

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)

RECEIVED

SEP 11 2007
WASH. UT. & TPCOM

Dunne
11/14/07

TV-071835

FOR OFFICIAL USE ONLY

Reception Number: 0000251

Safety:

Carrier ID#: M33912

111 0268 200 02 275.00

Insurance:

Employee:

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

\$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 #:

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): Walter McDonald

Date: 07/09/2007

Signature: *Walter McDonald*

Title: President

MOTOR CARRIER IDENTIFICATION - called MBI - No records

CC#: 06244b

US DOT# (if required)

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

685347

602-761-289

APPLICANT NAME:

PHONE#:

Inter Urban Delivery Service Ltd. 604-852-3101

d/b/a:

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

P.O. Box - 2155 Abbotsford, B.C.

(city, state, zip)

30480 South Fraser Way Abbotsford, B.C.

PHYSICAL ADDRESS: (street address, if different)

V2T 6L4

#004771

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION B.C. CANADA

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

Walter McDonald 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

- | | | | |
|---|---|---|---|
| <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 type="checkbox"/> 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#
# 23	P55210	WA	1GDP7C1C2YJ521100
# 14	P55214	WA	1GDL7F1396F425979
# 3	P55213	WA	1GDL7F1366F427379

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.

Walter McDonald 05/09/2007
Signature(s) Date

Drivers Hours of Service (Part 395)

Name: Walt Senff Position: Super

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: Walt Senff Position: Super

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.

W Senff
Signature of applicant

05/09/07
Date

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION B.C. CANADA

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Walter McDermid 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 applicable insurance is received)

- | | | | |
|---|---|--|--|
| <p><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--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.</p> | <p><input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> 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.</p> | <p><input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.</p> | <p><input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.</p> |
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RECEIVED

SEP 21 2007

Walter McDermid
Signature(s)

WASH. UT. & TP. COMM

05/09/2007
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 Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: Celine Cuscan Position: Office Manager

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: Walt Serff Position: Truck Supervisor

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: Walt Serff Position: Truck Supervisor

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.

M-33912

Leipski, Tina (UTC)

From: Deyoung, Mary (UTC)
Sent: Tuesday, October 23, 2007 2:08 PM
To: Pratt, David (UTC); Leipski, Tina (UTC)
Subject: FW: Notice of deficient Application

Is this something that pertains to your section?

From: Walter McDonald [mailto:walter@inter-urban.com]
Sent: Tuesday, October 23, 2007 2:03 PM
To: Deyoung, Mary (UTC)
Subject: Notice of deficient Application

Good day please UBI number for Inter-Urban Delivery Service Ltd.... 602 761 289 .. I received a notice on Oct 23 requesting this information I will have someone follow up on the request a Uniform Motor Carrier Certificate of insurance (form E)

Thanks

Walter

No virus found in this outgoing message.
Checked by AVG Free Edition.
Version: 7.5.503 / Virus Database: 269.15.8/1088 - Release Date: 10/23/2007 1:26 PM



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

INTER-URBAN DELIVERY SERVICE LTD
PO BOX 2155
ABBOTSFORD, BC V2T-6L4

October 15, 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 15, 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.

- X Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with the Department of Licensing and receive a UBI number. They can be reached at 360-664-1400. If you are a corporation, you also need to register with the Secretary of State's office at 360-753-7115.

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

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1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

INTER-URBAN DELIVERY SERVICE LTD
PO BOX 2155
ABBOTSFORD, BC V2T-6L4

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 Your application is missing some information. Please complete the highlighted areas and return to our office by October 11, 2007.
- 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.
- X ✓ Your application is marked for vehicles only under 10,001lbs GVWR. However the USDOT number provided and part of the safety answers are for vehicles over 10,001lbs GVWR. Please correct the insurance level if required. The license plate numbers and VIN numbers provided on the equipment list do not come back to pro-rated Washington trucks. Please provide correct information.
- X Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with the Department of Licensing and receive a UBI number. They can be reached at 360-664-1400. If you are a corporation, you also need to register with the Secretary of State's office at 360-753-7115.

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Thank You.