

ATTACHMENT A

JOINT APPLICATION FOR TRANSFER OF CHARTER/EXCURSION AUTHORITY

Current Name on Certificate (Seller): Randy Bennett

Current Trade Name on Certificate (Seller): TEAM Forks LLC

Address (Seller): PO Box 995 Forks, WA 98331

Certificate Number: _____ Phone Number (Seller) 360-640-5152

Have all fines or penalties owed to the Commission been paid? No Yes

Has the closing safety report been filed with the Commission? No Yes

Does the buyer agree to begin service as soon as the Commission authorizes the transfer?
 Yes No, If not, then when? _____

RECEIVED

FEB 26 2014

RELEASE OF AUTHORITY

WASH. UT. & TP. COMM

I, the seller have sold or otherwise released interest in my Charter/Excursion Certificate authority
CH-063844 to the following:

Name of Buyer: Charlene Cross

Trade Name of Buyer: Team Forks LLC

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

Randy Bennett
Seller's signature

2-21-14
Date and Location

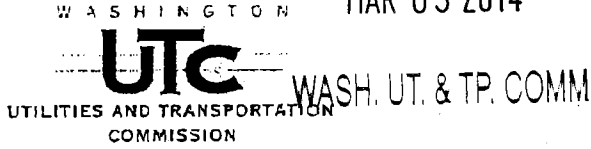
Charlene Cross
Buyer's Signature

2/19/14
Date and Location

RECEIVED

MAR 03 2014

TE 14.0289
COPY -



1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250
Phone: 360-664-1222
Fax: 360-586-1181
TTY: 360-586-8203
or
1-800-416-5289
e-mail: Transportation@utc.wa.gov

APPLICATION FOR CHARTER AND EXCURSION CARRIER SERVICE
CERTIFICATE

Application Fee and Initial Regulatory Fees due at time of application:
\$200 PLUS \$25 PER VEHICLE

Passenger Charter and Excursion Carrier Services	Fee Required
Application fee (Application for new certificate, to reinstate a previously canceled certificate, or to transfer an existing certificate to a new owner or business structure)	\$200.00
Name Change (Application to change a company's corporate name, change a trade name, add a new trade name, or change the surname of an individual owner or partner)	\$ 35.00
Regulatory Fee (per vehicle)	\$ 25.00
TYPE OF PAYMENT	
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa	
Credit Card Information (if applicable) _____ Exp Date _____ Month/Year	
Amount \$ <u>200.00</u> Company Name: <u>Team Forks LLC</u>	
CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.	
Cardholder's signature: <u>Charlene Cross</u> Date: <u>2/21/14</u>	

(For Commission Use Only) 111 0268 232 01	Company ID: <u>7712</u>	Docket TE-
111 0268 232 02 <u>20010</u>	Date Filed: <u>2/21/14</u>	Safety Inspection:
111 0268 232 03	Reg Fees:	Insurance:
111 0268	DOL:	SOS:

049318

SECTION 1 - APPLICANT INFORMATION

Name of Applicant: Team Forks LLC

Trade Name(s) (if applicable): _____

Mailing Address:

Physical Address:

Street P O Box 1488 Street 130 Spartan Ave

City Forks City Forks

State/Zip WA 98331 State/Zip WA 98331

Phone Number: 360-374-6931 Fax Number: 360-374-5634

UBI #: 602-966-472 E-Mail: tif@centurytel.net

Type of business structure:

- Individual Partnership Corporation Other (LP, LLP, LLC)

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

<u>Name</u>	<u>Title</u>	<u>Stock Distributions or Percentage of Shares</u>
<u>Charlene Cross</u>	<u>Owner</u>	<u>100%</u>
<u>Kasey Conlon</u>		<u>0%</u>

List other certificates or permits held with the commission: _____

List your USDOT # 1982645 (If you don't have one you can go online at www.fmcsa.dot.gov/online-registration or contact the Washington State Patrol at 360-596-3812 for assistance.)

SECTION 2 - EQUIPMENT

(Attach additional sheets if necessary)

License Number	Year And Make Of Vehicle	Vehicle ID Number	Seating Capacity
<u>B 97413H</u>	<u>1990 Ford Truck</u>	<u>1FTEF15H9LP</u>	<u>15</u>
		<u>A57060</u>	

SECTION 3 - SAFETY AND OPERATIONS

In each of the categories shown 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.

SAFETY RESPONSIBILITIES

- **COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES** (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.
- **DRIVER QUALIFICATION REQUIREMENTS** (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.
- **CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have a alcohol and controlled substances testing program.
- **INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.
- **SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.
- **DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.
- **PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name: Charlene Cross

Position: Owner

OPERATIONAL RESPONSIBILITIES

List the person and position responsible for understanding and complying with the requirements of each category shown below.

