Form E trom Insuante Co.

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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)								
	AL USE ONLY	A1						
Reception Number: ()()()()()()()()()()()()()()()()()()()	· · · · · · · · · · · · · · · · · · ·	Carrier I	701					
111 0268 200 02 275.00 Insurance: Penal Control of Applied		Employ	ee: UJT					
TYPE OF APPLIC New Common Carrier Permit Authority, or			Carrier Permit Autl	ority				
/ Transfer of Existing Permit Number	LAterision	i Common	Carrier Permit Auti	liority				
\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL C	OMMODITIES, including	9				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100	GENERAL C	OMMODITIES, including	g				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100		COMMODITIES, including MATERIALS and ARMORED					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMO	N CARRIER PER	DMIT	For Commission Has Only	-				
(Must be filed within 10 months of cancellation)	on ontituent en	ZIAII I	For Commission Use Only: Auth #:					
	PAYMENT	ZIVII I		. .				
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TYPEOF	PAYMENT	(4. QV) (6. c)	Auth #:	¥ (43 3) Hi				
TYPEOF	PAYMENT Ver Mastercard Mastercard	ك Visa	Auth #: Expiration Date ation is true and correct, that	at I am				
TYPE OF Check 1 Money Order Amex 2 Discordary CERTIFICATION: I, the undersigned, under penalty for false statements	PAYMENT Ver Mastercard Mastercard	ك Visa	Auth #: Expiration Date ation is true and correct, that	at I am				
Check Money Order Amex Discordance Discordance CERTIFICATION: I, the undersigned, under penalty for false statement authorized to execute and file this document on behalf of the application.	PAYMENT: ver in Mastercard ent, certify that the fint, and that all infor	Visa المنافعة Visa ollowing information on file is	Auth #: Expiration Date ation is true and correct, the current and valid.	at I am				
CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the application. Name (printed): Learner Lea Williams	PAYMENT Ver A Mastercard ent, certify that the fint, and that all infor Date:	ollowing information on file is 2 - ∏-0∏	Auth #: Expiration Date ation is true and correct, the current and valid.	at I am				
CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the application Name (printed): Leonard Lee Williams Signature: Leonard Lee Williams	PAYMENT Ver Mastercard ent, certify that the fint, and that all infor Date: Title: RIDENTIFICA WA UNII	Following information on file is 2-7-07	Auth #: Expiration Date ation is true and correct, the current and valid.	at I am				
CERTIFICATION: I, the undersigned, under penalty for false statement authorized to execute and file this document on behalf of the application Name (printed): Learner Lee Williams Signature: Learner Lee Williams MOTOR CARRIER CC#: US DOT# (if required)	PAYMENT Ver Mastercard ent, certify that the fint, and that all infor Date: Title: RIDENTIFICA WA UNII	FIED BUSINES PHONE#:	Auth #: Expiration Date ation is true and correct, the current and valid. SS IDENTIFIER (UBI) #:	at I am				
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CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the application Name (printed): Leonard Lee Williams Signature: Sonard Williams CC#: US DOT# (if required) APPLICANT NAME: US DOT# (if required)	PAYMENT yer implication Mastercard ent, certify that the fint, and that all inform Date: Title: WA UNII	FIED BUSINES PHONE#: LOW 12 FAX #:	Auth #: Expiration Date ation is true and correct, the current and valid. SS IDENTIFIER (UBI) #:	at I am				
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ROAD Runner Transportation, LLC

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	NAME Leonard L.	TITLE	STOC	K D	ISTRIBUTION OR PERC			
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				mi es				
	Complete this section holder and permit nu of the permit number	n if you are trans imber to be trans	ferring an existing p	ermi	t to a new owner. List na	ame of <u>current</u> permit w to authorize the transfer		
	NAME ON PERMIT:				PERMIT NU	JMBER:		
	Signature of current	t permit holder				Date		
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The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight Th NOT HA materia \$750,00 and Pro Insuran			s in any quantity m onumber in Public Liability perty Damage be is required.		The applicant WILL AUL hazardous Aterials requiring Million in Public Ability and Property Mage Insurance and Momit the Safety Fitness	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety		
	Liability and Property Damage Insurance is required. You do not to complete the Safe Fitness Survey.	s Section t need ety		Su 2.	rvey – Sections 1 and	Fitness Survey – Sections 1 and 2.		
	UNIT#	LICENSE#	ENTLUST (ATERCA STATE	avije	ilional listifice eessery V) /IN#		
	9		WA		INKOX POX	17R170033		
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	AUG 0 7 2007 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 hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.							
	Fonal S. 3hill 2-7-07 Signature(s) Date							
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ROAD Runner Transportation, LLC

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	INDIVIDUAL	☐ PAR	TNERSHII	P X CORPOR	ATIC	ON – STATE OF INCORF	PORATION WA	
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	Signature of cu						Date	
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7	yonar	Signat	ure(s)			_0	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: Lonard Williams Position: Qual							
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: <u>Conard Williams</u> Position: <u>Owner</u>							
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: Conard Williams 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.

11 X		Driv	vers Hours of	Service (Part 39	5)			
Name:	Willie	uns, Le	onard	Position:	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								
	Veh	icle Inspe	ction, Repair	, and Maintenand	eë (Part 396)			
Name:	Leonard	Willia	m8	Position:	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.								
Lo	nas L.	3kill			2-7-0)7		
Signature o	of applicant				Date			
Please ask for technical assistance if you require information on any of these safety issues.								