

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 <u>transportation@utc.wa.gov</u>. 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.

- 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.
- 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 <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Mark You.

My Recid duplicate app-reguested

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gury to do-probably just change and professor

PART - A

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) |
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| HER THE THE PARTY OF THE PARTY | Carrier ID# |
| Reception Number: 0.00205 Safety: | |
| 111 0268 200 02 275.∞ Insurance: | Employee: |
| AND THE RESERVE OF THE PROPERTY OF THE PROPERT | |
| New Common Carrier Permit Authority, or | Extension of Common Carrier Permit Authority |
| Transfer of Existing Permit Number | S100 GENERAL COMMODITIES, including |
| \$275 GENERAL COMMODITIES ONLY | \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE |
| | \$100 GENERAL COMMODITIES, including |
| \$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE | 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 | HMX 16 m CV |
| \$100 REINSTATEMENT OF CANCELLED COMM (Must be filed within 10 months of cancellation) | ON CARRIER PERMIT For Commission Use only: Auth #: |
| | ■ Mastercard □ Visa Expiration Date |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ | ☐ Mastercard ☐ Visa |
| | |
| CERTIFICATION: I, the undersigned, under penalty for false states | ment, certify that the following information is true and correct, that I am cant. and that all information on file is current and valid. |
| authorized to execute and the this document on behalf of the | 06 4 97 |
| Name (printed): John Lewis /Jau | 015 Date: 9 Sept 0 1 |
| [/// J/ /]/\ | Title: OWN-ev |
| Signature: | |
| CC# / US DOT# (if required) | WA UNIFIED BUSINESS IDENTIFIER (UBI) #. |
| 168035 | 7 602 756 062 |
| APPLICANT NAME: | PHONE#: 360 - 699 - 1619 |
| John Lewis Davis | 360 699 1019 |
| 10-10- | FAX#: 360 699 1619 |
| Fluture Ivansport |)(01) 017 601 |
| BUSINESS (MAILING) ADDRESS: | vier Ave. |
| (Street address, F.O. DON) | |
| (city, state, zip) | A. 98660 |
| PHYSICAL ADDRESS: (street address, if differe | ent) |

| 09/19/2007 1 UP Late 1 | .0:16 361 9:Sept (| 06991619) | USDOT 168 | 0 | 357 Rej | PAGE 01 Nacemu |
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| holder and perm | ection if you nit number to | are transfe | erring an existing perred. The current | əmi | t to a new owner. List na | ame of <u>current</u> permit w to authorize the transfer |
| of the permit nu | | | | | PERMIT N | UMBER: |
| Signature of cu | rrent permit | holder | | | | Date |
| | | era jest (pb) . | | | ing the property of the figure of the state | |
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| and WILL only only only only only only only only | | | erty Damage | Lia | bility and Property | and Property Damage |
| pounds gross w rating—\$300,000 | | | e is required. e and submit the | | mage Insurance and bmit the Safety Fitness | Insurance. Complete and submit the Safety |
| Liability and Pro | | Safety Fi | tness Survey— | | rvey – Sections 1 and | Fitness Survey – Sections 1 and 2. |
| Damage Insurar required. You d | | Section ' | 1. | 2. | | Sections Fand 2. |
| to complete the | | | | | | |
| Fitness Survey. | 100 mm | | A S A S A S A S A S A S A S A S A S A S | Same | nam salah sebagai kengalaktan permengahari mendikterlak belakta bel | |
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| Ros rese | | | or the | . V . J. V. | Course 0590 | 44720 11 |
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| John | NY/ | Jar | <u> </u> | | 9 | Sept 0/ |
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| | it number to | are transfe | | enkai | t to a new owner. List na | nme of <u>current</u> permit w to authorize the transfer |
| NAME ON PERI | MIT : | | | | PERMIT N | JMBER: |
| Signature of cu | rrent permit | holder | A H M A A A A A A A A A A A A A A A A A | kanalese | | Date |
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FMCSR Part 391.51

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: James 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: Janus 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 & Davy 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 |

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.

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: Som for forth

Position: ()WWA

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

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 Filing | gs Required | | | | | | | | |
| MCS-90-Finance | icial Responsibility Filing | | | | | | | | |
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| Form E (pieas | se specify states which require) | | | | | | | | |
| QS-32 (OH ev | versize filling) | | | | | | | | |
| Other (please | e specify) | | | | | | | | |
| Cargo Fili | ings Required | | | | | | | | |
| BMC 34- Carg | go Filing | | | | | | | | |
| Form H (pleas | se specity states which require) | | | | | | | | |
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| 1 Auto Liability Limit | \$1,008,000 | 46 = Schedilied Autos |
|-------------------------------------|---|---|
| 2 Uhnsured/Underhaured Motoria | Statutory Limits | 45 · Scheduled Autos |
| 3. Medical Payments Limit. | No Coverage | 42 = Owned Autos |
| 4. Personal injury Protection (PIP) | Statutory | 45 = At: Owned Autos which Require No-Fault Coverage |
| 5. Physical Damage Limit | ACVIStd Amt | 46 47 = Scheduled Autos, Hired Autos with Max Value |
| Deductible | \$1,000 | o: \$40,000 for mordental trailer rentals only. |
| 8. Cargo Limit | \$100,000 | 16 ≈ Scheduled Autos |
| ਹੋਰ duct b le | \$1,000 | |
| TRUCKERS ENDORSEMENTS | (Please thack the appropriate endorsemi Refrigerated Trailers need Refrigeration 8 | ent needed - Example: Flatoed Trailers Need Tarp Warranty Breakdown) |
| Taro Warranty | | |
| Refrigeration Breakdown | | |
| Broadened Pollution (CA9948) | | |
| Blanket Add'l Insured for Shippers | | |
| SUBMISSION CHECKUST: | | |
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Equipment list indicating owned, leased and owner operator units analying domplete (17 digits) sensi numbers and gross vehicle weight. Indicate Stated Values for those

Motor variole reports (MVR's)

vahicles you want Physical Damage Coverage

0.11 Sept 07





| COMPANY ENROLLM | ENT INFORMATION AP | PLICATION |
|---|---|--|
| Business Name | | Federal Tax (1) Number |
| JOHN DAVIS | | 560 61 8829 |
| Street Admess | | Date Established |
| 3410 XAVIER A | VENUE | : |
| Cirv State | 2ip | MC Namber |
| VANCOUVER WA | 98660 | 617534 |
| Plant 360 699 1619 (cell 503 621 4147) | Type of Business: Sele Prograetor | □ "S" □ "C" L LLC □ Portaership |
| For | Crarter Authority scheck all that apply): | Contract |
| SAME | Ш Соншки: | E Condave |
| Engil | ☐ Brokerake | ☐ Other |
| ELKTREE1@PCEZ.COM | | |
| Average Monthly Sales | Open Acromits Receivable | Average Invoice Size |
| \$ 12,000.00 | ; S | \$ |
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| OWNERS - IM | PORTANT INFORMATI | ON |
| I hereby certify that all information provided on this A Advance Business Capital LLC ("ABC") to procure or is deemed appropriate for completing its credit avaluation release any and all credit reports or verifications to A | edit reports, verifications and other info ou. I provide amborization, on a contin | mnation which, in its sole discretion, ling basis, for any person or business |
| John Lewis Davi | 3 Postion OWNEV | 50061 Security Ner 56061 8829 |
| Home Address | | (Fragradip Percent |
| Vancouver WA 9 | 8660 3-14-196 | |
| amil lave | | Phon:-Cell 1111/7 |
| Significant | Due | |

