



UTILITIES AND TRANSPORTATION
COMMISSION

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

PHONE 360-664-1222

FAX 360-586-1181

TTY 360-586-8203 TTY TOLL FREE 1-887-210-5963

WEBSITE: www.wutc.wa.gov

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

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250

Type of Solid Waste Authority Requested	Fee Required
<input type="checkbox"/> Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> Temporary Authority (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
X All of Certificate No. G-86	
<input type="checkbox"/> Portion of Certificate No. G- _____	
<input type="checkbox"/> 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	\$200
<input type="checkbox"/> Name Change - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> Mortgage of Certificate - 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: Stanley's Sanitary Service, LLC.		
Trade Name(s) (if applicable):		
Phone Number: (360) 795-3369	Fax Number: (360)849-4032	E-Mail: stanleyssanitary@centurytel.net
Business Address		Mailing address (if different from Business Address)
Street 20 Hedlund Road	Street	
City Cathlamet	City	
State/Zip WA 98612	State/Zip	

FOR OFFICIAL USE ONLY			
Date Filed: 1/2/08	Staff Assigned: [Signature]	Motcar: 4899	Permit Issued G- [Signature]
Tariff: [Signature]	Insurance:	Contract:	DOL/SOS: 14086
Application: GA-	RMS Docket #: TC-	Related App ID:	Map:
Text approved for	Reception #: 5508 \$150	227-02:	032-05:

0005846

SECTION 2 - BUSINESS INFORMATION

\$50.00

TA 080048

Type of business structure:

Individual Partnership Corporation Other(LP, LLP, LLC) LLC UBI No. _____

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or Percentage of Shares</u>
Fred W Stanley	Managing Member	50%
Crystal L Stanley	Managing Member	50%

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.

Complete transfer of territory and commodities under G-86

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."
To transfer from proprietorship to a LLC, no change in operations.

Do you currently hold, or have you ever held, a solid waste certificate?

No Yes If yes, please indicate your certificate number: G-86

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. The owners of Stanley's Sanitary Service, LLC have operated solid waste operations for many years under the certificate G-86, meeting all the requirements and conditions placed upon operators by the Washington Utilities and Transportation Commission.

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: Fred W Stanley	Position: Managing Member
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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: Fred W Stanley	Position: Managing Member
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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: Fred W Stanley	Position: Managing Member
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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: Fred W Stanley	Position: Managing Member
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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: Fred W Stanley	Position: Managing Member
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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: Crystal L Stanley	Position: Managing Member
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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: Crystal L Stanley	Position: Managing Member
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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: Not applicable	Position:
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CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: Crystal L Stanley	Position: Managing Member
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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 and Internal Revenue Service (taxes); and Employment Security.

Name: Crystal L Stanley	Position: Managing Member
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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: 1	Amount of time: 5 minutes
Will an attorney be representing you? If yes, complete the following: no	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

TYPE OF PAYMENT:

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

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: Crystal L Stanley

Signature of Applicant: see attached notarized statement

Date, County, State: see attached notarized statement

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-86

Check appropriate box:

X Transfer All* Transfer Portion* Lease All** Lease Portion**

Fred W and Crystal Stanley

Current Name on Certificate (Seller/Lessor)

Stanley Sanitary Service

Current Trade Name on Certificate (Seller/Lessor)

20 Hedlund Road, Cathlamet, WA 98612

Address (Seller/Lessor)

360-795-3369

Phone Number

Fax: 360-849-4032

E-mail: stanleyssanitary@centurytel.net

Have all fines and /or penalties been paid?

No X Yes

Has the closing annual report been filed?

No X Yes

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

X Yes

No, If not, then when? _____

If the commission assigns this application for formal hearing, does both the seller/lessor and the buyer/lessee agree to be present at the hearing?

X Yes

No

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

This application must include a map and copy of the certificated 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.

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

see notarized statement

Seller's/Lessor's Signature

see notarized statement

Date, County, State

see notarized statement

Buyer's/Lessee's Signature

see notarized statement

Date, County, State

*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.

