



**SOLID WASTE COLLECTION COMPANY
UNDER CHAPTER RCW 81.77.040**

621 Woodland Square Loop SE
Lacey, WA 98503
PO Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Website: www.utc.wa.gov

This application packet contains the following information:

- Application Forms
- Sample Standard Tariff Format
- WAC 480-70 – Rules Relating to Solid Waste Collection Companies
- *“Your Guide to Achieving a Satisfactory Safety Rating”*

You may not begin operations as a solid waste collection company until you are granted authority and a solid waste certificate is issued by the Utilities and Transportation Commission (Commission). Applications are subject to public notice and protest and may be set for a hearing.

You must file and maintain Public Liability and Property Damage Insurance (Form E) with the Commission covering each vehicle operating under your solid waste certificate in the state of Washington. The Commission must be shown as the certificate holder.

Per [WAC 480-70-181](#), insurance or bond minimum limits are:

Vehicles less than 10,000 GVWR	\$300,00 combined single limit of public liability and property damage insurance – Form E
Vehicles 10,000 GVWR and more	\$750,000 combined single limit of public liability and property damage insurance – Form E
Transport quantities of biomedical waste not subject to federal regulation	\$1,000,000 combined single limit of public liability and property damage insurance – Form E
Transport quantities of hazardous or biomedical waste that are subject to federal regulation	The federal minimum combined single limit coverage (see Title 49 CFR Part 387.301 & 303)

You may contact our Licensing Services staff for assistance at 360-664-1222. Our Compliance staff can be reached at 360-664-1244. The Commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1133 or to TTY, 800-416-5289.

Please submit application forms, appropriate attachments, and proof of insurance to the address below:

Utilities and Transportation Commission
621 Woodland Square Loop SE, Lacey, WA 98503
PO Box 47250
Olympia, WA 98504-7250

Please refer to our website at <http://www.utc.wa.gov/regulatedIndustries/transportation/solidwaste> for WORD and PDF versions of this application, standard tariff format, adoption notice, etc.

Checklist for a completed application

- Type of authority requested – check one
 - Make sure appropriate Attachment is completed and attached.
- Correct fees
- Legal Name – as registered with Business Services Licensing
 - If corporation or LLC, name must match registration with Secretary of State’s office.
- Trade Name(s) – as registered with Business Services Licensing
- Physical address – Mailing address also if different from physical address
- Phone, Fax and email address
- USDOT number – all carriers must have one. The legal name on the USDOT must match how you are applying for this authority.
- UBI number – as registered with the Business Service Licensing
- Type of Business Structure
 - If Partnership, Corporation, or Other, list members of partnership, corporation or LLC and their percentages. Corporation must be registered with the Secretary of State’s office.
- Indicate the commodity you plan on hauling
- A complete description of the proposed service including the line, route, or service territory described in terms such as streets, avenues, roads, highways, townships, ranges, cities, towns, counties, or other geographic descriptions.
- Map of the proposed line, route, or service territory that meets standards described in WAC 480-30-051.
- A statement of conditions that justify the proposed service.
- A statement of the applicant’s prior experience and knowledge of transportation or solid waste, including motor carrier driver and equipment safety requirements.
- Financial Statement of assets and liabilities, as well as a balance sheet or business plan.
- Will you operate under a contract? If so, attach a copy of contract.
- Proposed rates and tariff – sample tariff pages attached.
- A list of equipment to be used in providing the proposed service (indicate whether the equipment is owned, leased or planning on purchasing)
- Safety & Operations – complete with person and position that will be responsible for understanding and complying with the requirements.
- Operational Responsibilities - completed with person and position that will be responsible for understanding and complying with the requirements.
- Hearing information – just in case your application is scheduled for a formal hearing.
- Declaration of Application – make sure application is signed and dated

APPLICATION FOR A SOLID WASTE COLLECTION COMPANY CERTIFICATE

Type of Solid Waste Authority Requested	<u>Fee Required</u>
<p><u>Permanent Authority</u> – (check appropriate box below) Complete entire application and submit a proposed tariff as outlined in the standard tariff form. (WAC 480-70-091)</p> <ul style="list-style-type: none"> <input type="checkbox"/> New Certificate <input type="checkbox"/> Extension of Certificate G-_____ <input type="checkbox"/> Transfer of authority – Certificate G-_____ <ul style="list-style-type: none"> o Complete Attachment B <input type="checkbox"/> Lease of authority – Certificate G-_____ <ul style="list-style-type: none"> o Complete Attachment B <input type="checkbox"/> Reinstatement of cancelled authority – Certificate G-_____ (must be filed within 30 days of cancellation). Include a statement justifying the reinstatement and complete sections 1, 2, and 8 	\$200
<p><u>Temporary Authority</u> – (WAC 480-70-131)</p> <ul style="list-style-type: none"> <input type="checkbox"/> New temporary authority <ul style="list-style-type: none"> o Complete Attachment A <input type="checkbox"/> Temporary authority to operate pending a commission decision on a concurrently filed certificate application. <input type="checkbox"/> Expedited temporary authority – to meet an immediate or urgent need for a period of not more than 30 days <ul style="list-style-type: none"> o Complete Attachment A 	\$25
<p><u>Name Change</u> – (WAC 480-70-121) There can be no change in ownership.</p> <ul style="list-style-type: none"> <input type="checkbox"/> Change of corporate name <input type="checkbox"/> Change of trade name <input type="checkbox"/> Addition or new trade name <input type="checkbox"/> Change of surname of an individual owner or partner <ul style="list-style-type: none"> o Complete Attachment C 	\$35
<p><u>Mortgage</u> – including requests for permission to mortgage or otherwise encumber a certificate (WAC 480-70-116)</p> <ul style="list-style-type: none"> o Complete Attachment D 	\$35

FOR OFFICIAL USE ONLY

Date Filed:	Insurance:	Docket #-TG-	Cert Issued: G-
Staff Assigned:	Tariff:	ID #:	Map:
DOL/SOL:	Receipt ID:	227 02 032-20	Related App ID#:

FILING YOUR APPLICATION

Select one of the following:

- Scan/PDF your application to efileapp.utc.wa.gov and pay online at payments.utc.wa.gov, or,
- Mail your application **with** your check or money order to the following address:
UTC, PO Box 47250, Olympia, WA 98504-7250

ACH online (no service fee) or credit card online at payments.utc.wa.gov (2.5% or minimum of \$3.95 is charged by Official Payments for credit card processing).

DO NOT EMAIL YOUR CREDIT CARD INFORMATION

SECTION 1 – APPLICANT INFORMATION

Legal Name of Applicant: _____

Trade Name(s) (if applicable): _____

Business Address

Mailing Address (if different from Business Address)

Street: _____

Street: _____

City/State/Zip: _____

City/State/Zip: _____

Phone Number: _____

Fax Number: _____

Email: _____

USDOT number: _____

SECTION 2 – BUSINESS INFORMATION

Unified Business Identifier #: _____

State of Inc. _____

Type of business structure: Individual Partnership Corporation Other (LP, LLP, LLC)

List the name, title, and percentage of partner or member’s share, or stock distribution for major stockholders.

<u>Name</u>	<u>Title</u>	<u>Stock Distribution or % of Shares</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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: _____

Indicate the commodity to be hauled: _____

Please describe the territory in which you wish to operate, include the name, address, and county for disposal of waste and the name, address and county where residential recycling materials will be delivered. (NOTE: Territory must be described using boundaries such as streets, avenues, roads, highways, townships, ranges, city limits, county boundaries or other geographic description:

Please attach a map that meet the requirements of WAC [480-70-056](#) and clearly shows the territory described above.

State below the conditions that justify granting of this application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of “immediate and urgent need”:

Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements: _____

Have you or your company ever been cited for business-related violation of state laws or commission rule or any other federal or state agency?
 No Yes If yes, please explain _____

SECTION 3 – FINANCIAL STATEMENT

Please include a Balance Sheet, Profit and Loss Statement, or business plan.

ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Contracts and Bonds Payable	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES AND NET WORTH	\$

SECTION 4 - RATES AND TARIFFS

Is this application to operate under a contract? No Yes If yes, submit a copy of each contact under which service will be performed. The contract must contain all the elements states in [WAC 480-70-146](#).

If this application is for temporary authority, a new certificate, or extension of existing certificated authority, you must attach a copy of your proposed tariff using either the standard tariff format included in this package, or an approved alternate format. All tariffs must comply with the provisions of WAC [480-70-226](#) through WAC 480-70-351.

If this application is for a transfer or 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 (www.utc.wa.gov) or you must seek approval to use an alternate format.

Indicate which option you will use: Check one - Adopt File New Tariff

SECTION 5 - EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary)

Ownership: Lease, own, or plan to purchase?	Year	Make	License Number	Vehicle ID number	Gross Vehicle Weight	Type of Vehicle

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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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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:	Position:
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OPERATIONAL RESPONSIBILITIES	
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:	Position:
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:	Position:
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:	Position:
CUSTOMER SERVICE –Person responsible for customer service complaints, customer notice requirements, and compliance with county solid waste plans.	
Name:	Position:
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, <u>but not limited to</u> : 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, Internal Revenue Service (taxes); and Employment Security.	
Name:	Position:

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:	Amount of time:
Will an attorney be representing you? If yes, complete the following:	
Attorney's name:	Attorney's phone number:
Attorney's address: Street City, State, Zip	Fax Number:
	E-mail:

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 collections 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.

Printed name of applicant: _____

Signature of application: _____ Title: _____

Date: _____ County/State: _____



ATTACHMENT A

TEMPORARY CERTIFICATE OR EXPEDITED TEMPORARY AUTHORITY SUPPORT STATEMENT

Temporary certificate applications and Expedited Temporary Authority applications must include sworn statements from one or more potential customers identifying all pertinent facts relating to an immediate and urgent need for service.

Applicant Name: _____

CUSTOMER SWORN STATEMENT OF IMMEDIATE AND URGENT NEED FOR SERVICE

Customer Name: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

Describe the immediate and urgent need for the requested service: _____

If there is an existing company providing the service in the territory, please indicate the existing Company's name (if applicable): _____

Explain why the current company is not able to provide you service: _____

What date(s) do you need the service? _____

What do you need transported? _____

Number of days, trips, loads: _____

Transported from: _____ To: _____

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.

Print Name Signature Date, County, State

*This form is not required to be filed for an application for temporary authority to operate an existing certificate pending the outcome of an application to transfer permanent authority.



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-_____

Check appropriate box:

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

Current Name on Certificate (Seller/Lessor)

Current Trade Name on Certificate (Seller/Lessor)

Address (Seller/Lessor)

Phone Number

- 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 no, 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

This application must include a map and copy of the certificate 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.

Both the seller/lessor and the buyer/lessee certify that this application is not made for the purpose of hindering, delaying or defrauding creditors.

We, as applicants, hereby jointly declare and affirm that all information is true and correct to the best of our knowledge.

Seller's/Lessor's Signature

Date, County, State

Buyer's/Lessee's Signature

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.**



ATTACHMENT C

CHANGE OF CORPORATE/INDIVIDUAL NAME

This application is for name change only and must not involve a change in ownership, management, or control of the solid waste certificate authority.

A company must file a name change application to:

- Change a corporation’s name
- Change or add a trade name
- Change the surname of an individual owner or partner to reflect a change resulting from marriage or other legal action.

NOTE: You **may not** advertise to operate under the changed name until a certificate is issued in the new name.

Current Name on Certificate

Current Trade

Address

Email address

Phone number

Fax Number

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

I request the name on solid waste certificate G-_____ be changed to:

New Name: _____ UBI Number: _____

New Trade Name (if applicable): _____

Address (if changed): _____

If a corporation, list names, titles, stock distribution or major stockholders under the current name:

You must file a new tariff using the same rate levels as currently on file, or adopt the current tariff in the new name. To file a new tariff, use the standard tariff format (www.utc.wa.gov) or you must seek approval to use an alternate form.

Indicate which option you will use: Adopt or File a New Tariff

I certify that this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant and that all information is current and valid.

Printed name of Applicant

Title

Signature

Date, County, State



ATTACHMENT D

PERMISSION TO MORTGAGE A CERTIFICATE

You must attach a copy of the mortgage and a Profit and Loss Statement for the 12-month period indicated below.

\$ _____
Amount of Mortgage

_____ Date Mortgage is in Effect

Mortgage will be due and payable as follows: _____

Mortgage is incurred for the following purpose: _____

Indicate other property to be secured by the mortgage: _____

For the most recent 12-month period ending _____, the internally generated funds of the certificate holder consist of the following:

Depreciation	\$ _____	
Net Income	\$ _____	
Other	\$ _____	
Total:		\$ _____

Less the estimated payments during the next 12-month period for:

Interest in existing debt	\$ _____
Interest on proposed debt	\$ _____
Principal payments on existing debt	\$ _____
Principal payments on proposed debt	\$ _____
Payments on other long-term obligations	\$ _____
Total:	\$ _____

Balance of internal funds available for other purposes: \$ _____

If internally generated funds are insufficient to meet the actual and proposed interest and principal payments, report the source and amount of other funds to be used for these payments.

I certify this information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information is current and valid.

Print Name

Signature

Date, County, State