

APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

Type of Solid Waste Authority Requested	Fee Required
<p><u>Permanent Authority</u> – (check appropriate box below) 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</p> <p><input type="checkbox"/> Extension of Certificate G-_____</p> <p><input checked="" type="checkbox"/> Transfer of authority – Certificate G-__091596_____</p> <p> <input type="radio"/> Complete Attachment B</p> <p><input type="checkbox"/> Lease of authority – Certificate G-_____</p> <p> <input type="radio"/> Complete Attachment B</p> <p><input type="checkbox"/> Reinstatement of cancelled 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>	<p>\$200</p>
<p><u>Temporary Authority</u> – (WAC 480-70-131)</p> <p><input type="checkbox"/> New temporary authority</p> <p> <input type="radio"/> Complete Attachment A</p> <p><input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application.</p> <p><input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days</p> <p> <input type="radio"/> Complete Attachment A</p>	<p>\$25</p>
<p><u>Name Change</u> – (WAC 480-70-121) There can be no change in ownership.</p> <p><input type="checkbox"/> Change of corporate name</p> <p><input type="checkbox"/> Change of trade name</p> <p><input type="checkbox"/> Addition or new trade name</p> <p><input type="checkbox"/> Change of surname of an individual owner or partner</p> <p> <input type="radio"/> Complete Attachment C</p>	<p>\$35</p>
<p><u>Mortgage</u> – including requests for permission to mortgage or otherwise encumber a certificate (WAC 480-70-116)</p> <p> <input type="radio"/> Complete Attachment D</p>	<p>\$35</p>

FOR OFFICIAL USE ONLY			
Date Filed:	Insurance:	Docket #-TG-	Cert Issued: G-
Staff Assigned:	Tariff:	ID #:	Map:
DOL/SOL:	Receipt ID:	227 02 032-20	Related App ID#:

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: Karin Evans

Trade Name(s) (if applicable): A & B Services

Business Address

Mailing Address (if different from Business Address)

Street: 4971 Hunters Shop Rd. #4

Street: P.O. Box 111

City/State/Zip: Hunters, WA 99137

City/State/Zip: Hunters, WA 99137

Phone Number: 509-675-4122

Fax Number: _____

Email: montgomeryksrin@yahoo.com

USDOT Number: _____

SECTION 2 – BUSINESS INFORMATION

Unified Business Identifier #: _____

State of Inc. _____

Type of business structure: Individual Partnership Corporation Other (LP, LLP, LLC)

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

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
<u>Karin Evans</u>	<u>OWNER</u>	<u>100%</u>
_____	_____	_____
_____	_____	_____

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

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

Have you ever applied for and been denied a certificate to transport solid waste?

X No Yes If yes, please explain: _____

Indicate the commodity to be hauled: Household waste and yard waste

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:

See Appendix A

Please attach a map that meet the requirements of WAC 480-70-056 and clearly shows the territory described above.

State below the conditions that justify granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of "immediate and urgent need": Alton Montgomery will have to close this business due to age, I, Karin Evans, have been operation the office part of this business for my Father - in - Law (Alton Montgomery) since he opened the business. Doing the bookkeeping, billing and all reports.

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: I, Karin Evans, have also been doing the trash pickup and removal to landfill for the last four years

Have you been cited for violation of state laws or Commission rules? No Yes
 If yes, please explain: _____

SECTION 3 – FINANCIAL STATEMENT

Please include a Balance Sheet, Profit and Loss Statement, or business plan.

ASSETS		LIABILITIES	
Cash in Bank	\$ 400.00	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$0
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$1500.00	Preferred Stock	\$
Office Furniture	\$1000.00	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets personal property	\$1000.00	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$3900.00

SECTION 4 - RATES AND TARIFFS

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 states in WAC 480-70-146.

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.

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 (www.utc.wa.gov) or you must seek approval to use an alternate format.

Indicate which option you will use: Check one - Adopt File New Tariff

SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary)

Ownership: Lease, own, or plan to purchase?	Year	Make	License Number	Vehicle ID number	Gross Vehicle Weight	Type of Vehicle
Own	1994	Ford	B685308	1FTCR14A3RPB59904	6000	PICK UP

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: Karin Evans

Position: owner / driver

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:

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:

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: Karin Evans

Position: owner

OPERATIONAL RESPONSIBILITIES	
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: Karin Evans	Position: owner
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: Karin Evans	Position: owner
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:	Position:
CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name: Karin Evans	Position: Owner
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, <u>but not limited to</u> : 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: Karin Evans	Position: Owner


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: 5	Amount of time: 60 minutes
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address:	Fax Number:
Street	E-mail:
City, State, Zip	

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 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.

Printed name of applicant: Karin Evans

Signature of application:  Title: Owner

Date: 10/17/2017 County/State: Stevens County, WA



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-091596

Check appropriate box:

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

Current Name on Certificate (Seller/Lessor) Alton Montgomery

Current Trade Name on Certificate (Seller/Lessor) : A & B Services

5421C Fruitland Valley Rd. Fruitland, WA 85282
Address (Seller/Lessor)

509-722-6401
Phone Number

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, 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 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.

Alton Montgomery
Seller's/Lessor's Signature

10-17-17 Stevens WA
Date, County, State

Karin Evans
Buyer's/Lessee's Signature

10/17/2017 Stevens County, WA
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.

ATTACHMENT C



Attachment C

I, Alton Montgomery, do here - by give for love and consideration, to Karin Evans all rights granted by State of Washington to Tariff TG-091596 and the business name A & B Services. If she completes the process to put said Tariff in her name, time is of the essence. If not transferred by Nov.15, 2017. I will close said business as soon as possible.

Date 10-17-17

Alton Montgomery
Alton Montgomery