

PART - A

TV 070837
Dismissed
11/2/07

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S Evergreen Park Dr SW, PO Box 47250
Olympia, WA 98504-7250

APR 30 2007

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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Reception Number: 0004088

Safety:

Carrier ID#: 2513

111 0268 200 02 215.00

Insurance:

Employee:

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$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			

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

For Commission Use Only: Auth #:

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): MICHAEL MARAACH

Date: 4/25/07

Signature: *[Signature]*

Title: PRESIDENT

NOTICE OF CARRIER IDENTIFICATION

CC#: 62793 US DOT# (if required) 795797

WA UNIFIED BUSINESS IDENTIFIER (UBI)

APPLICANT NAME: Accurate Delivery Systems, Inc.
d/b/a:

PHONE#: 909/465-1031

FAX #: 909/465-1035

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) PO Box 1620
(city, state, zip) Chino, CA 91708-1620

PHYSICAL ADDRESS: (street address, if different) 2300 Reservoir St. # 406
POMONA, CA 91766

V# 11020

TRANSFER OF BUSINESS OR OWNERSHIP

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION CA

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Mahmoud MAAACH President 100%

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

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.

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)

4/25/07
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) 554-2333
 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: ANDY HUSSEIN Position: SUPERVISOR

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 391)

Name: BARBARA PONZIO Position: ADMINISTRATOR

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: ANDY HUSSEIN Position: SUPERVISOR

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.

Name: ANDY HUSSEIN Position: SUPERVISOR

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

Name: MAZEN SABBACH Position: SUPERVISOR

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)).

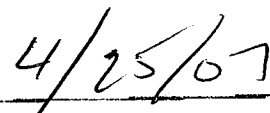
- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

PRODUCER (SIB) 841-4111
 Commercial Best Insurance Services, Inc.
 601 S. Glencaks Blvd., Ste.201
 Burbank CA 91502-
 INSURED
 Accurate Delivery Systems, Inc.
 P.O. Box 1620
 Chino CA 91708-

DATE (MM/DD/YYYY)
 04/26/2007

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Century National Ins.Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

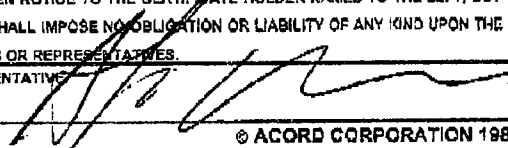
COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
				/ /	/ /	MED EXP (Any one person)	\$
				/ /	/ /	PERSONAL & ADV INJURY	\$
				/ /	/ /	GENERAL AGGREGATE	\$
				/ /	/ /	PRODUCTS - COM/PROP AGG	\$
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAP159786	02/18/2007	02/18/2008	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
				/ /	/ /	BODILY INJURY (Per person)	\$
				/ /	/ /	BODILY INJURY (Per accident)	\$
				/ /	/ /	PROPERTY DAMAGE (Per accident)	\$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT	\$
				/ /	/ /	OTHER THAN AUTO ONLY: EA ACC	\$
				/ /	/ /	AGG	\$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$		/ /	/ /	EACH OCCURRENCE	\$
				/ /	/ /	AGGREGATE	\$
				/ /	/ /		\$
				/ /	/ /		\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below		/ /	/ /	<input type="checkbox"/> WC-STATUTORY LIMITS <input type="checkbox"/> OTH-ER	
				/ /	/ /	E.L. EACH ACCIDENT	\$
				/ /	/ /	E.L. DISEASE - EA EMPLOYEE	\$
				/ /	/ /	E.L. DISEASE - POLICY LIMIT	\$
A		OTHER Comp./Coll.	BAP159786	02/18/2007	02/18/2008	ACV With Ded.of	1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER
 () - () -
 Proof of Insurance

CANCELLATION
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
 AUTHORIZED REPRESENTATIVE: 



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

ACCURATE DELIVERY SYSTEMS, INC.
PO BOX 1620
CHINO, CA 91708-1620

June 11, 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 the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with the Department of Licensing and receive a UBI number. They can be reached at 360-664-1400. If you are a corporation, you also need to register with the Secretary of State's office 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.



