

PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181 Intrastate Common Carrier Operating Authority

		L USE ONLY			Docket No. TV- (4150)			
	ption No		Safety 1/0		Carrier ID# 7967			
111-0268-200-02 Insurance				Employee /M)				
			TYPE OF A	PPLIC	CATION			
		Common Carrier Permansfer of Existing Perm		Extension of Common Carrier Permit Authority				
X	\$275	GENERAL COMMOD	ITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
	\$275	GENERAL COMMODI ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
_	\$275	GENERAL COMMODI HAZARDOUS MATER			\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
	\$275	GENERAL COMMODI HAZARDOUS MATER ARMORED CAR SERV	IALS and					
	\$100 por can	REINSTATEMENT OF Co	ANCELLED COMMO	N CAR	RIER PER	MIT - Must be filed within 10 months		
		<u> </u>	MOTOR CARRIER	IDENT	TIFICATIO	<u> </u>		
Comn	non Carr	ler #: 65492	Unified Business Ide	entifier	Number	(UBI): 602700 443-11		
Legal	Name: <u>(</u>	Columbia RiverT	rucking LLC		_ USDOT:	2204045		
Trade	Name(s), dba(s), if any						
Emali	address	mgray53@ ya	theo.com					
Phone Number: 509 - 855 - 8137 Fax Number:								
Business (Mailing) Address: 9146 Rd 10 NE MOSES LAKE WA 98837								
Physic	al Addre	ss (if dlfferent):S	ame		· .			

		TYPE OF BUSI	NESS ETDIA	TUDE			
		TIPE OF BOSI	14633 3 1 406	IORE			
☐ Individu	al Partne	ership Corporation	☑ Limited Liability Company State of Inc. WA				
NAME		TITLE	Stock Distribution or % of Shares				
Micha	el w Gra	y Member		1000/0			
	_	*TRANSFER OF	PERMIT NU	MBER			
transfer of t	the permit num		existing per he current p	mit to a new own ermit hold must s	er. List name of current ign below to authorize the		
NAME ON P	ERMIT	<u>la</u>		Perm	it Number		
					- ,		
Signature of	current permi	tholder		Dat	te		
	A	INSURANCE REQUIRE	MENTS (mu	st check one)			
You will not hazardous ma quantity. You operate vehicle GVWR of less pounds. You me \$300,000 in Pu and Property Insurance. You to complete Pa	haul terials in any will only es with a than 10,000 nust obtain ubilc Liability Damage	You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part 8.	Sections 1 and 2. complete Part C, Section 2.				
		ATOR MILITARIA I AND A SALE A					
Unit#	M	OTOR VEHICLE LIST (Attach cense Number					
	b	cense Number	State	VIN number			
	B174	1714	WA	IFPSWAIRIBEA20403			
		SIGNA					
and that no o	perations may	hat the filing of this applicat be conducted until a permit contained in this application	t is issued by	the Commission.	I hereby declare and		
Michael	(W Sky		1/24/14				
Signature	Ü		Date				

PART B SAFETY FITNESS SURVEY

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or
- J. J. Keller & Associates, Inc., 3003 W. Braezewood Lane, Neenah, WI 54957, www.jikeiler.com, 877 564-2333.
- Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substances	and Alcohol Testing
MICHAEL GRAV	Position: Dwner/Member
Any driver who encur	

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is a vehicle that:

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-

Commercial Driver's Licen	ise (CDL) Requirements
Name: MICHAEL GRAY	Position: OWNER / Member

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.

Driver	Qualification Requiren	nents
Name: MICHAEL GRAY	Position;	O muse Memiser
Each company must maintain a complete Driver (as required by FMCSR Part 391.51 and by the WS intrastate commerce within Washington have lim operations must maintain a complete file on them	iP in WAC 446-65-010. Ow olted exemptions, Owners	ner/operators that work exclusively in large transfer that conduct any interstate
Di	rivers Hours of Service	
Name: MICHAEL GRAY	Position:	owner member
Each company must maintain true and accurate has required by the FMCSA in 49 CFR, Part 395.1(e)	ours of service records fo and by the WSP in WAC	r each individual that drives a motor vehicle 446-65-010.
Vehicle Inspe	ection, Repair, and Mal	ntenance
Name: MICHAGL GIZAY	Position:	OWNER MEMBER
Each company must prepare a written "Driver Vehithe FMCSA In 49 CFR, Part 396.11 and by the WSP required records for each vehicle that includes the WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various A record of inspections, repairs an All companies must conduct periodic inspections a	In WAC 446-65-010. In a e following, as required by its inspection and mainten ad maintenance indicating	ddition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed. It their date and nature.
WAC 446-65-010.	is reduited by the FINICSA	in 49 CFR, Part 396.17 and by the WSP in
	Signature	
My signature below certifles that I understand the safety requirements which apply to my open	my responsibility as a recreasions.	notor carrier and I will comply with all
Muñael W Sun		1-24-14
ilgnature of applicant $oldsymbol{\mathcal{U}}$		Date

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

503-759-3774

Mandy Struwve

Page 1/1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/01/2014

HIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

certificate holder in lieu o	ot such endorsem	ient(s).					
PRODUCER				CONTACT NAME:			
Big Rigs Insurance, Inc.					503-759-3773	FAX (A/C, No): 503-7	59-3774
14510 S. Vaughan Rd				E-MAIL ADDRESS:	bigrigsins@molalla.ne	et ·	
Molalla, OR 97038					INSURER(S) AFFORDING C	OVERAGE	NAIC #
				INSURER A : Z	URICH AMERICAN INS	SURANCE CO	
INSURED				INSURER B :			
COLUMBIA RIVER TRU			INSURER C :				
9146 ROAD 10 NE				INSURER D :			
			00007	INSURER E :			
MOSES		WA	98837	INSURER F :			
COVERAGES	CERTIF	ICATE NUM	IBER:		REVIS	SION NUMBER:	
THIS IS TO CERTIFY THAT							
INDICATED. NOTWITHSTAI							
CERTIFICATE MAY BE ISSUE EXCLUSIONS AND CONDITION					EIN IS SUBJECT TO ALL	INE IEKWS,	
EXCECUSION AND CONDIN	3.10 3. 300/11 31	LIGILO. LIMITO					

,	CLUSIONS AND CONDITIONS OF SUCH							
INSR LTR	TYPE OF INSURANCE	ADDL :	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
		,					MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$
l	POLICY PRO- LOC						PRODUCTS - COMP/OP AGG	\$
i	OTHER:							\$
Α	AUTOMOBILE LIABILITY		•	5748825	08/01/14	08/01/15	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	ANY AUTO				:		BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS					'	BODILY INJURY (Per accident)	\$
	HIRED AUTOS AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY						PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
l	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISÉASE - POLICY LIMIT	\$
Α				574882	08/01/14	08/01/15	LIMIT: \$100,000)
							DEDUCTIBLE: \$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) 2003 KENWORTH #709814 & 2000 MANAC #069127

2000 NEIWW ONTH #1 000 14 & 2000 MANAG #000 121	

WASHINGTON UTILITIES &
TRANSPORTATION COMMISSION
PO BOX 4725

OLYMPIA, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE