## APPLICANT STATEMENT (To be completed by the individual requesting operating authority) **Application Docket No.:** Applicant Name: Freedom 2000 LLC dba TG-081576<sup>JUN 25 2009</sup> **Cando Recycling and Disposal** THE APPLICATION What authority are you applying for? Include any amendments WASH. UT. & TP. COMM Applying for a certificate to operate as a solid waste collection company under Chapter 81.77 RCW for the Point Roberts area. 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. 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.

| VERIFICATION   |
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| (To be completed by the individual or business/organization supporting the request for operating authority)  |
| Name and Title: Ben Lazavier, Owner  |
| Business/Organization: West wind Marine  |
| Street/Mailing Address: A Simundson Wilee  |
| City, State, Zip Code: Pt. Polserts, WA 98281  |
| Telephone Number: 360 945 5523 Fax Number: 360 945 5526  |
| 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. |
| Benlazarus ISTUNIO9 PRINT NAME SIGNATURE DATE  |