

## Solid Waste Permit - ATTACHMENT B

## JOINT APPLICATION FOR TRANSFER OR LEASE OF CERTIFICATED AUTHORITY

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Check appropriate box:	blic Convenience and Nec	essity: certificate Nu	imber G- 237	
Transfer All*	Transfer Portion*	Lease All**	Lease Portion	1**
	ntion is for transfer, please oplication is to lease, please			
Current Name on Certil	ficate (Seller/Lessor): Wa	ste Management o	of Washington, Ir	nc.
Current Trade Name or	Certificate (Seller/Lesso	r): WM - Healthcard	e Solutions of W	ashington
Address (Seller/Lessor)	720 4th Avenue, Suit	te 400, Kirkland, W	/A 98033, c/o Mil	ke Weinstein
Phone Number: 206-9	54-3831	Email: mweinst(	@wm.com	
Have all fines ar	nd/or penalties been paid	? No 🗸	Yes	
Has the closing	annual report been filed?	√ No	Yes	
Yes	agree to begin service as	soon as the Commiss	ion authorizes the	transfer or lease?
him.				
If the Commission assignance to be present at	gns this application for for the hearing?	mal hearing, do both Yes No	the seller/lessor a	nd the buyer/lessee
applying for permission	nclude a map and copy of n to transfer or lease a po cription of both the portion holder.	rtion of the certificat	ed authority, then i	the application must
Both the seller/lessor a	and the buyer/lessee certi	fy that this application	on is not made for t	he purpose of
hindering, delaying or o	defrauding creditors.			
We, as applicants, here our knowledge.	eby jointly declare and a	ffirm that all informa	tion is true and co	rrect to the best of
LASTE MAMORONON 9	WADITHUTON, INC.	Joseph of Co	Me-	JAN 18, 2021
Seller Lessor	Signature			Date
TRILOGT MEDWA	STE WESTUC. M Signature	leRM. Fir Michael M. Fir	letz elds	Jun 18 2021 Date
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