

PART - A

*denied
5/22/07*

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)

TV 070362

FOR OFFICIAL USE ONLY

Reception Number **0003545**

Safety:

Carrier ID#: **4391**

111 0268 200 02 **275.00**

Insurance:

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth: **081031**

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

01/10

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): **Keith Lott Morris**

Date: **2-15-07**

Signature: *Keith Morris*

Title: **Owner**

MOTOR CARRIER IDENTIFICATION

CC#: **62690** US DOT# (if required) **N/A**

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **60269642101**

APPLICANT NAME: **Keith Lott Morris**

PHONE#: **425-275-3254**

d/b/a: **K.L. Morris Appliance & Delivery Service** FAX #: **559-896-8818**

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **1108 Chennault Beach Rd #2127**

(city, state, zip) **Mukilteo, WA 98275**

PHYSICAL ADDRESS: (street address, if different)

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

TRANSFER OF PERMIT NUMBER N/A

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)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.

The applicant WILL NOT HAUL 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.

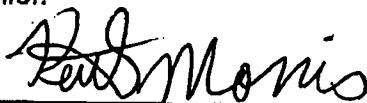
The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant WILL HAUL 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#

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.



Signature(s)

2/15/07

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 Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333
 Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183
 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Controlled Substances and Alcohol Testing (Part 382)

Name: Keith Morris Position: Owner

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: Keith Morris Position: Owner

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: Keith Morris Position: Owner

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.

Drivers Hours of Service (Part 395)

Name: Keith MorrisPosition: Owner

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: Keith MorrisPosition: Owner

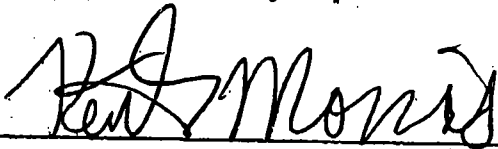
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

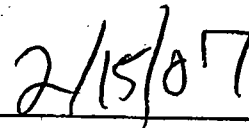
- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

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



Date

PART - B

N/A

**SAFETY FITNESS SURVEY - SECTION 2
HAZARDOUS MATERIALS**

Applicants Applying to Transport HAZARDOUS MATERIALS must
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

2. Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3. Y N Are drivers trained in the use of Emergency Response Information?
4. Y N Is the Emergency Response Information carried in the vehicle?
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.

6. Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7. Who is responsible for completing hazardous materials shipping papers?

8. Where are hazardous material shipping papers located during transportation?

9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.

10. Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.

PART - C

STATE ENVIRONMENTAL PROTECTION ACT (SEPA) QUESTIONNAIRE

NOTE: Complete this questionnaire ONLY if you intend to haul the following commodities:

- < PETROLEUM PRODUCTS, IN BULK, IN TANK TYPE VEHICLES
- < RADIOACTIVE SUBSTANCES
- < EXPLOSIVES
- < CORROSIVES

The State Environmental Policy Act of 1971, Chapter 43.21C RCW, requires all state and local governmental agencies to consider environmental values both for their own actions and when licensing private proposals. The Act also requires that an Environmental Impact Statement (EIS) be prepared for all major actions significantly affecting the quality of the environment. The purpose of this checklist is to help the agencies involved determine whether or not a proposal is a major action.

Please answer the following questions as completely as you can with the information presently available to you. Where explanations of your answers are required, or where you believe an explanation would be helpful to government decision makers, include your explanation in the space provided, or use additional pages if necessary. You should include references to any reports or studies of which you are aware and which are relevant to the answers you provide. Complete answers to these questions will help all agencies involved with your proposal to undertake the required environmental review without unnecessary delay.

The following questions apply to your total proposal, not just to the permit for which you are currently applying or the proposal for which approval is sought. Your answers should include the impacts which will be caused by your proposal when it is completed, even though completion may not occur until sometime in the future. This will allow all of the agencies involved to complete their environmental review now, without duplication of paperwork in the future.

NOTE: This is a standard form being used by all state and local agencies in the state of Washington for various types of proposals. Many of the questions may not apply to your proposal. If a question does not apply, just answer "not applicable" or "N/A" and continue on to the next question.

ENVIRONMENTAL CHECKLIST FORM

A. BACKGROUND

1. Name of proposed project, if applicable:
2. Name of applicant:
3. Address and phone number of applicant and contact person:
4. Date checklist is being prepared:
5. Agency requesting checklist: WA UTILITIES AND TRANSPORTATION COMMISSION
6. Proposed timing or schedule (including phasing, if applicable):
7. Do you have any plans for future additions, expansion, or further activity related to or connected with this proposal? If yes, explain.

