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

STATE OF WASH.
1300 South Evergreen Park Drive SW WUTC
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
•• <u>Expedited Temporary Authority</u> (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
<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
•• New Certificate	
•• 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
•• All of Certificate No. G- <u>000198</u>	
•• Portion of Certificate No. G-_____	
•• <u>Reinstatement of Cancelled Certificate</u> (must be filed within 30 days of cancellation) –Include a statement justifying the reinstatement and complete sections 1, 2 and 8	\$200
•• <u>Name Change</u> – does not include changes resulting in change in ownership – Complete section 1 and Attachment C	\$ 35
•• <u>Mortgage of Certificate</u> – Complete section 1 and Attachment D	\$ 35
<u>Lease of Authority</u> – Complete entire application and Attachment B	\$200
•• All of Certificate	
•• Portion of Certificate No. G -_____	

SECTION 1 – APPLICATION INFORMATION

Name of Applicant: <u>Don Burke</u>		
Trade Name(s) (if applicable): <u>DB Hauling LLC</u>		
Phone Number: <u>509 969 9137</u>	Fax Number: ()	E-Mail:
Business Address		Mailing address (if different from Business Address)
Street <u>612 N. 20th Ave.</u>	Street	
City <u>Yakima</u>	City	
State/Zip <u>Wa 98902</u>	State/Zip	

FOR OFFICIAL USE ONLY

Date Filed: <u>1-18-05</u>	Staff Assigned: <u>Anderson</u>	Motcar: <u>43517</u>	Permit Issued G-
Tariff: <u>06</u>	Insurance: <u>06</u>	Contract: <u>06</u>	DOL/SOS: <u>OK</u>
Application: <u>GA-079358</u>	RMS Docket #: <u>TG-050239</u>	Related App ID:	Map:
Text approved for docket	Reception #: <u>0009334</u>	227-02: <u>200.00</u>	032-05:

SECTION 2 – BUSINESS INFORMATION

458 709

Type of business structure:

Individual Partnership Corporation Other(LP, LLP, LLC)

UBI No. ~~602 113 337~~

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

Name	Title	Stock Distribution or Percentage of Shares

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.

SOLID WASTE COLLECTION SERVICE consisting of cannery waste in Yakima County under contracts with DEL MONTE CORPORATION and TREE TOP, INC.

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."

transfer from Haney Truck Line, Inc G000198

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.

13 years operations manager for Haney

Have you been cited for violation of state laws or Commission rules?

No Yes If yes, please explain: _____

SECTION 3 – RATES AND TARIFFS

Is this application to operate under a contract?

No Yes 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	\$ 9,796	Salaries/Wages Payable	\$ 3,000
Notes Receivable	\$	Accounts Payable	\$ 2,000
Accounts Receivable	\$ 12,270	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$ 5,000
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$ 43,000	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$ 60,066
TOTAL ASSETS	\$ 65,066	TOTAL LIABILITIES AND NET WORTH	\$ 65,066

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	Type of vehicle
1991	Kenworth		1XKADB9K5MS	559840 / 100,000	Dump Trailer
1976	MORQ		MED 292		Trailer
1986	Freightliner		1FOE4135G426123	100,000	Dump Trailer
1980	MARR		MED 7024A		Trailer

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: Don Burke Position: OWNER / OPERATOR

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: Don Burke Position: OWNER

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: Don Burke Position: OWNER

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: Don Burke Position: OWNER

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: Don Burke Position: OWNER

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: Don Burke 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: Don Burke 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: N/A Position:

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

Name: Don Burke 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, 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: Don Burke 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: <u>2</u>	Amount of time:
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	

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: Donald O. Berke

Signature of Applicant: *Donald O. Berke*

Date, County, State: 1-10-05

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- 000198

Check appropriate box:

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

HANEY TRUCK LINE, INC

Current Name on Certificate (Seller/Lessor)

Current Trade Name on Certificate (Seller/Lessor)

P.O. BOX 29 YAKIMA, WA 98907

509 853 2568

Address (Seller/Lessor)

Phone Number

Fax: 509 575 1772

E-mail: BRUCEM@QTS INC.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

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.

HANEY TRUCK LINE, INC
by W. Bruce Mowbray, Treasurer

Seller's/Lessor's Signature

1/10/05 YAKIMA WA

Date, County, State

[Signature]

Buyer's/Lessee's Signature

1/10/05 YAKIMA 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.