ANNUAL REPORTS AND REGULATORY FEES. You must file an annual safety report and pay regulatory fees by December 31 of each year.

Name: Charlene Cross

Position: owner

STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS. You must comply with the regulations of local, state, and federal agencies such as, but not limited to: Department of Labor and Industries, Department of Licensing, Secretary of State, Department of Revenue, Internal Revenue Service and Employment Security.

Name: Charlene Cross

Position: owner

A federal agency may not conduct or sponsor, and a person is not required to respond to, nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. The OMB Control Number for this information collection is 2126-0013. Public reporting for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, gathering the data needed, and completing and reviewing the collection of information. All responses to this collection of information are mandatory, and will be provided confidentially to the extent allowed by the Freedom of Information Act (FOIA). Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to: Information Collection Clearance Officer, Federal Motor Carrier Safety Administration, MC-RRR, 1200 New Jersey Avenue, SE, Washington, D.C. 20590.

Department of Transportation
Federal Motor Carrier
Safety Administration

Motor Carrier Identification Report

(Application for USDOT Number)

REASON FOR FILING (Mark only one)

- NEW APPLICATION
 BIENNIAL UPDATE OR CHANGES
 OUT OF BUSINESS NOTIFICATION
 REAPPLICATION (AFTER REVOCATION OF NEW ENTRANT)

1. NAME OF MOTOR CARRIER Team Forks LLC		2. TRADE OR D.B.A. (DOING BUSINESS AS) NAME			
3. PRINCIPAL ADDRESS 130 So. Spartan Ave		4. CITY Forks	5. STATE/PROVINCE WA	6. ZIP CODE+4 98331	7. COLONIA (MEXICO ONLY)
8. MAILING ADDRESS 130 So. Spartan Ave		9. CITY Forks	10. STATE/PROVINCE WA	11. ZIP CODE+4 98331	12. COLONIA (MEXICO ONLY)
13. PRINCIPAL BUSINESS PHONE NUMBER 360-374-6931		14. PRINCIPAL CONTACT CELL PHONE NUMBER 360-640-3186		15. PRINCIPAL BUSINESS FAX NUMBER	
16. USDOT NO. 1982645	17. MC OR MX NO.	18. DUN & BRADSTREET NO.	19. IRS/TAX ID NO. EIN 30-0637434 SSN 536-60-6422		
20. INTERNET E-MAIL ADDRESS tif@centurytel.net			21. CARRIER MILEAGE (to nearest 10,000 miles for last calendar year) YEAR 20,000		

COMPANY OPERATION (Mark all that apply)

Interstate Carrier
 Instate Hazmat Carrier
 Instate Non-Hazmat Carrier
 Interstate Hazmat Shipper
 Instate Hazmat Shipper

OPERATION CLASSIFICATION (Mark all that apply)

Authorized For-Hire
 Exempt For-Hire
 Private Property
 Private Passengers (Business)
 Private Passengers (Non-Business)
 Migrant
 U. S. Mail
 Federal Government
 State Government
 Local Government
 Indian Tribe
 Other

CARGO CLASSIFICATIONS (Mark all that apply)

<input type="checkbox"/> GENERAL FREIGHT <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> METAL SHEETS, COILS, ROLLS <input type="checkbox"/> MOTOR VEHICLES <input type="checkbox"/> DRIVE AWAY/TOWAWAY <input type="checkbox"/> LOGS, POLES, BEAMS, LUMBER	<input type="checkbox"/> BUILDING MATERIALS <input type="checkbox"/> MOBILE HOMES <input type="checkbox"/> MACHINERY, LARGE OBJECTS <input type="checkbox"/> FRESH PRODUCE <input type="checkbox"/> LIQUIDS/GASES <input type="checkbox"/> INTERMODAL CONT.	<input checked="" type="checkbox"/> PASSENGERS <input type="checkbox"/> OIL FIELD EQUIPMENT <input type="checkbox"/> LIVESTOCK <input type="checkbox"/> GRAIN, FEED, HAY <input type="checkbox"/> COAL/COKE <input type="checkbox"/> MEAT	<input type="checkbox"/> GARBAGE, REFUSE, TRASH <input type="checkbox"/> U.S. MAIL <input type="checkbox"/> CHEMICALS <input type="checkbox"/> COMMODITIES DRY BULK <input type="checkbox"/> REFRIGERATED FOOD <input type="checkbox"/> BEVERAGES	<input type="checkbox"/> PAPER PRODUCT <input type="checkbox"/> UTILITY <input type="checkbox"/> FARM SUPPLIES <input type="checkbox"/> CONSTRUCTION <input type="checkbox"/> WATER WELL <input type="checkbox"/> OTHER
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HAZARDOUS MATERIALS (CARRIER OR SHIPPER) (Mark all that apply)

