



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

DAVIS, JOHN LEWIS  
3410 XAVIER AVE  
VANCOUVER, WA 98660

October 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! Please note that this is your second and final notice. You must provide the required information by November 10, 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](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.



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September 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 You have completed your application under John Lewis Davis but you have marked page 2 that you are a LLC. Your UBI number is listed under a sole proprietor not an LLC. If you plan to operate as an LLC, you will need to change your UBI with the Department of Licensing and update your application to reflect the LLC name.

*we changed 2nd page*

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](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.

*9/13 Rec'd duplicate app - requested refund*

*9/14 talked w/ John - he's not sure what he's going to do - probably just change 2nd page*

PART - A

TV-071832

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)

Reception Number: 0600255

Safety:

Carrier ID# 4751

111 0268 200 02 275.00

Insurance:

Employee:

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 #: 182805

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): John Lewis Davis Date: 9 Sept 07

Signature: John L Davis Title: Owner

CC#: 63005

US DOT# (if required) 1680357

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 756 062

APPLICANT NAME: John Lewis Davis

PHONE#: 360-699-1619

d/b/a: Elmtree Transport

FAX#: 360 699 1619

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3410 Xavier Ave.

(city, state, zip) Vancouver WA 98660

PHYSICAL ADDRESS: (street address, if different)

Update 19 Sept 07 USDOT 1680357 Replacement

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
John L. Davis Owner 100%

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 \_\_\_\_\_

- 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#
90	15085RP	WASHINGTON	1XKAD29X4L5544762

waiting for Bill of Sale, as of 9 Sept 07

Progressive Commercial [ # Bill of Sale Coverage 059644720 "  
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.

John L. Davis  
Signature(s)

9 Sept 07  
Date

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
John h. Davis	Owner	100%

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.

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Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

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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#
90	N245911	OREGON	1XKAD29X4L5544762

Waiting for Bill of Sale, as of 9 Sept 07

Progressive Commercial ( # Boat tail Coverage 059641720 "  
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.

*John h. Davis*  
Signature(s)

9 Sept 07  
Date

**TYPE OF BUSINESS STRUCTURE**  
(Check one box. If "Partnership" or "Corporation", list name of partnership or corporation.)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA.  
LLC.

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
John L. Davis              Owner                      100%

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.

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UNIT#	LICENSE#	STATE	VIN#
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*Progressive Commercial # Boat tail Coverage 059644720 "*

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John L. Davis  
Signature(s)

9 Sept 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

Name: John L Davis Position: Owner Operator

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).

Name: John L Davis Position: Owner Operator

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

Name: John L Davis Position: Owner Operator

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: John L. Davis Position: Owner Op.

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: John L. Davis Position: Owner Op.

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.**

John L. Davis  
Signature of applicant

9 Sept 07  
Date



Operating Authority - Filings Needed

## REQUEST FOR FILINGS

Named Insured: JOHN DAVIS  
(As it appears on your FHWA Operating Authority)

\_\_\_\_\_  
(As it appears on your PUC Operating Authority)

Mailing Address: 3410 XAVIER AVENUE VANCOUVER WA 98660  
(As it should appear on the FHWA filings)

\_\_\_\_\_  
(As it should appear on the PUC filings)

FHWA Docket #: MC 617534

PUC Docket #: \_\_\_\_\_

Other Docket #'s: \_\_\_\_\_  
(Please specify)

### Auto Filings Required

MCS-90-Financial Responsibility Filing \_\_\_\_\_

BMC 91X-Proof of Liability \_\_\_\_\_

Form E (please specify states which require) \_\_\_\_\_

OS-32 (OH oversize filing) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

### Cargo Filings Required

BMC 34-Cargo Filing \_\_\_\_\_

Form H (please specify states which require) \_\_\_\_\_

Other (please specify) \_\_\_\_\_

6/19/2007

**COVERAGE REQUESTED**

- 1. Auto Liability Limit: \$1,000,000 46 = Scheduled Autos
- 2. Uninsured/Underinsured Motorist: Statutory Limits 46 = Scheduled Autos
- 3. Medical Payments Limit: No Coverage 42 = Owned Autos
- 4. Personal Injury Protector (PIP): Statutory 45 = All Owned Autos which Require No-Fault Coverage
- 5. Physical Damage Limit: ACV/Std Amt 46 47 = Scheduled Autos, Hired Autos with Max Value  
Deductible: \$1,000 0: \$40,000 for incidental trailer rentals only.
- 6. Cargo Limit: \$100,000 46 = Scheduled Autos  
Deductible: \$1,000

