

PART - A

TV-071157

TV-071157 ✓  
~~TV-071157~~

Admitted  
10/12/07

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)

FOR OFFICIAL USE ONLY

Reception Number: 0004407 Safety: CS Carrier ID#: 4582  
111 0268 200 02 275.00 Insurance: Employee: CS

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

- \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$100 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 #: 161759

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): Terri Betts Date: 5/15/07  
Signature: Terri Betts Title: Agent

COMMON CARRIER IDENTIFICATION

CC#: 62858 US DOT# (if required) 1557723 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-514-174 ✓ 0531

APPLICANT NAME: Bigfoot Trailer Sales, Inc. PHONE#: 360-403-0945

d/b/a: FAX #: 405-619-7005

BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) 5350 S. Western #401  
(city, state, zip) Oklahoma City, OK 73109

PHYSICAL ADDRESS: (street address, if different) 13802 State Route 530 NE  
Arlington, WA 98223

**TYPE OF BUSINESS STRUCTURE**

(check and initial or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA

NAME Allen Muzzuco    TITLE \_\_\_\_\_    STOCK DISTRIBUTION OR PERCENTAGE OF SHARE 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 (tick one)**

(check and initial or complete liability/property damage/survey information)

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 USE (check additional if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	B12186B	WA	1FUVSAZB7XP983732

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.

Tracie Grant Agent  
Signature(s)

5-15/07  
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: Allen Muzzuco Position: President

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 Driver's License (CDL) Requirements (Part 383)

Name: Allen Muzzuco Position: President

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: Allen Muzzuco Position: President

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: Allen Muzzuco Position: President

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: Allen Muzzuco Position: President

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.***

Tracie Grant, Agent  
Signature of applicant

5-15-07  
Date

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

UNITED STATES OF AMERICA

The State of  Washington  
Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF INCORPORATION**

to

**BIGFOOT TRAILER SALES, INC.**

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 6/27/2005

UBI Number: 602-514-174

APPID: 310115



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed, Secretary of State

### Safe Trucker Inc

Reporting Firm Authorization

#### Power of Attorney

**INSTRUCTIONS:** Under strict guidelines by the state government all reporting and permit agents must have a power of attorney to make federal and state filing for a motor carrier. Provide all information and check applicable boxes. Form must be signed by owner, partner, or corporate officer.

KNOW ALL MEN BY THESE PRESENT THAT Allen Muzzucco - Bigfoot Trailer Sales Inc  
(Complete Carrier Name)

AS:  INDIVIDUAL  PARTNERSHIP  LIMIT LIABILITY COMPANY  
 CORPORATION, OR

office at 13802 State Route 530 NE, Arlington, WA, 98223  
(Please fill in)  
(Carrier Address)

does hereby designate and appoint Safe Trucker Inc  
(Power of Attorney Name)

with offices at 6360 S. Western Avenue Suite 216 Oklahoma City, Oklahoma 73109  
(Power of Attorney Address) (405) 670-0324  
(Power of Attorney Telephone)

to act as Attorney-in-Fact for the following limited and special purpose (Initial applicable provisions):

- To obtain, complete, and submit application and fees for permit authority
- To obtain, complete, and submit applications for highway use tax passes/markers/plates (original and renewals)
- To prepare, sign, and submit documents and checks that may be necessary for filing IFTA & Mileage tax reports
- To prepare, sign, and submit documents for Proration
- Registration of vehicles
- To hold, confer, and resolve all audits requested by any jurisdictions
- To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending with any agency and attend any meetings or hearings thereto
- Other acts (specify): \_\_\_\_\_

This Power of Attorney will be in effect beginning 9-27-06 and continue until canceled in writing.

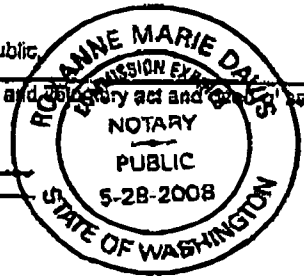
CARRIER BUSINESS NAME: <u>Allen Muzzucco</u>	ATTORNEY-IN-FACT BUSINESS NAME: <u>Safe Trucker Inc</u>
SIGNATURE (MUST BE CARRIER): <u>Allen Muzzucco</u>	SIGNATURE: <u>Tracie Grant</u>
PRINTED NAME OF SIGNATURE ABOVE: <u>OWNER</u>	PRINTED NAME OF SIGNATURE ABOVE: <u>Tracie Grant</u>
TITLE OF GRANTOR: <u>OWNER</u>	TITLE OF ATTORNEY-IN-FACT: <u>AGENT</u>
DATE: <u>9/24/06</u> TELEPHONE NUMBER: <u>(910) 463-0945</u>	DATE: <u>9/24/06</u> TELEPHONE NUMBER: <u>866-633-0300</u>

STATE OF \_\_\_\_\_ Acknowledgment

COUNTY OF Snohomish

On this 27th day of September, 2006, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared Allen Muzzucco and acknowledge to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of said corporation, for the uses and purpose therein set forth.

Given under my hand and seal the day and year last above written.  
Notary Public: Rochanne Marie Davis  
My Commission Expires: 5-28-2008





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

Bigfoot Trailer Sales, Inc.  
5350 S Western #401  
Oklahoma City, OK 73109

July 13, 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! Please note that this is your second and final notice. You must provide the required information by August 13, 2007 or your application will be dismissed.
  
- 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.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@wutc.wa.gov](mailto: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

Bigfoot Trailer Sales, Inc.  
5350 S Western #401  
Oklahoma City, OK 73109

June 8, 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.

**Who do I contact if I have questions?**

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

Thank You.





Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Quadruplicate)

4582  
pend

RECEIVED

AUG 27 2007

WASH. UT. & TR. COMM

Filed with WASHINGTON UTILITIES & TRANSPORTATION FINANCIAL (hereinafter called Commission)  
(Name of Commission)

THIS IS TO CERTIFY, THAT the Canal Insurance Company  
**P.O. BOX 7 GREENVILLE, SC 29602**  
(hereinafter called Company) of

has issued to BIGFOOT TRAILER SALES INC of 13802 STATE ROUTE 530 Arlington, WA 98223  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 8/28/2007 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This Certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. BOX 7 GREENVILLE SC 29602  
(Street Address) (City) (State) (Zip Code)

this 23rd day of August 2007

  
Authorized Company Representative

Insurance Company File No. PIA00192701  
(Policy Number)

IRB 3639 B  
IIFC - 1