(C) CARRIER (S) SHIPPER (B) BULK - IN CARGO TANKS (NB) NON-BULK - IN PACKAGES	<table border="1"> <tr> <th colspan="4">C S B NB</th> <th colspan="4">C S B NB</th> <th colspan="4">C S B NB</th> <th colspan="4">C S B NB</th> </tr> <tr> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> <tr> <td>DIV 1.1</td><td>DIV 1.2</td><td>DIV 1.3</td><td>DIV 1.4</td> <td>DIV 1.5</td><td>DIV 1.6</td><td>DIV 2.1 (Flam. Gas)</td><td>DIV 2.1 LPG</td> <td>DIV 2.1 (Methane)</td><td>DIV 2.2</td> <td>K. DIV 2.2D (Ammonia)</td><td>L. DIV 2.3A</td><td>M. DIV 2.3B</td><td>N. DIV 2.3C</td> <td>O. DIV 2.3D</td><td>P. Class 3</td><td>Q. Class 3A</td><td>R. Class 3B</td> <td>S. COMB LIQ</td><td>T. DIV 4.1</td> <td>U. DIV 4.2</td><td>V. DIV 4.3</td><td>W. DIV 5.1</td><td>X. DIV 5.2</td> <td>Y. DIV 6.2</td><td>Z. DIV 6.1A</td><td>AA. DIV 6.1B</td><td>BB. DIV 6.1 POISON</td> <td>CC. DIV 6.1 SOLID</td><td>DD. CLASS 7</td> <td>EE. HRCQ</td><td>FF. CLASS 8</td><td>GG. CLASS 8A</td><td>HH. CLASS 8B</td> <td>II. CLASS 9</td><td>JJ. ELEVATED TEMP MAT.</td><td>KK. INFECTIOUS WASTE</td><td>LL. MARINE POLLUTANTS</td> <td>MM. HAZARDOUS SUB (RQ)</td><td>NN. HAZARDOUS WASTE</td><td>OO. ORM</td> </tr> </table>	C S B NB				C S B NB				C S B NB				C S B NB				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DIV 1.1	DIV 1.2	DIV 1.3	DIV 1.4	DIV 1.5	DIV 1.6	DIV 2.1 (Flam. Gas)	DIV 2.1 LPG	DIV 2.1 (Methane)	DIV 2.2	K. DIV 2.2D (Ammonia)	L. DIV 2.3A	M. DIV 2.3B	N. DIV 2.3C	O. DIV 2.3D	P. Class 3	Q. Class 3A	R. Class 3B	S. COMB LIQ	T. DIV 4.1	U. DIV 4.2	V. DIV 4.3	W. DIV 5.1	X. DIV 5.2	Y. DIV 6.2	Z. DIV 6.1A	AA. DIV 6.1B	BB. DIV 6.1 POISON	CC. DIV 6.1 SOLID	DD. CLASS 7	EE. HRCQ	FF. CLASS 8	GG. CLASS 8A	HH. CLASS 8B	II. CLASS 9	JJ. ELEVATED TEMP MAT.	KK. INFECTIOUS WASTE	LL. MARINE POLLUTANTS	MM. HAZARDOUS SUB (RQ)	NN. HAZARDOUS WASTE	OO. ORM
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NUMBER OF VEHICLES THAT WILL BE OPERATED IN THE U.S.

	Straight Trucks	Truck Tractors	Trailers	Hazmat Cargo Tank Trucks	Hazmat Cargo Tank Trailers	Motor-coach	Number of vehicles carrying number of passengers (including the driver)														
							School Bus			Mini-bus	Passenger Van		Limousine								
							1-8	9-15	16+	16+	1-8	9-15	1-8	9-15	16+						
OWNED																					
TERM LEASED																					
TRIP LEASED																					

DRIVER INFORMATION

INTERSTATE	INTRASTATE	TOTAL DRIVERS	TOTAL CDL DRIVERS
Within 100-Mile Radius	2		
Beyond 100-Mile Radius			

IS YOUR USDOT NUMBER REGISTRATION CURRENTLY REVOKED BY THE FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION? Yes No

If Yes, enter your USDOT Number. _____

PLEASE ENTER NAME(S) OF SOLE PROPRIETOR(S), OFFICERS OR PARTNERS AND TITLES (e.g. president, treasurer, general partner, limited partner)

1. Charlene Cross 2. Kasey Conlon

CERTIFICATION STATEMENT (to be completed by authorized official)

Charlene Cross

I certify that I am familiar with the Federal Motor Carrier Safety Regulations and/or Federal Hazardous Materials Regulations. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Date 2/27/14 Title _____ (Please print)