

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

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	
Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)				\$ 25	
☐ <u>Temporary Authority</u> (to meet an immediate or urgent need) – Complete entire application and Attachment A				\$ 25	
New Permanent Authority (including extension of authority)— (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form New Certificate Extension of Existing Certificate No. G-				\$200	
Permanent Authority to Transfer (WAC 480-70-090) (check appropriate box below) — Complete entire application and Attachments B All of Certificate No. G- 259 Portion of Certificate No. G-				\$200	
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	
Name Change – does not include changes resulting in change in owners his Complete section 1 and Attachment C \$35				\$ 35	
Mortgage of Certificate – Complete section 1 and Attachment D JUL 13 2010 \$35				\$ 35	
Lease of Authority – Complete entire application and Attachment B All of Certificate Portion of Certificate No. G -				0	
NOTH (SECTION I- APPLICATION INFORMATION PEL UBL				y UBL	
Name of Applicant:	2 Reexed	-	US	OOT#:	
Trade Name(s) (if applicable): Northern Trash Removal					
Phone Number: (509) 732 8014 Fax Number: (509) 732 4084 E-Mail:					
Business Address Mailing address (if different from Business Address) Street 370 HEATKER LANS Street					
City Colville City					
State/Zip State/Zip					
70-6066					
FOR OFFICIAL USE ONLY					
Date Filed:	Docket #: TG-		Tariff: Permit Is		ued G-
Staff Assigned:	Insurance Related App ID: Map:				
DOL/SOS /	Reception #:		227-02:	032-05:	

0025137 CK# 13455 \$225.00

SECTION 2 – BUSINESS INFORMATION

UBI NO. 603001719	av					
List the name, title, and percen	age of partner's share	or stock distrib	ution for major sto	ockholders:		
Name	-	itte			Percentage of	Shares
Tracay Rieckers	PRESIDE	NT, SECR	=TARLY Tre	sover	993/0	
DUSTY RIVECKERS		XENT, CHUNE	MINH DIRE	CIOR	10/0	
3						
Indicate below the commodity to be described using boundaries boundaries or other geographic requirements of WAC 480-70-0	such as streets, avene descriptions. In addit	ues, roads, high tion to describin	ways, townships, g the territory, you	ranges, city	limits, county	
-						
State below the conditions that be sure your statement addres	ses and supports the c	question of "imm PMINAL	ediate and urgent ソ ユレトろ	t need." SUE MC	ost look	AFR
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SECTION 3 – RATES AND TARIFFS

Is this application to operate under a contract? No Syes If yes, submit the original or a duplicate original of each contract under which service will be performed. The contract must contain all the elements stated in WAC 480-70-146.
If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach two copies of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs submitted must comply with the provisions of WAC 480-70-226 through WAC 480-70-351.
If this application is a transfer or a 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 attached to this application or an approved alternate format. Indicate which option you will use:
☑ Adopt
☐ File a new tariff

SECTION 4 - FINANCIAL STATEMENT

You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available.

ASSETS		LIABILITIES		
Cash in Bank	\$ 2	Salaries/Wages Payable	\$	
Notes Receivable	\$	Accounts Payable	\$	
Accounts Receivable	\$ 8	Notes Payable	\$	
Investments	\$	Mortgages Payable	\$	
Other Current Assets	\$	Contracts and Bonds 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 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year Make License Number Vehicle ID Number Gross Vehicle Weight

1972 Ford A 36218R F37YKP49 654 650 Refuse

SECTION 6 - SAFETY AND OPERATIONS low list the person and position responsible for understanding and complying with the