Toll Free Phone: (866) 399-5833

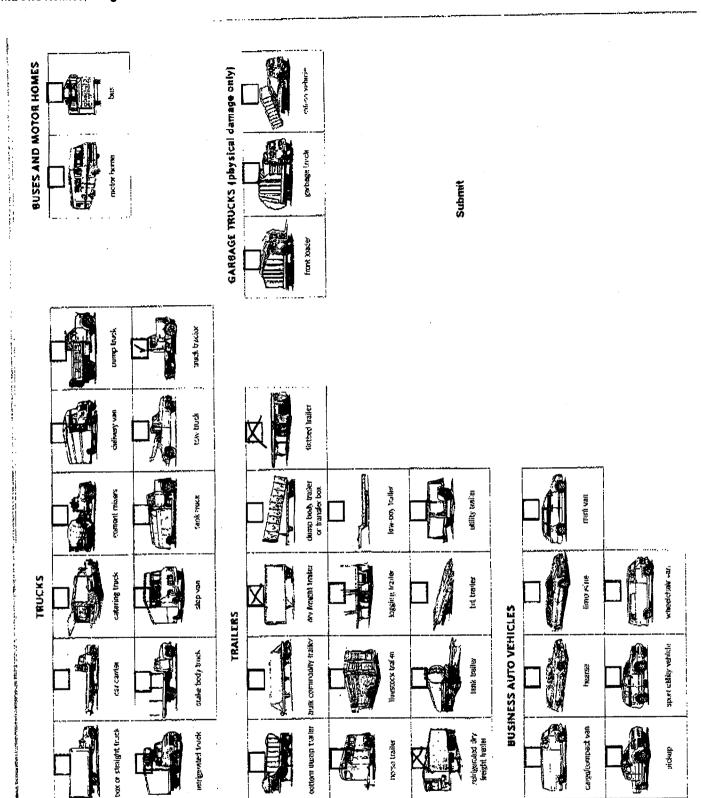
Fax: (904) 525-8042

www.Carrier1Source.com

| | | | | | | Effective Date: | OCTOBER 9TH |
|--|--|---------------------|--|--|--------------------------------------|--|---|
| NAMED INSURE | D AS IT APPEARS | | | ITY: | | FEIN #: | |
| | | | JOHN DAVIS | | | | 517534 |
| ADDRESS: | 3410 XA | VIER AV | ENUE | | | USDOT#: | |
| ADDRESS. | VANCOUVER | | 98660 | | | | |
| PHONE # | | 19 (cell 503 | | | YE | ARS IN BUSINESS: | AUGUST 2007 |
| FAX# | | SAME | | | | | |
| EMAIL: | ELKTF | EE1@PCE | Z.COM | | | | |
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| VENDOR NAME AND ADDRESS JOHN LEWIS DAVIS | AGENCY NUMBER | LOCATION CODE | |
| ELKTREE TRANSPORT | AGENCY P.R. OR AUTHO | DRIZATION NUMBER | |
| 3410 XAVIER AVE. VANCOUVER, WA 98660 | AGENCY NAME AND LOCATION | | |
| TAINEGOVEN, WA SCOOL | UTILITIES AND TRAI 1300 S. EVERGREEN P.O. BOX 47250 OLYMPIA, WA 9850 | PK DRIVE S.W. | |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.) | RECEIVED BY | DATE RECEIVED | |
| | BUSINESS OFFICE | | |

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

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| PART - A | | | | | |
|---|--|--|--|--|--|
| WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION OF LEG | | | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 7Dr SW, PO Box 47250 | | | | |
| \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | 98504-7250 22 – Fax (360) 586-1181 | | | | |
| Intrastate Common Car | rier Operating Authority | | | | |
| (excluding Household Goods | and Common Carrier Brokers) | | | | |
| Reception Number: 000263 Safety: | Carrier ID#: | | | | |
| 111 0268 200 02 275.00 Insurance: | Employee: צשנ | | | | |
| Now Common Comics Dormit Authority or | | | | | |
| 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 ARMORDED 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 | AM 05/# | | | | |
| \$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation) | N CARRIER PERMIT For Commission Use Only: Auth #: 176476 | | | | |
| ignorialistica de la | | | | | |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ | Mastercard □ Visa Expiration Date | | | | |
| CERTIFICATION: I, the undersigned, under penalty for false stateme | ent, 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 /Javi | | | | | |
| Signature: | Title: OWN-1/ | | | | |
| CC#: US DOT# (if required) 1680357 | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: | | | | |
| APPLICANT NAME: | PHONE#: | | | | |
| d/b/a: | 360-699-1619 FAX#: | | | | |
| Elhtree Transport | 360 699 1619 | | | | |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 30/10 Xavier Ave. | | | | | |
| (city, state, zip) | | | | | |
| Vancouver WA. 98660 | | | | | |
| PHYSICAL ADDRESS: (street address, if different) | | | | | |

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| NAME ON PER | MIT: | | | | PERMIT N | UMBER: |
| Signature of ca | urrent permit | holder | | | | Date |
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| Waiting for B. I af Sale. asof 9Sept 07 WOSKSSIUL Commercia & Hoffail Coverage 059644720" I, as applicant, understand that the filing of this application does not in itself constitute authority to | | | | | | |
| operate and th | at no opera and affirm | tions may | / be conducted ur | itil a | Orchard 0590 on does not in itself cor a permit is received from I in this application is th | n the Commission. I |
| | /Signati | irė̃(s) | | | | 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

| US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800 |
|---|
| |
| Name: Shuffavus 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: Janus 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 |
| Is of any size and is used to transport nazardous 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: Shu L Javy Position: Owner Operator |
| Each company must maintain a complete Driver Qualification File for each employee (whether permanent, |

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.

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| Name: | Shry | Dav | 15_ | Position:(| Dwner | Op. |
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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

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| Name | : Lolmy | (boves | Position: Oww. | 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.

Signature of applicant

Date