**TRUCKERS ENDORSEMENTS:** (Please check the appropriate endorsement needed. Example: Flatbed Trailers Need Tarp Warranty. Refrigerated Trailers need Refrigeration Breakdown)

- Tarp Warranty: \_\_\_\_\_
- Refrigeration Breakdown: ✓
- Broadened Pollution (CA9948): \_\_\_\_\_
- Blanket Add'l Insured for Shippers: \_\_\_\_\_

**SUBMISSION CHECKLIST:**

- ✓ Motor vehicle reports (MVR's)
- ✓ Equipment list indicating owned, leased and owner operator units showing **complete** (17 digits) serial numbers and gross vehicle weight. Indicate Stated Values for those vehicles you want Physical Damage Coverage

Applicants Signature: *John A. Davis* Date: 11 Sept 07



**COMPANY ENROLLMENT INFORMATION APPLICATION**

Business Name <b>JOHN DAVIS</b>		Federal Tax ID Number <b>560 61 8829</b>
Street Address <b>3410 XAVIER AVENUE</b>		Date Established
City <b>VANCOUVER</b>	State <b>WA</b>	Zip <b>98660</b>
Phone <b>360 699 1619 (cell 503 621 4147)</b>		MC Number <b>617534</b>
Fax <b>SAME</b>	Type of Business: <input checked="" type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation -- <input type="checkbox"/> "S" <input type="checkbox"/> "C" <input checked="" type="checkbox"/> LLC <input type="checkbox"/> Partnership	
Email <b>ELKTREE1@PCEZ.COM</b>	Carrier Authority (check all that apply): <input checked="" type="checkbox"/> Common <input checked="" type="checkbox"/> Contract <input type="checkbox"/> Brokerage <input type="checkbox"/> Other	
Average Monthly Sales <b>\$ 12,000.00</b>	Open Accounts Receivable <b>\$</b>	Average Invoice Size <b>\$</b>
Pending judgments? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Current on all taxes? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Ever file bankruptcy? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <b>1990!</b>

**OWNERS - IMPORTANT INFORMATION**

I hereby certify that all information provided on this Application is accurate and complete to the best of my knowledge. I authorize Advance Business Capital LLC ("ABC") to procure credit reports, verifications and other information which, in its sole discretion, is deemed appropriate for completing its credit evaluation. I provide authorization, on a continuing basis, for any person or business to release any and all credit reports or verifications to ABC.

Full Legal Name <b>John Lewis Davis</b>	Position <b>Owner</b>	Social Security No. <b>560618829</b>
Home Address <b>Vancouver WA 98660</b>	Date of Birth <b>3-14-1964</b>	Ownership Percent <b>100 %</b>
Signature <i>John Lewis Davis</i>	Phone - Home <b>360 699 1619 (cell 503 621 4147)</b>	Phone - Cell <b>36214147</b>

Toll Free Phone: (866) 399-5833

www.CarrierSource.com

Fax: (504) 525-8042

**RISK SUMMARY**

NAMED INSURED AS IT APPEARS ON YOUR OPERATING AUTHORITY:

Effective Date: OCTOBER 9TH

JOHN DAVIS

FEIN #: 560 61 8829

MC #: 617534

ADDRESS:

3410 XAVIER AVENUE

USDOT#: 1580357

VANCOUVER WA 98660

PHONE #

360 699 1619 (cell 503 621 4147)

YEARS IN BUSINESS: AUGUST 2007

FAX #

SAME

EMAIL:

ELKTREE1@PCEZ.COM

**AUTO EXPOSURE:**

Year	Make	See Attached Truck/Trailer Descriptions Type (Tractor, Truck, Van, Trailer, etc)	Vin#	Value
1990	KENWORTH	TRACTOR	1XXKAD29X4L8544762	7500,00
		WILL BE LEASING A 48' DR		

**DETAILED TYPE OF CARGO:**

COMMODITY    MAX VALUE

PAPER  
SODAS 100,000  
INTERMODAL  
CONTAINERS

**RADIUS:**

Miles	Percentage
0 - 50	%
51 - 200	%
201 - 500	<u>50</u> %
500 - 1000	<u>50</u> %
Total	