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a **MOTOR CARRIER** in the transportation of the commodities and in the territory described herein to

FRED W. AND CRYSTAL L. STANLEY
D/B/A STANLEY SANITARY SERVICE
20 HEDLUND ROAD
CATHLAMET, WA 98612

Cert. No.
G-86

SOLID WASTE COLLECTION SERVICE In that portion of Wahkiakum County east of a line drawn north (Wahkiakum-Pacific Countyline) and south (Wahkiakum-Oregon Boundary) through the center of Section 13, T. 10 N., R. 7 W. (K-M Mountain) located on State Route 4.

M.V.G. No. 1928

04-21-03



WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By

STATE OF WASHINGTON

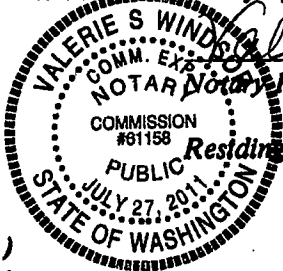
County of Wahkiakum

ss

1. ~~Fred W. Stanley~~ and Crystal L. Stanley, hereby state upon oath, that the information contained in this application is true and correct to the best of my knowledge and belief for the uses and purposes therein mentioned.

Fred Crystal L. Stanley
Transferor (seller)

Subscribed and sworn to before me this 28th day of December, 2007



Valerie S. Windsor
Notary Public in and for the State of Washington,
Residing at Cathlamet

STATE OF WASHINGTON

County of Wahkiakum

ss

1. Stanley's Sanitary Service LLC
Crystal Stanley, member/manager, hereby state upon oath, that the information contained in this application is true and correct to the best of my knowledge and belief for the uses and purposes therein mentioned.

Crystal Stanley
Transferee (Buyer)

Subscribed and sworn to before me this 28th day of December, 2007



Valerie S. Windsor
Notary Public in and for the State of Washington,
Residing at Cathlamet

(c) List the names of the share holders and the number of shares owned by each:

Fred W. STANLEY 50%
CRYSTAL L STANLEY 50%

10. The following is the financial statement of transferee (purchaser)*

ASSETS		LIABILITIES	
Cash on hand and in the bank	\$ <u>9371</u>	Salaries and Wages Payable	\$ _____
Notes Receivable	_____	Accounts Payable	_____
Accounts Receivable	<u>49622</u>	Notes Payable	_____
Inventories	_____	Contracts Payable	_____
Other Current Assets	_____	Mortgages Payable	<u>220705</u>
Bonds and Mortgages owned	_____	Bonds Outstanding	_____
Investments in Affiliated Co.	_____	Advance Payments by Others	_____
Other Investments	_____	Reserves	_____
Land contractors drop boxes	<u>97375</u>	Total Liabilities	<u>220705</u>
Buildings	<u>105792</u>	NET WORTH	
Trucks, trailers and cars	<u>220089</u>	Preferred Stock	_____
Shop Equipment	<u>1074</u>	Common Stock	_____
Furniture and Fixtures	<u>5950</u>	Surplus	_____
Prepaid Expenses	<u>2825</u>	Proprietorship	<u>271393</u>
Other Assets	_____	Total Liabilities and Net Worth	<u>492098</u>
Total Assets	<u>492,098</u>		

*Enclose balance sheet and profit and loss statement if available.

11. Complete the following statement of equipment to be used by transferee.*

YEAR and MAKE	Type-Describe (Packer, dump, etc.)	Motor or Id. No.	Gross Licensed Weight
1990 Peterbilt	Packer	1X PZ H 78XBLD 704808	
1978 Ford	Dropbox truck	2 96 PVAH 2894	80,000
1987 Freightliner	Dropbox truck	1 FULAYDYA 2HP302438	80,000
	Rolloff trailer	68812782	
1999 Volvo	Packer	4VMHCMLE 9XN 785532	
1999 Volvo	Packer	4VMHCMHE 3XN 785441	

*If additional space required, show same information on additional sheet attached.

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF FORMATION

to

STANLEY'S SANITARY SERVICE, L.L.C.

a/an WA Limited Liability Company. Charter documents are effective on the date
indicated below.

Date: 1/1/2008

UBI Number: 602-789-487

APPID: 1038714



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed, Secretary of State