



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

O & V TRANSPORT, LLC
12164 EHLEN ROAD NE
AURORA, OR 97002

February 2, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

Please sign your name to the enclosed form and return by fax to Colleen @ 360-586-1181.

Also please register your LLC name with the Secretary of States' Office of Washington State. You can reach them by phone @ 360-753-7115 option 5. When you receive the documentation from them, please also fax it to me @ 360-586-1181.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-6586-1181.

Thank You.



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O & V TRANSPORT, LLC
12164 EHLEN ROAD NE
AURORA, OR 97002

April 17, 2007

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.
- X Your application is missing some information. We need to get a signature on Page 8 of the application. Please complete the highlighted areas and return to our office.
- X Your LLC must be registered with the Secretary of State's Office. They can be reached at 360-753-7115.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@wutc.wa.gov. Our fax number is 360-586-1181.

Thank You.

PART - A

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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0003471	Safety: <i>(initials)</i>	Carrier ID#: 4349
111 0268 200 02 \$275.00	Insurance: <i>(initials)</i>	Employee: <i>(initials)</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> x\$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: V018774
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date

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.

Name (printed): Anna B Bates Date: 1/15/2007
Signature: Anna B Bates Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: 62652	US DOT# (if required) 1595717	WA UNIFIED BUSINESS IDENTIFIER (UBI) # 602 685 8870
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APPLICANT NAME: O & V Transport LLC	PHONE#: 503-678-1060 FAX #: 503-678-1801
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BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) **12164 Ehlen Rd NE**
(city, state, zip) **Aurora, OR 97002**

PHYSICAL ADDRESS: (street address, if different) **5420 SE Malden Drive, Portland, OR 97206**

Drivers Hours of Service (Part 395)Name: Oleg Paladiy Position: Member

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair and Maintenance (Part 396)Name: Oleg Paladiy Position: Member

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

1/15/07

Date

Please ask for technical assistance if you require information on any of these safety issues.

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

- INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
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_ Oleg Paladiy _____	Member _____	50% _____
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_ Violeta Paladiy _____	Member _____	50% _____
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TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|---|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
123		Oregon	4VG7DARH7WN735630

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Anna B Bates

Signature(s)

1/15/07

Date

PART - B**SAFETY FITNESS SURVEY - SECTION 1
GENERAL SAFETY**

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

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

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650

J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011

Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183

Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: _____ Oleg Paladiy _____ Position: _____ Member _____

Any person who drives a commercial motor vehicle 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).

Commercial Drivers License (CDL) Requirements (Part 383)

Name: _____ Oleg Paladiy _____ Position: _____ Member _____

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:

- < 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 HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Driver Qualification Requirements (Part 391)

Name: _____ Oleg Paladiy _____ Position: _____ Member _____

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.



STATE OF WASHINGTON

MASSIVE LICENSING SERVICE REGISTRATIONS AND LICENSES

Unified Business ID #: 602 685 687
Business ID #: 1
Location: 1

O & V TRANSPORT LLC
5420 SE MALDEN DR
PORTLAND OR 27206

TAX REGISTRATION

m/1/29/07



STATE OF WASHINGTON

37 1 1

PORT LLC
MELDEN DR
27206

REGISTRATION

EXP. DATE

FOLD HERE

St. A. Luce

Director, Department of Licensing

HIS SECTION FOR YOUR WALLET



Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

4349

Filed with: Washington Utilities & Transportation Commission (Name of Agency)

This is to certify that the Wishire Insurance Company (Name of Company)
has been authorized by the 1208 West Avenue, Suite 100, Lancaster, CA, 93534 (Name Address of Company)

has issued to O & V TRANSPORT LLC (Name of Motor Carrier) of 8420 SE MALDEN DRIVE, PORTLAND, OR, 97208 (Address of Motor Carrier)

A policy or policies of insurance effective from 01/13/2007 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Wishire Insurance Co
1208 W Avenue J
Counter-signed at Lancaster CA 93534 This 30th day of Jan 20 07
(Address) (Day) (Month) (Year)

Insurance Company File No. BAZ502540 IN CA Aime Garcia
(Policy No) (Authorized Company Representative)

Underlying Limit : 0.00 Liability Limit : 750,000.00

O & V TRANSPORT LLC