General Commodities

Major Cities Traveled Through: SEASIDE, PORTLAND, SEASIDE, SPOKANE, SA T LAKE CITY, DENVER, DALLAS

Average Trip Miles One-Way: 1200 MILES

**DRIVER INFORMATION:**

Name JOHN DAVIS Social Sec # 560 61 8829 DOB 3 14 64  
Lic # DAVISJL368DM State Lic WA Yrs Exp: 18 YEARS

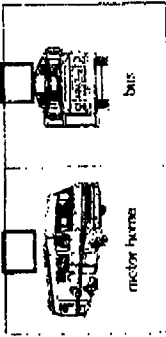
Name \_\_\_\_\_ Social Sec # \_\_\_\_\_ DOB \_\_\_\_\_  
Lic # \_\_\_\_\_ State Lic \_\_\_\_\_ Yrs Exp. \_\_\_\_\_

Name \_\_\_\_\_ Social Sec # \_\_\_\_\_ DOB \_\_\_\_\_  
Lic # \_\_\_\_\_ State Lic \_\_\_\_\_ Yrs Exp. \_\_\_\_\_

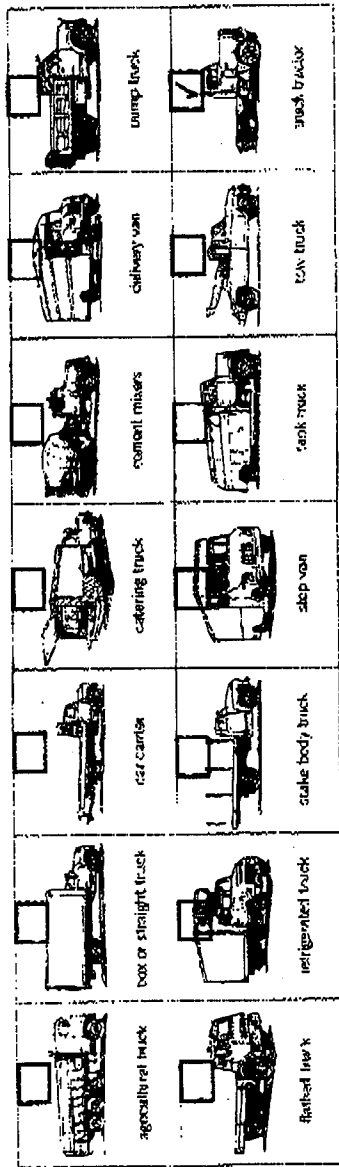
\*\*Current Insurance Carrier: PROGRESSIVE COMMERCIAL  
\*\*Expiration Date: OCTOBER 7TH  
\*\*Current Premium: 884 YEAR (TEMPORARY)