8. List any environmental information you know about that has been prepared, or will be prepared, directly related to this proposal.
9. Do you know whether applications are pending for governmental approvals of other proposals directly affecting the property covered by your proposal? If yes, explain.
10. List any government approvals or permits that will be needed for your proposal, if known.
11. Give a brief, complete description of your proposal, including the proposed uses and the size of the project and site. There are several questions later in this checklist that ask you to describe certain aspects of your proposal. You do not need to repeat those answers on this page.
12. Location of the proposal. Give sufficient information for a person to understand the precise location of your proposed project, including a street address, if any, and section, township, and range, if known. If a proposal would occur over a range of area, provide the range or boundaries of the site. Provide a legal description, site plan, vicinity map, and topographic map, if reasonably available. While you should submit any plans required by the agency, you are not required to duplicate maps or detailed plans submitted with any permit applications related to this checklist.

B. ENVIRONMENTAL ELEMENTS

1. EARTH

- a. General description of the site (circle one): flat, rolling, hilly, steep slopes, mountainous, other.
- b. What is the steepest slope on the site (approximate percent slope)?
- c. What general types of soils are found on the site (for example, clay, sand, gravel, peat, mulch)? If you know the classification of agricultural soils, specify them and note any prime farmland.
- d. Are there surface indications or history of unstable soils in the immediate vicinity? If so, describe.
- e. Describe the purpose, type, and approximate quantities of any filling or grading proposed. Indicate source of fill.
- f. Could erosion occur as a result of clearing, construction, or use? If so, generally describe.
- g. About what percent of the site will be covered with impervious surfaces after project construction (for example, asphalt or building)?
- h. Proposed measures to reduce or control erosion, or other impacts to the earth, if any:

2. AIR

- a. What types of emissions to the air would result from the proposal (i.e., dust, automobile, odors, industrial wood smoke) during construction and when the project is completed? If any, generally describe and give approximate quantities if known.
- b. Are there any off-site sources of emissions or odor that may affect your proposal? If so, generally describe.
- c. Proposed measures to reduce or control emissions or other impacts to air, if any:

3. WATER**a. Surface:**

- 1) Is there any surface water body on or in the immediate vicinity of the site (including year-round and seasonal streams, saltwater, lake, ponds, wetlands)? If yes, describe type and provide names. If appropriate, state what stream or river it flows into.
- 2) Will the project require any work over, in, or adjacent to (within 200 feet) of the described waters? If yes, please describe and attach available plans.
- 3) Estimate the amount of fill and dredge material that would be placed in or removed from surface water or wetlands and indicate the area of the site that would be affected. Indicate the source of fill material.
- 4) Will the proposal require surface water withdrawals or diversions? Give general description, purpose and approximate quantities if known.
- 5) Does the proposal lie within a 100-year floodplain? If so, note location on the site plan.
- 6) Does the proposal involve any discharge of waste materials to surface waters? If so, describe the type of waste and anticipated volume of discharge.

b. Ground:

- 1) Will ground water be withdrawn, or will water be discharged to ground water? Give general description, purpose and approximate quantities if known.
- 2) Describe waste material that will be discharged into the ground from septic tanks or other sources, if any (for example: Domestic sewage; industrial, containing the following chemicals...; agricultural; etc.). Describe the general size of the system, the number of such systems, the number of houses to be served (if applicable), or the number of animals or humans the system(s) are expected to serve.

c. Water Runoff (including storm water):

- 1) Describe the source of runoff (including storm water) and method of collection and disposal, if any (include quantities, if known). Where will this water flow? Will this water flow into other water? If so, describe.
- 2) Could waste materials enter ground or surface water? If so, generally describe.

d. Proposed measures to reduce or control surface, ground, and runoff water impacts, if any:**4. PLANTS****a. Check or circle types of vegetation found on the site:**

- | | |
|---|--|
| <input type="checkbox"/> deciduous tree: alder, maple, aspen, other | <input type="checkbox"/> pasture |
| <input type="checkbox"/> evergreen tree: fir, cedar, pine, other | <input type="checkbox"/> crop or grain |
| <input type="checkbox"/> water plants: water lily, eelgrass, milfoil, other | <input type="checkbox"/> shrubs |
| <input type="checkbox"/> wet soil plants: cattail buttercup, bullrush, skunk cabbage, other | |

- b. What kind and amount of vegetation will be removed or altered?
- c. List threatened or endangered species known to be on or near the site.
- d. Proposed landscaping, use of native plants, or other measures to preserve or enhance vegetation on the site, if any:

5. ANIMALS

- a. Circle any birds and animals which have been observed on or near the site or are known to be on or near the site:

birds: hawk, heron, eagle, songbirds, other:

mammals: deer, bear, elk, beaver, other:

fish: bass, salmon, trout, herring, shellfish, other:

- b. List any threatened or endangered species known to be on or near the site.

- c. Is the site part of a migration route? If so, explain.

