

|   |   |                                       |               |
|---|---|---------------------------------------|---------------|
| <b>VENDOR NAME AND ADDRESS</b><br><br>Tom Courtney<br>PO Box 2638<br>Chelan, WA 98816                 | AGENCY NUMBER<br><b>2150</b>  | LOCATION CODE                         |               |
|   | AGENCY P.R. OR AUTHORIZATION NUMBER<br><b>REFUND</b>  |                                       |               |
|   | AGENCY NAME AND LOCATION<br><b>UTILITIES AND TRANSP. COMM.<br/>         1300 S. EVERGREEN PK DRIVE S.W.<br/>         P.O. BOX 47250<br/>         OLYMPIA, WA 98504-7250</b> |                                       |               |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.) |   | RECEIVED BY<br><b>BUSINESS OFFICE</b> | DATE RECEIVED |

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – Carrier withdrew the application due to contract issues.

RECEPTION OR FIELD RECEIPT NO. 42900 DATED 01-17-13 \$35.00

| PREPARED BY<br>Tina Leipski <i>[Signature]</i> |            |              | TELEPHONE NUMBER<br>664-1170 |                         |               | DATE<br>3/11/13 |            |                              | AGENCY APPROVAL<br><i>[Signature]</i> |                    |               | DATE<br>3/12/13       |          |                |          |                |
|--|------------|--------------|------------------------------|-------------------------|---------------|-----------------|------------|------------------------------|---------------------------------------|--------------------|---------------|-----------------------|----------|----------------|----------|----------------|
| DOC. DATE                                      |            | PMT DUE DATE |                              | CURRENT DOC. NO.        |               | REF. DOC. NO.   |            | VENDOR NUMBER<br><b>VOD1</b> |                                       | VENDOR MESSAGE     |               | USE TAX               |          | UBI NUMBER     |          |                |
| REF DOC SUF                                    | TRANS CODE | M O D        | FUN D                        | MASTER INDEX APPN INDEX | PROGRAM INDEX | SUB OBJ         | SUB OBJECT | ORG INDEX                    | WORK CLASS ALLOC                      | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJEC T              | SUB PROJ | PROJ PHAS      | AMOUNT   | INVOICE NUMBER |
|  | 198        |              | 111                          |                         |               | 02              | 68         |                              |                                       |                    |               |                       |          |                | \$275.00 | REFUND         |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
|  |            |              |                              |                         |               |                 |            |                              |                                       |                    |               |                       |          |                |          |                |
| ACCOUNTING APPROVAL FOR PAYMENT                |            |              |                              |                         |               |                 |            |                              |                                       | DATE               |               | WARRANT TOTAL \$35.00 |          | WARRANT NUMBER |          |                |

*Sent to FS 3/13/13*

TG-130088-AT



**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 1-800-416-5289  
 WEBSITE: [www.utc.wa.gov](http://www.utc.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 |
|--|--------------|
| <input type="checkbox"/> Expedited Temporary Authority (to meet an urgent need for up to thirty days) - Complete entire application and Attachment A (WAC 480-70-136)                              | \$ 25        |
| <input type="checkbox"/> Temporary Authority (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        |
| <input type="checkbox"/> New Certificate   |              |
| <input type="checkbox"/> 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        |
| <input type="checkbox"/> All of Certificate No. G- _____   |              |
| <input type="checkbox"/> Portion of Certificate No. G- _____   |              |
| <input type="checkbox"/> 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        |
| <input checked="" type="checkbox"/> <u>Name Change</u> - does not include changes resulting in change in ownership - Complete section 1 and Attachment C   | \$ 35        |
| <input type="checkbox"/> Mortgage of Certificate - Complete section 1 and Attachment D   | \$ 35        |
| <u>Lease of Authority</u> - Complete entire application and Attachment B   | \$200        |
| <input type="checkbox"/> All of Certificate  |              |
| <input type="checkbox"/> Portion of Certificate No. G- _____   |              |

*3/11/13*  
*Transfer of G-191*  
*fr: Tom Courtney*

**SECTION 1 - APPLICATION INFORMATION**

Name of Applicant: TOM COURTNEY MOUNTAIN BARGE SERVICES LLC

Trade Name(s) (if applicable): STEELERIN MAINTENANCE & MACHINERY

Phone Number: ( ) Fax Number: ( ) E-Mail:

Business Address: Street \_\_\_\_\_ Mailing address (if different from Business Address) Street \_\_\_\_\_

City \_\_\_\_\_ City \_\_\_\_\_

State/Zip \_\_\_\_\_ State/Zip \_\_\_\_\_

| FOR OFFICIAL USE ONLY      |                             |                             |                        |
|----------------------------|-----------------------------|-----------------------------|------------------------|
| Date Filed: <u>1/11/13</u> | Docket #: TG- <u>130088</u> | Tariff: <u>M151</u>         | Permit Issued G- _____ |
| Staff Assigned: _____      | Insurance _____             | ID#: _____                  | Map: _____             |
| DOL/SOS _____              | Reception #: <u>042300</u>  | 227-02: _____ 032-05: _____ | Related App ID: _____  |

*#35 #3004*

**Posted**  
*RMS*  
*2*