: Drywall Recycling Services Inc

Address: PO Box 4190 Mill Creek, WA 98082

Phone Number: (425) 245 8015 Fax Number: (425) 245 8013 E-mail: \_\_\_\_\_

Describe the immediate and urgent need for the requested service:

We cannot handle all of our material internally

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

What do you need transported? ADC, residuals

If there is an existing company providing this service in the territory, 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

Tranported from: Seattle, WA To: Longview, WA  
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  
Print Name

[Signature]  
Signature

12/4/13 Snohomish, WA  
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.