

PART - A

11/14/07 Dismissed

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

RECEIVED

SEP 04 2007

WASH. UT. & TP. COMM

TV-071802

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0000237	Safety: 9-5-07	Carrier ID#: 4742
111 0268 200 02 275.00	Insurance:	Employee: KCC

TYPE OF APPLICATION (check one)

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	

V

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

For Commission Use Only:
Auth #: 094606

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date: 2003

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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 062997	US DOT# (if required): 1667731	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-741-899 per cell 9-5/07
APPLICANT NAME: Handley Trucking Inc.		PHONE#: 360-438-7353
d/b/a:		FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 5610

(city, state, zip) Lacey wa 98509-5610

PHYSICAL ADDRESS: (street address, if different)

5529 Komachin Loop SE Lacey WA 98503

Lacey Pencil

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION Wa

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Randall C. Handley 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 (must check one)

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

- | | | | |
|---|--|---|---|
| <input checked="" 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> <u>Per call</u> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> 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#
<u>01</u>		<u>WA.</u>	<u>1FUTBBBP43PK95033</u> <u>Per call</u>

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.

Randall Handley
Signature(s)

8-31-07
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: Randall Handley 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: Randall Handley 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: Randall Handley 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: Randall Handley 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

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Randall Handley 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.

Randall Handley
Signature of applicant

8-31-07
Date

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

**CTC-INC.
5001 N.E. 23RD ST.
OKLAHOMA CITY, OK. 73121
405-424-2825
405-427-5606fax
888-772-8035watts**

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SEP 04 2007

WASH. UT. & TP. COMM

**MC#613051
HANDLEY TRUCKING INC.**

INTRASTATE REGISTRATION.

**IF YOU HAVE ANY QUESTIONS PLEASE
CALL 888-772-8035.**

**Thank you,
Candy Bay
CTC-INC.**

*Call = 0 9-507 / 940 hrs RNA
1000 hrs RNA
1100*

Technical Assistance

As part of the Common Carrier permit application process, the Commission voluntarily provides technical assistance on any of the Safety Fitness requirements. The goal and mission of the Commission are to assist carriers in understanding the safety rules and regulations and what is necessary to have an adequate and effective safety program.

Requesting additional information on any or all of the below listed sections will not result in your company being selected for a safety compliance audit. There is no additional charge for this service. Technical assistance may be in the form of a personal contact or telephone contact, depending on Commission employee availability.

If you want information on any of the safety requirements, check the appropriate box(es) below. Please include day and evening phone numbers and the name of the person to be contacted.

Place an "X" or check mark in the box in front of any subject on which you wish assistance.	Subject/Topic Area
X	Controlled Substances and Alcohol testing (Part 382)
	Commercial Driver's Licensing requirements (Part 383)
	Minimum Levels of Financial Responsibility (Insurance) (Part 387)
	Driver Qualification requirements (Part 391)
	Driving of Commercial Motor Vehicles (Part 392)
	Parts and Accessories Necessary for Safe Operation (Part 393)
	Hours of Service requirements (Part 395)
X	Inspection, Repair, and Maintenance (Part 396)

Contact person: Randall Handley

Day telephone number: 360-438-7353

Evening telephone number: same

Note - mailed Red Safety Book - 9-5-07
Kuc



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

HANDLEY TRUCKING INC
POB 5610
LACEY, WA 98509-5610

October 9, 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 **November 9, 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@utc.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

HANDLEY TRUCKING INC
POB 5610
LACEY, WA 98509-5610

September 5, 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. Please file insurance by October 4, 2007.

Who do I contact if I have questions?

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

Thank You.