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

ACCURATE DELIVERY SYSTEMS, INC.
PO BOX 1620
CHINO, CA 91708-1620

May 1, 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 Your application is missing some information. You need to get a Unified Business Identifier (UBI) number. If you don't have one, you can contact the Department of Licensing at 360-664-1400 to obtain one.
- X The Certificate of Liability that was attached to your application is not acceptable. The Utilities & Transportation Commission must be listed as the Certificate Holder (bottom left hand corner). 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.

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.

Licensing Services

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE 05/10/2007
PRODUCER Commercial Best Insurance Services 601 S. Glenoaks Blvd., Ste.201 Burbank CA 91502-		A MATTER OF INFORMATION IS UPON THE CERTIFICATE IS NOT AMEND, EXTEND OR BY THE POLICIES BELOW.
INSURED Accurate Delivery Systems, Inc. P.O. Box 1620 Chino CA 91708-		
COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PA		NG COVERAGE Company Insurance Company
INSR LITE	TYPE OF INSURANCE	POLICY NUMBER
A	GENERAL LIABILITY	
<input checked="" type="checkbox"/>	COMMERCIAL GENERAL LIABILITY	150BR00161
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	
	CEN L AGGREGATE LIMIT APPLIES PER:	
	POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC <input type="checkbox"/>	
B	AUTOMOBILE LIABILITY	BAP159736
<input type="checkbox"/>	ANY AUTO	02/18/2007 02/18/2008
<input type="checkbox"/>	ALL OWNED AUTOS	/ / / /
<input checked="" type="checkbox"/>	SCHEDULED AUTOS	/ / / /
<input type="checkbox"/>	HIRED AUTOS	/ / / /
<input type="checkbox"/>	NON-OWNED AUTOS	/ / / /
	GARAGE LIABILITY	
<input type="checkbox"/>	ANY AUTO	/ / / /
	EXCESS LIABILITY	
<input type="checkbox"/>	OCCUR <input type="checkbox"/> CLAIMS MADE	/ / / /
<input type="checkbox"/>	DEDUCTIBLE	/ / / /
<input type="checkbox"/>	RETENTION \$	/ / / /
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	/ / / /
	OTHER	/ / / /
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS		

WILSHIRE STATE BANK
www.wilshirebank.com

WE ARE IN THE
PROCESS OF OBTAINING
A "UBI" NUMBER
WE'LL SEND IT TO
YOU AS SOON AS WE
GET IT.

LIMITS	
REFERENCE	\$ 1,000,000
(Any one fire)	\$ 100,000
MED EXP (Any one person)	\$ 5,000
PERSONAL & ADV INJURY	\$ 1,000,000
GENERAL AGGREGATE	\$ 2,000,000
PRODUCTS - COMPROP AGG	\$ 2,000,000
COMBINED SINGLE LIMIT (Per accident)	\$ 1,000,000
BODILY INJURY (Per Person)	\$
BODILY INJURY (Per accident)	\$
PROPERTY DAMAGE (Per accident)	\$
AUTO ONLY - EA ACCIDENT	\$
OTHER THAN EAACC	\$
AUTO ONLY: AGG	\$
EACH OCCURRENCE	\$
AGGREGATE	\$
	\$
	\$
	\$
WC STATU- TORY LIMITS	OTH- ER
E.L. EACH ACCIDENT	\$
E.L. DISEASE - EA EMPLOYEE	\$
E.L. DISEASE - POLICY LIMIT	\$

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
Washington Utilities Transportation Commission 1300 S. Evergreen Park Dr, SW Olympia WA 98504-7250		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE

RECEIVED
JUN 08 2007
WASH. UT. & TP. COMM