- d. Proposed measures to preserve or enhance wildlife, if any:

6. ENERGY AND NATURAL RESOURCES

- a. What kinds of energy (electric, natural gas, oil, wood stove, solar) will be used to meet the completed project's energy needs? Describe whether it will be used for heating, manufacturing, etc.

- b. Would your project affect the potential use of solar energy by adjacent property? If so, generally describe.

- c. What kinds of energy conservation features are included in the plans of this proposal? List other proposed measures to reduce or control energy impacts, if any:

7. ENVIRONMENTAL HEALTH

- a. Are there any environmental health hazards, including exposure to toxic chemicals, risk of fire and explosion, spill, or hazardous waste, that could occur as a result of this proposal? If so, describe.

1) Describe special emergency services that might be required.

2) Proposed measures to reduce or control environmental health hazards, if any:

b. Noise

1) What types of noise exist in the area which may affect your project (for example: traffic, equipment, operation, other)?

2) What types and levels of noise would be created by or associated with the project on a short-term or a long-term basis (for example: traffic, construction, operation, other)? Indicate what hours noise would come from the site.

3) Proposed measures to reduce or control noise impacts, if any:

8. Land and Shoreline Use

- a. What is the current use of the site and adjacent properties?

- b. Has the site been used for agriculture? If so, describe.

- c. Describe any structure on the site.

- d. Will any structure be demolished? If so, what?

- e. What is the current zoning classification of the site?

- f. What is the current comprehensive plan designation of the site?

- g. If applicable, what is the current shoreline master program designation of the site?
 - h. Has any part of the site been classified as an "environmentally sensitive" area? If so, specify.
 - i. Approximately how many people would reside or work in the completed project?
 - j. Proposed measures to avoid or reduce displacement impacts, if any:
 - k. Proposed measures to ensure the proposal is compatible with existing and projected land uses and plans, if any:
9. HOUSING
- a. Approximately how many units would be provided, if any? Indicate whether high, middle or low-income housing.
 - b. Approximately how many units, if any, would be eliminated? Indicate whether high, middle or low-income housing.
 - c. Proposed measures to reduce or control housing impacts, if any:
10. AESTHETICS
- a. What is the tallest height of any proposed structure, not including antennas; what is the principal exterior building material proposed?
 - b. Proposed measures to reduce or control aesthetic impacts, if any:
11. LIGHT AND GLARE
- a. What type of light or glare will the proposal produce? What time of day would it mainly occur?
 - b. Could light or glare from the finished project be a safety hazard or interfere with views?
 - c. What existing off-site sources of light or glare may affect your proposal?
 - d. Proposed measures to reduce or control light and glare impacts, if any:
12. REGREATION
- a. What designated and informal recreational opportunities are in the immediate vicinity?
 - b. Would the proposed project displace any existing recreational uses? If so, describe.
 - c. Proposed measures to reduce or control impacts on recreation, including recreation opportunities to be provided by the project or applicant, if any:
13. HISTORIC AND CULTURAL PRESERVATION
- a. Are there any places or objects listed on, or proposed for, national, state, or local preservation registers known to be on or next to the site? If so, generally describe.
 - b. Proposed measures to reduce or control impacts, if any:
14. TRANSPORTATION
- a. Identify public streets and highways serving the site, and describe proposed access to the existing street system. Show on-site plans, if any.
 - b. Is site currently served by public transit? If not, what is the approximate distance to the nearest transit stop?

- c. How many parking spaces would the completed project have? How many would the project eliminate?
- d. Will the proposal require any new roads or streets, or improvements to existing roads or streets, not including driveways? If so, generally describe (Indicate whether public or private).
- e. Will the project use (or occur in the immediate vicinity of) water, rail, or air transportation? If so, generally describe.
- f. How many vehicular trips per day would be generated by the completed project? If known, indicate when peak volumes would occur.
- g. Proposed measures to reduce or control transportation impacts, if any:

15. PUBLIC SERVICES

- a. Would the project result in an increased need for public services (for example: fire protection, police protection, health care, schools, other)? If so, generally describe.
- b. Proposed measures to reduce or control direct impacts on public services, if any.

16. UTILITIES

- a. Circle utilities currently available at the site: electricity, natural gas, water, refuse service, telephone, sanitary sewer, septic system, other.
- b. Describe the utilities that are proposed for the project, the utility providing the service, and the general construction activities on the site or in the immediate vicinity which might be needed.

C. SIGNATURE

The above answers are true and complete to the best of my knowledge. I understand that the lead agency is relying on them to make its decision.

Signature: _____

Date Submitted: _____



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

MORRIS, KEITH LOTT
11108 CHENNAULT BEACH RD #2127
MUKILTEO, WA 98275

February 21, 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 Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

- X We also need to get your Equipment list.

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.



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

MORRIS, KEITH LOTT
11108 CHENNAULT BEACH RD #2127
MUKILTEO, WA 98275

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 Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X We need to get a copy of your equipment list.

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.