Any claims in the last 3 years? NO If so, please explain \_\_\_\_\_

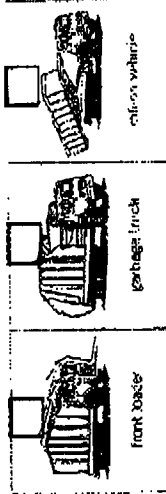
**BUSES AND MOTOR HOMES**



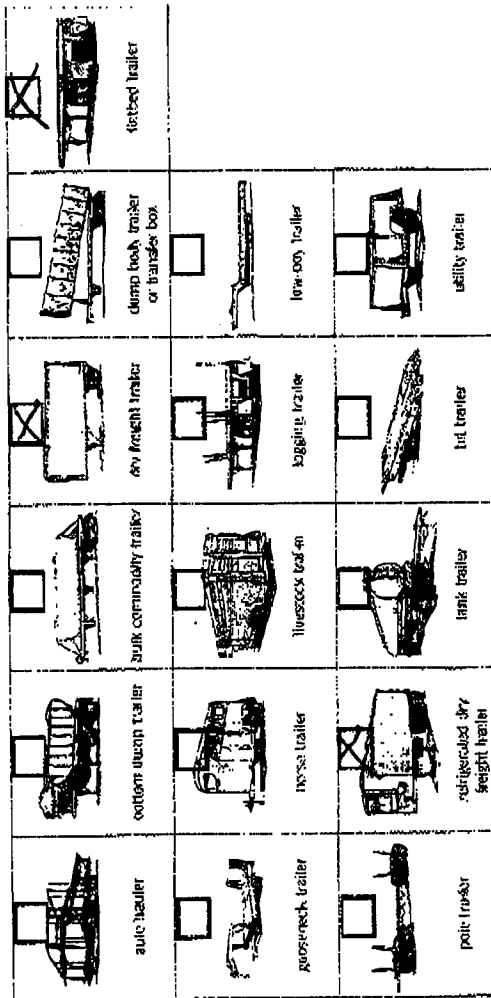
**TRUCKS**



**GARBAGE TRUCKS (physical damage only)**

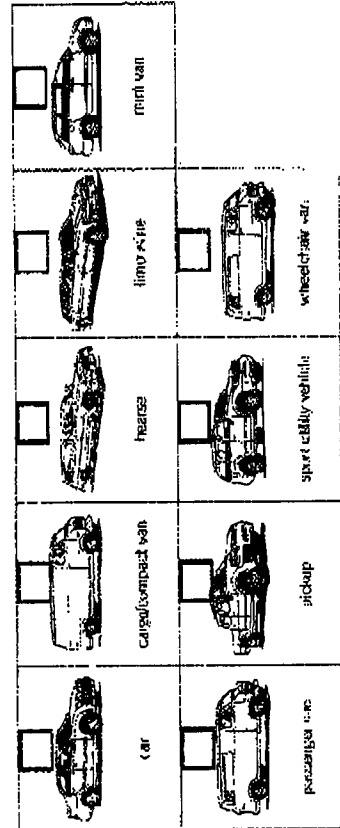


**TRAILERS**



Submit

**BUSINESS AUTO VEHICLES**



4751

VENDOR NAME AND ADDRESS  <b>JOHN LEWIS DAVIS          ELKTREE TRANSPORT          3410 XAVIER AVE.          VANCOUVER, WA 98660</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>		
AGENCY NAME AND LOCATION  <b>UTILITIES AND TRANSP. COMM.          1300 S. EVERGREEN PK DRIVE S.W.          P.O. BOX 47250          OLYMPIA, WA 98504-7250</b>		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY  <b>BUSINESS OFFICE</b>	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

**REVENUE REFUND – REFUND COMMON CARRIER APPLICATION - DUPLICATE**

RECEPTION OR FIELD RECEIPT NO. 0000263                      \$275.00                      DATED 09-11-07

PREPARED BY <b>TINA LEPSKI</b>			TELEPHONE NUMBER <b>664-1170</b>			DATE <b>09-13-07</b>			AGENCY APPROVAL <i>Colleen Smith</i>					DATE <b>9-13-07</b>		
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER <b>VOD1</b>		VENDOR MESSAGE			USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	<b>198</b>		<b>111</b>			<b>02</b>	<b>68</b>								<b>\$ 275.00</b>	<b>REFUND</b>
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL		WARRANT NUMBER	
													\$			

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1100 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)

*duplicate of CHA*  
*Requested Refund 9/13/07*

Reception Number: 0000263

Safety:

Carrier ID#:

111 0268 200 02 275.00

Insurance:

Employee: *luc*

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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only:  
Auth #: 176426

*AMX 0517*

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): *John Lewis Davis* Date: *9 Sept 07*

Signature: *John Lewis Davis* Title: *Owner*

CC#: *10173341* US DOT# (if required) *1680357* WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *602 756 062*

APPLICANT NAME: *John Lewis Davis* PHONE#: *360-699-1619*

d/b/a: *Elktree Transport* FAX #: *360 699 1619*

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) *3410 Xavier Ave.*

(city, state, zip) *Vancouver WA, 98660*

PHYSICAL ADDRESS: (street address, if different)

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION WA. ?  
LLC.

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
John h. Davis Owner 100%

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Signature of current permit holder

Date

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John h. Davis  
Signature(s)

9 Sept 07  
Date



# PART - B

## SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

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- J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54986 (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

Name: John L Davis Position: Owner Operator

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).

Name: John L Davis Position: Owner Operator

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

Name: John L Davis Position: Owner Operator

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: John F. Davis Position: Owner Op.

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: John F. Davis Position: Owner Op.

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.**

John F. Davis  
Signature of applicant

9 Sept 07  
Date