





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](http://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
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*\*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.

<b>Section 3 - Financial Information</b>			
Complete the following or attach a balance sheet, profit and loss statement, or business plan.			
<b>Assets</b>		<b>Liabilities</b>	
Cash in Bank		Salaries/Wages Payable	
Notes Received		Accounts Payable	
Investments		Notes Payable	
Other Current Assets		Mortgages Payable	
Prepaid Expenses		<b>Total Liabilities</b>	
Land and Buildings		Net Worth	
Trucks and Trailers		Preferred Stock	
Office Furniture		Common Stock	
Other Equipment		Retained Earnings	
Other Assets		Capital	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES AND NET WORTH</b>	

Please see attached Waste Connections 2020 10K for Financial Information.

**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**

@ # o y u  
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) # c	
V	h
Annual Reports and Regulatory Fees (WAC 480-70-071 & 076) #	
V	h
Biomedical Waste (WAC 480-70-426 through 476) # #7k h	
V	h
Customer Service (WAC 480-70-386 and 391) h	
V	h
State of Washington – general laws, rules and regulations: @ † h † ) O @ y " @ y"@ ) O o o ) o u ) k @ k o o	
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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**



# Solid Waste Permit – ATTACHMENT B

## JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

This attachment must be completed when filing a joint application for permission to transfer or lease rights under Certificate of Public Convenience and Necessity: Certificate Number G-173

Check appropriate box:

Transfer All\*     Transfer Portion\*     Lease All\*\*     Lease Portion\*\*

\*If this application is for transfer, please attach a copy of the sales or other agreement to sell.

\*\*If this application is to lease, please attach a copy of the executed lease agreement.

Current Name on Certificate (Seller/Lessor): **Sanitary Disposal, Inc.**

Current Trade Name on Certificate (Seller/Lessor): **Sanitary Disposal, Inc.**

Address (Seller/Lessor): **Po Box 316/81144 N Hwy. 395 Hermiston OR. 97838**

Phone Number: **866-567-8842**

Email: **mmjewett@machmedia.net**

Have all fines and/or penalties been paid?     No     Yes

Has the closing annual report been filed?     No     Yes

Does the buyer/lessee agree to begin service as soon as the Commission authorizes the transfer or lease?

Yes

No    If no, when? :

If the Commission assigns this application for formal hearing, do both the seller/lessor and the buyer/lessee agree to be present at the hearing?     Yes     No

This application must include a map and copy of the certificate authority to be transferred/leased. If applying for permission to transfer or lease a portion of the certificated authority, then the application must include a map and description of both the portion to be transferred/leased and the portion to be retained by the existing certificate holder.

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

We, as applicants, hereby jointly declare and affirm that all information is true and correct to the best of our knowledge.

*Sanitary Disposal, Inc.*  
Seller/Lessor

*MMJ/pres*  
Signature

*10-7-21*  
Date

*Waste Connections of Oregon, Inc.*  
Buyer/Lessee

*[Signature]*  
Signature

*10/11/2021*  
Date



**WUTC Solid Waste G-Cert Transfer Application**

**Section 5 - Equipment List**

**Sanitary Disposal - G-173**

Lease/Own/Plan to							
Purchase	Year	Make	License Number	Vehicle ID (VIN)	GVW	Type of Vehicle	
OWN	2002	VOLV	YARX175	4V2HC6UE82N330863	52,000	DROPBOX	
OWN	1995	VOLV	YARU846	4V2HCFHD1SR715529	52,000	RELOADER	
OWN	1997	VOLV	YARF854	4VMHALFD4VR739391	52,000	RELOADER	
OWN	2002	VOLV	YARZ182	4V2HC6UE62N330862	52,000	DROPBOX	
OWN	1989	VOLV	YAPY384	4V2HCFMD5KN620405	52,000	RELOADER	
OWN	1987	WHTe	YAPJ764	1WXDCHMD7HN116715	52,000	DROPBOX	
OWN	1997	VOLV	YARA285	4V4JCLPFXVR856631	52,000	DROPBOX	
OWN	2003	FRGH	YARR912	1FVHCFBS53RK44372	54,000	DROPBOX	
OWN	1989	WHIT	YARF737	4V2DCFMD9KU502510	54,500	DROPBOX	
OWN	1989	FRGH	YAPJ794	1FVNZWFYB7KH410372	52,000	DROPBOX	
OWN	1997	VOLV	YARK700	4VM2CKFD9VR476731	52,000	DROPBOX	
OWN	1995	WHTe	YARM296	4V2JCBMD4SR833283	52,000	DROPBOX	
OWN	2007	INTL	YARV293	1HSXRSBT07J524669	60,000	DROPBOX	
OWN	2011	FRGH	YARY452	1FVHCYBSBDAY5874	52,000	RELOADER	
OWN	2013	PTRB	YASH831	1NPSLP0X9DD175490	60,000	DROPBOX	
OWN	2008	KW	YASH832	1NKDL40X58R235013	60,000	DROPBOX	