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 co	mmercial motor vehicle must have a valid CDL.			
Name:	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:	Position:			
Tracey Rieckers	Driver President NOST			
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 re	cords for each driver.			
Name:	Position:			
NIA				
CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Part 382) All persons who drive commercial vehicles			
requiring a CDL must be in a Controlled Substance and Alcoh	ol 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	Position:			
NI A				
INSPECTION, REPAIR AND MAINTENANCE (Title 49, Cod	of Federal Regulations Part 396) Every motor carrier			
shall systematically inspect, repair, and maintain all motor ver	icles subject to its control.			
Name:	Position:			
Tracey Rieckers				
OPERATIONAL R	ECONCIDII ITIES			
List the person and/or position responsible for understanding	and complying with the requirements of each category shown			
	and complying want are requirements of each eategery enterm			
below.				
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TARIFF RATES AND CHARGES (WAC 480-70-226 through	WAC 480-70-351) Companies must file with the			
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SECTION 7 - HEARING INFORMATION

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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: 3-4	Amount of time:			
Will an attorney be representing you? If yes, complete the following:				
Attorney's name: MONTGOMERY Attorney's address: 344 E. Pirch Prue	Attorney's phone number: 509 684 2519			
Attorney's address: 344 E. Birch Ave	Fax Number: 684 2188			
Street	E-mail:			
City, State, Zip Cowlle Wa 99114	mlf@cmlf.org			
TYPE OF PAYMENT:				
☐ Check ☐ Money Order ☐ AMEX	☐ Discover ☐ MasterCard ☐ Visa			
Credit Card Information:				
Expiration Date:	Amount:			
SECTION 8 - DEGLARTION OF APPLICANT				
I understand that filing this application does not in itself constitute authority to operate as a solid waste collection company.				
	under authority to operate as a solid music concession			
company.	ate, I understand the responsibilities of a solid waste collection			
As the applicant for a solid waste collection company certifical company, and I am in compliance with all local, state, and fee Washington.	ate, I understand the responsibilities of a solid waste collection			
company. As the applicant for a solid waste collection company certificate company, and I am in compliance with all local, state, and few Washington. I certify under penalty of perjury under the laws of the State of	ate, I understand the responsibilities of a solid waste collection deral regulations governing business in the state of f Washington that the information contained in this application			
As the applicant for a solid waste collection company certifical company, and I am in compliance with all local, state, and feet Washington. I certify under penalty of perjury under the laws of the State of is true and correct. I certify that I am authorized to execute and file this document.	ate, I understand the responsibilities of a solid waste collection deral regulations governing business in the state of f Washington that the information contained in this application			
company. As the applicant for a solid waste collection company certification company, and I am in compliance with all local, state, and few Washington. I certify under penalty of perjury under the laws of the State of is true and correct.	ate, I understand the responsibilities of a solid waste collection deral regulations governing business in the state of f Washington that the information contained in this application			

ATTACHMENT B

JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

This attachment must be completed when filing a joint applicat Certificate of Public Convenience and Necessity.	ion for permission to transfer or lease rights under
Certificate Number G- 259	
Check appropriate box: Transfer All* Barbara Escalante	☐ Lease All** ☐ Lease Portion**
Current Name on Certificate (Seller/Lessor)	3 e
Address (Seller/Lessor)	ghway 25 N Nathpat, WA 99 Phone Number 509 7320607 E-mail: 5equora@ 01traplix.com
Have all fines and /or penalties been paid? Has the closing annual report been filed? Does the buyer/lessee agree to begin service as soon as the Yes No, If not, then when?	□ No □ Yes □ No □ Yes
If the commission assigns this application for formal hearing, present at the hearing? Yes THE BUYER - HES. No SELLER Both the seller/lessor and the buyer/lessee certify that this application for formal hearing, present at the hearing?	-SEE SEN 2.
This application must include a map and copy of the certificate permission to transfer or lease a portion of the certificated audescription of both the portion to be transferred/leased and the	Monto then the application must include a map and
We, as applicants, hereby jointly declare and affirm that all in	formation is true to the best of our knowledge.
Salbara Es colonits Seller's/Lessor's Signature	7-02-10 Stevens Co. WA Date, County, State
Tracy RiceKers. Buyer's/Lessee's Signature	Date, County, State
	any of the color or other agreement to sell

*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.