



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: 01/19/2021	Company: Trilogy MedWaste West LLC		Docket #: TG-210036
Receipt ID:	Payment ID: 16323	Amount Paid: \$200	
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 type="checkbox"/> New certificate <input type="checkbox"/> Extension of certificate: Certificate G- <input checked="" type="checkbox"/> Transfer of authority: Certificate G- 237 Complete <i>Attachment B</i> <input type="checkbox"/> Lease of authority: Certificate G- Complete <i>Attachment B</i> <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 <i>Attachment A</i>. <input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application. <input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days – complete <i>Attachment A</i>. </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 <i>Attachment C</i>.</p> <p> <input type="checkbox"/> Change of corporate name <input type="checkbox"/> Change of trade name <input type="checkbox"/> Addition or new trade name <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 <i>Attachment D</i></p>	\$35



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Section 1 – Business Information

Legal Name: **Trilogy MedWaste West, LLC**
Trade Name(s), if applicable:
Physical Address: **8554 Katy Freeway, Suite 200, Houston, TX 77024**
Mailing Address:
Telephone Number(s): **888-763-3927** Email Address: **compliance@trilogymedwaste.com**
USDOT#: **3322114** 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#: **604 468 181**

Type of Business

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

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

Name	Title	Stock Distribution/% of Shares
Trilogy MedWaste, Inc.	Parent	100

**SUBMIT AS ATTACHMENT IF MORE SPACE IS REQUIRED*

Section 2 – Industry Questionnaire

- 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:

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).

Solid Waste consisting of biohazardous or biomedical waste in the State of Washington. See Attachment No. 1, Map of Washington.

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.”

Transferee is fully fit, willing and able to conduct the requested regulated operation subject to transfer herein and it is fully consistent with the public interest to grant said application.

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

Please See Attachment No. 2, Company Experience and Organization Chart.

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.
(SEE ATTACHMENT No. 3)

Section 3 - Financial Information **SEE ATTACHMENT No. 4**

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 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 **(SEE ATTACHMENT No. 5)**



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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
Own	2009	Chevrolet	B00903K	1GCCS13E698140931	6,000	Pickup
Own	2009	Chevrolet	B49995H	1GCCS13E98138447	6,000	Pickup
Own	2006	Freightliner	C21693U	IFUJC5DE26HW19040	50,000	Tractor
Own						Trailer
Other operating equipment will be leased on commencement of operations.						

*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: Chad Plata	Position: Director of Compliance and ES&H
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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: Chad Plata	Position: Director of Compliance and ES&H
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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: Chad Plata	Position: Director of Compliance and ES&H
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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 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: Chad Plata	Position: Director of Compliance and ES&H
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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: Chad Plata	Position: Director of Compliance and ES&H
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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: **Jeff Norton** Position: **District Manager**

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: **Jeff Norton** Position: **District Manager**

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: **Chad Plata** Position: **Director of Compliance and ES&H**

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: **Jeff Norton** Position: **District Manager**

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: **Jeff Norton** Position: **District Manager**

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: **3** Amount of time: **half day**

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

Attorney's Name: **Transferee-David W. Wiley** Attorney's Phone Number: **206 233-2895**

Attorney's Firm: **Williams Kastner & Gibbs PLLC** Fax Number:

Street: **601 Union Street, Suite 4100**

City: **Seattle** Email: **dwiley@williamskastner.com**

State, Zip: **WA 98101** Transferor Attorney: **Andrew Kenefick; akenefick@wm.com**



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Section 9 - Declaration of Applicant

Initial

MT I understand that filing this application does not in itself constitute authority to operate as a solid waste collection company.

MT 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.

MT 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.

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

Name: Michael M. Fields - President
TRILOGY MEDWASTE WEST, LLC

Date: Jan 18, 2021

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