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

HANEY TRUCK LINE, INC.
P.O. BOX 29
YAKIMA, WA 98907

PERMIT NO.
G-000198

D-3

REFUSE COLLECTION SERVICE consisting of cannery waste in Yakima County under contracts with DEL MONTE CORPORATION and TREE TOP, INC.

M. V. G. NO. 1467

01-15-91

WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By _____

Paul C. ...





Customized Truckload Transportation Since 1924

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05 FEB 11 AM 8:31

STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

Bill of Sale

For valuable consideration, Haney Truck Line, Inc., sells and transfers its permit for transport of regulated commodity in Washington State. Permit # G-000198 is hereby released, subject to approval of the Washington Utilities and Transportation Commission Effective on date of approval.

January 10, 2005 at Yakima Washington, at the corporate office's of Haney Truck Line, Inc.

W. Bruce Moorer Jr. C.P.A.
Treasurer



Office of Joe Brooks

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RECORDS SECTION

05 FEB 11 AM 8:31

STATE OF WASH.
UTIL. AND TRANSP.
COMMISSION

February 7, 2005

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504

Re. DB Hauling, LLC

To Whom It May Concern,

Please be advised that the application for waste permit transfer from Haney Truck Line to DB Hauling (Don Burke, 610 N 20th Ave., Yakima, WA 98902) is acceptable and in accordance with the interests and waste hauling services as currently provided to/for Tree Top, Inc., 205 S. Railroad Ave, PO Box 248, Selah, WA 98942.

Thank you.

Joe A. Brooks
Plant Manager
Selah Plant

Cc: Jeff Davis
Tom Davis
Terry Morgan
Ron Richardson
Don Burke



DEL MONTE FOODS

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05 FEB 11 AM 8:31

STANLEY K-SIL
UTIL AND TRANSP.
CORPORATION

P.O. Box 1528
Yakima, WA 98907-1528
509-575-6580

February 2, 2005

DB Hauling
Don Burke
610 N. 20th Ave
Yakima, WA 98902

Dear Mr. Burke,

I spoke with Roger Bell, Operations Director for Haney truck Lines, he informed me that DB Hauling has purchased the equipment to transfer our pear waste. Therefore, DEL MONTE FOODS is ready to transfer the waste permit into DB Hauling's name.

Sincerely,

Steve Carlson
Field Superintendent, DEL MONTE FOODS
509-575-6580 X116

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S. Evergreen Park Drive S.W., P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222

BURKE, DONALD
DB TRUCKING
612 NORTH 20TH AVE.
YAKIMA, WA 98902

PERMIT: CC-61591
DATE: 12-01-2004

INTRASTATE COMMON CARRIER PERMIT

Pursuant to the provisions of Chapter 81 RCW, THIS IS TO CERTIFY that authority is granted to operate as a COMMON CARRIER in the transportation of:

GENERAL COMMODITIES IN THE STATE OF WASHINGTON

EXCLUDING:

Household Goods
Hazardous Materials
Armored Car Service

WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION

By Linda Elhardt
for Carole Washburn

NOTE: A copy of this permit MUST be carried in each vehicle being operated under this authority.

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

DB HAULING, LLC

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

Date: 12/30/2004

UBI Number: 602-458-709

APPID: 197409



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

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

PRODUCER
CHADWICK TRUCK INSURANCE, LLC.
 1016 S 6TH AVENUE
 YAKIMA WA 98902
 PHONE: 509-452-6506
 FAX: 509-452-6520

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

INSURED
D B HAULING LLC
 612 N 20TH AVE
 YAKIMA WA 98902

INSURER A: **GREAT WEST CASUALTY CO.**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED. EXP (Any One Person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OP AGG.	\$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	GWP26257A	NOV 30 04	NOV 30 05	COMBINED SINGLE LIMIT (Ea accident)	\$ 750,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS / UMBERELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/Member EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE-EA EMPLOYEE	\$
					E.L. DISEASE-POLICY LIMIT	\$
	OTHER:					

DESCRIPTION OF OPERATIONS/LOCATION/VEHICLES/EXCLUSIONS ADDED ENDORSEMENT/ SPECIAL PROVISIONS
 FORM E SOON TO FOLLOW FROM INSURANCE COMPANY
 CC#61591

CERTIFICATE HOLDER

ADDITIONAL INSURED; INSURER LETTER:

CANCELLATION

W U T C
 P O BOX 47250
 OLYMPIA WA 98504

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Chadwick Truck Insurance LLC
Edward J. Chadwick

Attention: