



621 Woodland Square Loop SE
 Lacey, WA 98503
 P.O. Box 47250
 Olympia, WA 98504-7250
 Phone: 360-664-1222
 Email: transportation@utc.wa.gov

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

This application packet contains the following information:

- Application Form
- **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 the Utilities and Transportation Commission (the commission) issues you a solid waste certificate, granting you the authority to operate. Applications are subject to public notice and protest, and may be set for a hearing.

Insurance Requirements

You must file and maintain Public Liability and Property Damage Insurance (**Form E**) with the commission covering each vehicle operating under your requested 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:

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| Vehicles less than 10,000 GVWR | \$300,000 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) |

The commission has a policy of providing equal access to its services. If you need special accommodations, please call 360-664-1243 or The Washington Relay Service at 7-1-1 or 1-800-833-8384.

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 on-line (no service fee) or credit card on-line 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

CHECKLIST

Type of authority requested – check one.

- Make sure appropriate attachment is completed and attached.

Correct fees.

Legal Name – as registered with [Business Licensing Services](#).

- If corporation or LLC, name must match registration with [Secretary of State's office](#).

Trade Name(s) – as registered with Business Licensing Services.

Physical address – mailing address, if different from physical address.

Phone number and email address.

USDOT number – all carriers must have one. The legal name on the [USDOT MCS-150](#) must match how you are applying for this authority.

UBI number – as registered with the Business Licensing Services.

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.

Complete the industry questionnaire completely.

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 of 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](#).

A list of equipment to be used in providing the proposed service (indicate whether the equipment is owned, leased or planned purchase).

Safety and Operations – complete with person and position that will be responsible for understanding and complying with the requirements.

If your company operates commercial vehicles and has CDL drivers, include evidence of enrollment in a drug and alcohol testing program, or evidence that you have your own drug and alcohol testing program in place. See [49 CFR 382\(e\) and 383.5](#).

Operational responsibilities – completed with person and position that will be responsible for understanding and complying with the requirements.

Hearing information – in the event that your application is scheduled for a formal hearing.

Declaration of Application – ensure the application is signed and dated.



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Section 1 – Business Information

Legal Name:

Trade Name(s), if applicable:

Physical Address:

Mailing Address:

Telephone Number(s):

Email Address:

USDOT#: If you do not have a USDOT number, go on-line at www.fmcsca.dot.gov/online-registration to apply or call 360-596-3812 for assistance.

Is your business registered with the **Department of Revenue**? No Yes

Business License/UBI#:

Type of Business

Individual Partnership Corporation Other (LP, LLP, LLC) State of Incorporation

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

Name Title Stock Distribution/% of Shares

**SUBMIT AS ATTACHMENT IF MORE SPACE IS REQUIRED*

Section 2 – Industry Questionnaire

1. Do you currently hold, or have you ever held a solid waste certificate? No Yes

If yes, please indicate your certificate number: G-

2. Have you ever applied for and been denied a certificate to transport solid waste? No Yes

If yes, please explain:

Section 2 – Industry Questionnaire Continued

3. 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).

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

4. State below the conditions that justify granting your application. If you are applying for temporary certificate authority, be sure your statement addresses and support the question of “immediate and urgent need.”
5. Please tell us about your experience and knowledge of transportation or solid waste, including knowledge of motor carrier driver and equipment safety requirements:
6. Have you or your company ever been cited for business-related violations of state laws or commission rules by the commission or any other federal or state agency? **No** **Yes** **If yes, please explain:**



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7. Will you be employing CDL drivers? Yes No If "yes" you must attach evidence of enrollment in a drug and alcohol testing program.

Section 3 - Financial Information

Complete the following or attach a balance sheet, profit and loss statement, or business plan.

| Assets | | Liabilities | |
|----------------------|--|--|--|
| Cash in Bank | | Salaries/Wages Payable | |
| Notes Received | | Accounts Payable | |
| Investments | | Notes Payable | |
| Other Current Assets | | Mortgages 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

7. 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 stated in [WAC 480-70-146](#).
 Is the contract with a (check one): City County Municipality Other
8. 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](#). Have you attached a proposed tariff? Yes No
9. 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](#) or you must seek approval to use an alternate format.
 Indicate which option you will use: Adopt File New Tariff

Have you attached a proposed tariff? Yes No

Section 5 - Equipment List

solid waste collection services.

| Lease/Own/ Plan to Purchase | Year | Make | License Number | Vehicle ID (VIN) | GVW | Type of Vehicle |
|--------------------------------|------|------|----------------|------------------|-----|-----------------|
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attach additional pages if necessary

Section 6 – Safety

list the person and position responsible

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Controlled Substance and Alcohol Use and Testing Title 49, Code of Federal Regulations Part 382 and Part 40

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Please attach evidence of your enrollment in a drug and alcohol testing program if your company has commercial vehicles and employs CDL drivers

Commercial Drivers License (CDL) Requirements (Title 49, CFR Part 383)

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Driver Qualification Requirements (Title 49, CFR Part 391)

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Drivers Hours of Service (Title 49, CFR Part 395)

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Controlled Substances and Alcohol Testing (Part 382)

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Inspection, Repair and Maintenance (Title 49, CFR Part 396)

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| Section 7 - Operational Responsibilities | |
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| Tariff Rates and Charges (WAC 480-70-226 through WAC 480-70-351) # c | |
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| Annual Reports and Regulatory Fees (WAC 480-70-071 & 076) # | |
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| Biomedical Waste (WAC 480-70-426 through 476) # #7k h | |
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| Customer Service (WAC 480-70-386 and 391) h | |
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| State of Washington – general laws, rules and regulations: @ | |
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| Section 8 – Hearing Information | |
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Section 9 - Declaration of Applicant

Initial

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.

I certify that I am the applicant, or I am authorized to execute and file this document on behalf of the applicant.

| | |
|-------|-------|
| Name: | Date: |
|-------|-------|

Section 10 – Additional Required Attachments

- Attachment A – Temporary Certificate or Expedited Temporary Authority Support Statement**
- Attachment B – Joint Application for Transfer or Lease of Certificated Authority**
- Attachment C – Change of Corporate/Individual Name**
- Attachment D – Permission to Mortgage a Certificate**