	PPLICANT STATEME By The individual requesting	g operating authority)	in the second of
Applicant Name: Freedom 2000 LLC dba	' '	on Docket No.:	
Cando Recycling and Disposal	JUN 23 2009	TG-0815	76
THE APPLICATION What authority	are you applying for?	Include any amend	ments.
Applying for a certificate to operate a RCW for the Point Roberts area.	as a solid waste collect	tion company under	r Chapter 81.77
(To be completed by the individual or l	SUPPORT STATEMEL pusiness/organization supp		perating authority)
THE TRANSPORTATION NEED By the application could provide to you or the pranted.	riefly describe the transp your business/organization	ortation service that your if this request for c	you need and that operating authority is
Curbside collection will cease effect service of solid waste and recyclable		eed commercial/ re	sidential pick up
Are your transportation needs being me experienced. The current solid waste company ha waste and surrendering their certific July 1, 2009. Additionally, the WUTG certificate.	as issued a letter disco ate to operate as a sol	— ntinuing curbside co id waste collection	ollection of solid company effective
f the request is denied, would it have a res X No If yes, please expla We are unable to self haul our commum dumpsters except those which have furthermore we would have to reall ransfer station and we have no means.	in. nercial/residential garb been provided and wi ocate staff to deal with	eage. We do not have Il be removed on Ju transporting the ga	ve any commercial ly 1, 2009.
(To be completed by the individual or			K
Name and Title: <u>Sheel n H</u> Business/Organization: <u>Point</u>	OLIVER	mgR.	
Business/Organization: Point	COBERTS PETR	oleumlden	CAN-AM.)
Street/Mailing Address: 3657	yee (MAIL)	30x 52)	{
City, State, Zip Code: Soin T	,	JA 9828	
elephone Number: 360 - 94	5-2639 F	ax Number:	\ \tag{\tau}
understand that this information is being of Utilities and Transportation Commission, a perjury under the laws of the state of Wash	n agency of the state of Wa	ashington. I certify or d	eclare under penalty of
•	0,		
SheelaH Ohrex	Shaelul	alein	6/19/9
PRINT NAME	SIGNATU	JRE	DATE
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APPLICANT (To be completed by the individu				
Applicant Name:	Application Docket No.:			
Freedom 2000 LLC dba Cando Recycling and Disposal	TG-081576			
THE APPLICATION What authority are you app	ying for? Include any amendmentsCEIVED			
Applying for a certificate to operate as a solid waste collection company under Charles §1.77				
RCW for the Point Roberts area.	TATEMENT WASH, UT & TP. COMN			
SUPPORT S (To be completed by the individual or business/organi				
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. Curbside collection will cease effective July 1, 2009. We need commercial/ residential pick up service of solid waste and recyclables.				
Are your transportation needs being met now? Yes No: X If not, explain problems you have experienced. The current solid waste company has issued a letter discontinuing curbside collection of solid waste and surrendering their certificate to operate as a solid waste collection company effective July 1, 2009. Additionally, the WUTC have issued an order confirming cancellation of the certificate.				
If the request is denied, would it have any affect on you or your business/organization: Yes X No If yes, please explain. We are unable to self haul our commercial/residential garbage. We do not have any commercial dumpsters except those which have been provided and will be removed on July 1, 2009. Furthermore we would have to reallocate staff to deal with transporting the garbage to the transfer station and we have no means of transporting such waste.				
	CATION ization supporting the request for operating authority)			
Name and Title: Dave S. LAhr RETAIL AREA MANAGER				
Business/Organization: USA GAS Station / Tosono				
Street/Mailing Address: ฯ๑๐ Тубб ปลามัธ				
City, State, Zip Code: Pt. Roberts WA 93281				
Telephone Number: 360 945 -1519 Fax Number: 360 945 - 1639				
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.				
DOINT NAME	SIGNATURE DATE			
PRINT NAME	SIGNATURE DATE			

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