

APPLICANT STATEMENT

RECEIVED

(To be completed by the individual requesting operating authority)

Applicant Name: Sure-Way Systems, Inc

Application Docket No.:

DEC 15 2004

WASH. UT. & TP. COMM

THE APPLICATION What authority are you applying for? Include any amendments.

The Authority to haul and dispose of all Biomedical and Biohazardous waste in Eastern WA.

SUPPORT STATEMENT

(To be completed by the individual or business/organization supporting the request for operating authority)

THE TRANSPORTATION NEED Briefly describe the transportation service that you need and that the application could provide to you or your business/organization if this request for operating authority is granted. We use/need medical waste disposal services. While

our "basic" needs are met with present service we always do comparison shopping to get the most service for the best prices. We are unable to do that presently and would like to. Peers in other states have this ability.

Are your transportation needs being met now? Yes ___ No If not, explain problems you have experienced. We are currently paying for supplies that in other states that have competing companies do not have to pay for supplies. We believe that there is sufficient business available for a competing companies thereby providing the consumer with better service at a more affordable price.

If the request is denied, would it have any affect on you or your business/organization:

Yes No ___ If yes, please explain. Yes we are paying too much for less service than what we could get if there were competing companies. We would continue to pay for supplies that may be provided by a competitor. Bottom line regulate the service not limit the competition.

VERIFICATION

(To be completed by the individual or business/organization supporting the request for operating authority)

Name and Title: Georgette Wendt, Clinic Administrator

Business/Organization: Valley Young People's Clinic

Street/Mailing Address: 1414 N. Vercler Bld #1

City, State, Zip Code: Spokane Valley, WA 99216

Telephone Number: 509 928 6383

Fax Number: 509 926 9420

I understand that this information is being given as the basis for a grant of operating authority by the Washington Utilities and Transportation Commission, an agency of the state of Washington. I certify or declare under penalty of perjury under the laws of the state of Washington that the information contained in this statement is true and correct.

Georgette Wendt
PRINT NAME

Georgette Wendt
SIGNATURE

121009
DATE