

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

CLARK WASHINGTON INDUSTRIES LLC PO BOX 145 SELAH, WA 98942

November 19, 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.
- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by December 19, 2007 or your application will be dismissed.

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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CLARK WASHINGTON INDUSTRIES LLC PO BOX 145 SELAH, WA 98942

October 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.

- 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 URI 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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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) FOR OFFICIAL USE ONLY Reception Number: 000055 Carrier ID#: Safety: 111 0268 200 02 275,00 Employee: Insurance: TYPE OF APPLICATION (check one) **New Common Carrier Permit Authority. or Extension of Common Carrier Permit Authority** Transfer of Existing Permit Number \square **GENERAL COMMODITIES ONLY** \$100 **GENERAL COMMODITIES, including** ARMORED CAR SERVICE \Box \$100 \$275 GENERAL COMMODITIES, including **GENERAL COMMODITIES, including** HAZARDOUS MATERIALS ARMORDED CAR SERVICE \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE For Commission Use Only: \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth #: (Must be filed within 10 months of cancellation) TYPE OF PAYMENT ☐ Mastercard XVisa ☐ Check □ Money Order ☐ Amex □ Discover **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. Date: Name (printed): Title: Signature: MOTOR CARRIER IDENTIFICATION US DOT# (if required) CC#: APPLIC d/b/a: **BUSINESS (MAILING) ADDRESS:** (street address, P.O. Box) (city, state, zip)

PHYSICAL AD	DRESS: (e	treet add	ess if di	ifferent)				
THOOAL AD		<u></u>						
	(che					STRUCTURE ship/corporation information	on)	
	☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION – STATE OF INCORPORATION							
NAME LLC	_ ك	TITLE		STO	K D	ISTRIBUTION OR PER	CENTAGE OF SHARE	
Larri	Clark	\leq	n olc	Ibr		ISTRIBUTION OR PER		
1								
Complete this se	ection if you					MIT NUMBER It to a new owner. List no	ame of current permit	
holder and perm of the permit nur	it number to	be transfe	erred. Th	e current	pern	mit holder must sign belo	w to authorize the transfer	
NAME ON PERI	MIT:					PERMIT N	UMBER:	
Signature of cu	rrent permit	holder					Date	
	1	NSURAI				NTS (must check one) able insurance is receive		
The applica	ant WILL	⊠ _{The}	applicant	t <u>WILL</u>		The applicant <u>WILL</u>	☐ The applicant WILL	
NOT HAUL haza materials in any	ardous	NOT HAI	<u>JL</u> hazard	dous	HAUL hazardous materials requiring HAUL hazardous materials requiring			
and WILL only o	perate	\$750,000	materials in any quantity \$750,000 in Public Liability		<u>\$1</u>	million in Public ability and Property	million in Public Liability and Property Damage	
vehicles less that pounds gross we	eight	Insurance	and Property Damage Insurance is required.		Damage Insurance and		Insurance. Complete and submit the Safety	
rating <u>\$300,000</u> Liability and Pro		Complete and submit the Safety Fitness Survey—			bmit the Safety Fitness rvey – Sections 1 and	Fitness Survey –		
		Section 1.		2.		Sections 1 and 2.		
to complete the								
Fitness Survey.	E E	I QUIPME	NT LIST	「(Attach	l add	litional list if necessary		
UNIT#	LICEN			TATE			/IN#	
	to be acquired							
		40	106	00	Ju	ired		

Signature(s) Date	reby declare and a owledge and belief	ffirm that the ii	n be conducted until a	a permit is received from this application is	om the Commission. I true to the best of my
	Sir Sir	m /	lan		84-07 Data
		mature(s)			Date
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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:_	Larry	Clark	Position:	Sole	Mbr		
	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.						
		nave in place a system for requirements (49 CFR Pa			rning alcohol and co	ontrolled	
	Co	mmercial Drivers Lic	ense (CDL) R	equirements:	(Part 383)		
Name: _	Forth	Clark	Positio	n: Sole	WPL		
		s a vehicle that meets the The definition of a comi			tor vehicle <u>as desc</u>	ribed below	
< h	as a gross com	bined weight rating of 26	6,001 pounds tha		wed unit with a gros	ss vehicle	
		more than 10,000 pound cle weight rating of 26,0		ore; or			
		ansport 16 or more pass			t that you ive a place	undina undor	
	s of any size and IM regulations.	d is used to transport ha	izardous materia	is or an amoun	t that requires placa	iraing under	
(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 Qualifica	tion Requirem	ents (Part 39	1)	Think and the same of the same	
Name:	Larry	+ Clark	Position:	Sole	Mbr		
	Each company must maintain a complete Driver Qualification File for each employee (whether permanent,						

maintain a complete file on themselves and any casual or intermittent driver that they may use.

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

FMCSR Part 391.51

	April 1997	Drivers Hours of	Service (Part 39	5) Int. 17.	
Name:	Larry	Clark	Position:_	Sole	Mbr
drives a driver," a he/she e	motor vehicle. If co record of duty state xceeds the 100 air-	in true and accurate hompany's operations must is acceptable. A dri mile radius or he/she evart 395.1(e) and WAC	eet all requiremer ver must complet exceeds 12 hours	nts of the "10 e a driver's d	0 air mile radius
	Vehicl	le Inspection, Repair,	and Maintenanc	e (Part 396)	
Name:	Larry	Clark	Position:	Sole	Mbr
Part 396 used ead	.11 requires that dri ch day. Refer to Pa	vers prepare a written art 396.11 for a descript	"Driver Vehicle In tion of the require	spection Rep d content of	port" on each vehicle this report.
	tor carrier must ma t 396.3(b)).	intain certain required	records for each v	vehicle that i	ncludes the following:
< <	operations to be p	ite the nature and due			ı
must ins	anies must comply pect, or have inspe g 12 months.	with Part 396.17 dealir cted, all motor vehicles	ng with Periodic ir subject to its cor	nspections. I ntrol at least o	Each motor carrier once during the
My sign comply	ature below certifi with all the safety	es that I understand in requirements which is	my responsibilit apply to my ope	y as a motol rations.	r carrier and I will 4-07
Signature	of applicant			Date	





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Thank You.





September 27, 2007

Congratulations:

Your online filing has been completed.

Company Name:

CLARK WASHINGTON INDUSTRIES LLC

UBI Number:

602-765-409

Effective date:

9/25/2007.

Application ID:

962300

You will receive a certificate and a copy of your filed documents via US Mail.

Thank you for using our online filing service!

Corporations Division 801 Capitol Way S. Olympia, WA 98504-0234

360-753-7115