

**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 TOLL FREE 1-887-210-5963  
 WEBSITE: [www.wutc.wa.gov](http://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.

Type of Solid Waste Authority Requested	Fee Required
<input checked="" type="checkbox"/> <b>Expedited Temporary Authority</b> (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)	\$ 25
<input type="checkbox"/> <b>Temporary Authority</b> (to meet an immediate or urgent need) - Complete entire application and Attachment A	\$ 25
<b>New Permanent Authority</b> (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- _____	
<b>Permanent Authority to Transfer</b> (WAC 480-70-090) (check appropriate box below) - Complete entire application and Attachments B	\$200
<input checked="" type="checkbox"/> All of Certificate No. G- <u>259</u>	
<input type="checkbox"/> Portion of Certificate No. G- _____	
<input type="checkbox"/> <b>Reinstatement of Cancelled Certificate</b> (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"/> <b>Name Change</b> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C	\$ 35
<input type="checkbox"/> <b>Mortgage of Certificate</b> - Complete section 1 and Attachment D	\$ 35
<b>Lease of Authority</b> - Complete entire application and Attachment B	\$200
<input type="checkbox"/> All of Certificate	
<input type="checkbox"/> Portion of Certificate No. G - _____	

RECEIVED

JUL 13 2010

WASH. UT. & TP. COMM

North Columbia Services Incorporated  
 SECTION 1 - APPLICATION INFORMATION per UBL

Name of Applicant: <u>Tracy Reekers</u>		USDOT #:
Trade Name(s) (if applicable): <u>Northern Trash Removal</u>		
Phone Number: (509) <u>732 8014</u>	Fax Number: (509) <u>732 4084</u>	E-Mail: _____
Business Address		Mailing address (if different from Business Address)
Street <u>3170 HEATHER LANE</u>		Street
City <u>Colville</u>		City
State/Zip <u>99114</u>		State/Zip

FOR OFFICIAL USE ONLY			
Date Filed: <u>7/10/10</u>	Docket #: TG-	Tariff:	Permit Issued G-
Staff Assigned:	Insurance	Related App ID:	Map:
DOL/SOS	Reception #:	227-02:	032-05:

ID: 6060

0025137 CK# 13455  
 \$225.00

**SECTION 2 - BUSINESS INFORMATION**

**Type of business structure:**

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

UBI No. 603001719 00

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>Tracy Rieckers</u>	<u>PRESIDENT, SECRETARY + TREASURER</u>	<u>99%</u>
<u>Dusty Rieckers</u>	<u>VICE PRESIDENT, CHAIRMAN + DIRECTOR</u>	<u>1%</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.

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."

PRESENT OWNERS SON IS TERMINALLY ILL + SHE MUST LOOK AFTER HIM @ HOME. HAS LIMITED TIME AVAILABLE TO WORK. HAS 50-60 CUSTOMERS WHO REQUIRE THEIR GARBAGE PICKED UP. SHE IS FORCED TO SELL THE BUSINESS. THE TOWN OF NORTHPORT HAS MANDATED GARBAGE SERVICE RECENTLY + MAY SOON IMPLEMENT IT.

What is your USDOT number: 2053670 (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)596-3816 or (360)596-3803 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. PRESENTLY LEARNING FROM PREVIOUS OWNER.

PRESENTLY REVIEWING CHAPTER 480-70 WAC/WUTC + MOTOR CARRIERS GUIDE. VEHICLE MUST BE + HAS BEEN REGULARLY INSPECTED. IT CONTAINS FLARES, CHOCKS, TRIANGLE + FIRST AID KIT, FIRE EXTINGUISHER ETC.

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: N/A.

Position:

**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: Tracey Rieckers

Position: Driver, President NCSI

**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: N/A

Position:

**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: N/A

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.

Name: Tracey Rieckers

Position:

### 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: Tracey Rieckers

Position:

**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: Tracey Rieckers

Position:

**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: N/A

Position:

**CUSTOMER SERVICE** –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.

Name: Tracey Rieckers

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 and Internal Revenue Service (taxes); and Employment Security.

Name: Tracey Rieckers

Position: PRESIDENT NCSI.

**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>3-4</u>	Amount of time:
Will an attorney be representing you? If yes, complete the following:	
Attorney's name: <u>MONTGOMERY</u>	Attorney's phone number: <u>509 684 2519</u>
Attorney's address: <u>344 E. Birch Ave</u>	Fax Number: <u>684 2188</u>
Street	E-mail:
City, State, Zip <u>Edville Wa 99114</u>	<u>m/f@cmf.org</u>

**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 type="checkbox"/> Visa
<b>Credit Card Information:</b>					
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: Tracy Rieckers

Signature of Applicant: TRieckers

Date, County, State: July 8th 2010, Nallport Wa, Stevens County.

**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- 259

Check appropriate box:  
 Transfer All\*       Transfer Portion\*       Lease All\*\*       Lease Portion\*\*

Barbara Escalante  
Current Name on Certificate (Seller/Lessor)

Sequoia Enterprise  
Current Trade Name on Certificate (Seller/Lessor)

PO Box 59 4583 Highway 25 N Northport, WA 99157  
Address (Seller/Lessor)      Phone Number 509 732 0607

Fax: \_\_\_\_\_ E-mail: sequoia@citraplix.com

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 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?

Yes THE BUYER - YES.  
 No SELLER - SEE SIGN 2.

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.

Barbara Escalante  
Seller's/Lessor's Signature

7-02-10 Stevens Co. WA  
Date, County, State

Tracy Biekers  
Buyer's/Lessee's Signature

June 14, 2010, Colville wa, Stevens  
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.