

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)

5-15-08 No sec of state
Dismissed Application

TV 072311



FOR OFFICIAL USE ONLY

Reception Number: 0004943	Safety:	Carrier ID#: 4874
111 0268 200 02 275.00	Insurance: <i>Derry</i>	Employee: <i>02</i>

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	

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

For Commission Use Only: Auth #: *015358*

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: *08/10*

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): *Lawrence Perry* Date: *11/27/07*

Signature: *Lawrence Perry* Title: *Pres*

MOTOR CARRIER IDENTIFICATION

CC#: *63111* US DOT# (if required) *548477*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *Applied For 602781-388*

APPLICANT NAME: *Lawrence Perry* PHONE#: *208-245-2455*

d/b/a: *Lawrence Perry Trucking, Inc.* FAX #: *208-245-2629*

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) *274 Grand View Dr*

(city, state, zip) *Sf. Maries, ID 83861*

PHYSICAL ADDRESS: (street address, if different)

NO SEC OF STATE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION ID

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Lawrence Perry	President	50%
Sharon Perry	Secretary	50%

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: NA PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

- | | | | |
|--|--|---|---|
| <input 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"/> 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. |
|--|--|---|---|

UNIT#	LICENSE#	STATE	VIN#
2004 KW	BE 9856	ID	1NKWL B0X34R050322
1996 KW	BE 4255	ID	1NKWL B9X4TR 686491
1989 KW	BE 4252	ID	1NKWL B9X7X55-31909
1989 KW	BE 4254	ID	1NKWL B9X4K3526232

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.

Lawrence Perry Signature(s) 11-27-07 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: Lawrence Derry Position: President

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 Driver's License (CDL) Requirements (Part 382)

Name: Lawrence Derry Position: President

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: Lawrence Derry Position: President

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.

Drives Hours of Service (Part 395)

Name: Lawrence Derry Position: President

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 and Maintenance (Part 396)

Name: Lawrence Derry Position: President

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.

Lawrence Derry
Signature of applicant

11-27-07
Date

St. Joe Bookkeeping

1369 Railroad Ave
St. Maries, ID 83861
208-245-2455
208-245-2629 Fax

VALERIE ROUSE@msn.com

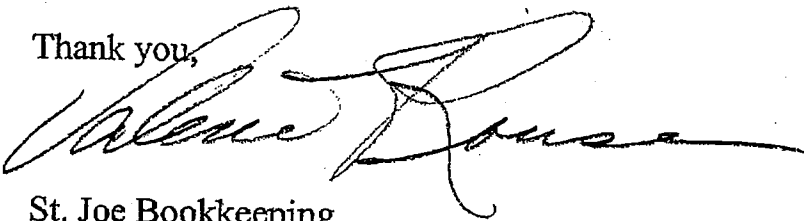
Fax Transmittal

5 pages

Date: 11/28/07
To: Licensing Services
With: UTC
Fax: 360-586-1184
From: Valerie Rouse

*Attached is application for
Lawrence Perry Trucking, Inc.
Please call ASAP if we need to
provide additional information*

Thank you,



St. Joe Bookkeeping
208-245-2455



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

LAWRENCE DERRY TRUCKING, INC.
274 GRAND VIEW DRIVE
ST. MARIES ID 83861

March 13, 2008

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 third and final notice. You must provide the required information by April 4, 2008 or your application will be dismissed.
- X A review of your record shows no Secretary of State registration at this time. Please submit proof of valid Washington Secretary of State registration as a corporation.

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.

called st Joe
BK keeping - need
SO state Filing -
Val will contact
CARRIER
4-15-08



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

LAWRENCE DERRY TRUCKING, INC.
274 GRAND VIEW DRIVE
ST. MARIES, ID 83861

January 3, 2008

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 February 4, 2008 or your application will be dismissed.

- X Your corporation is not registered with the Washington Secretary of State as a foreign corporation according to state records. Please contact the Secretary of State at 360-753-7115 and register. Please provide proof of corporate registration to this office by February 4, 2008.

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.



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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

LAWRENCE DERRY TRUCKING, INC.
274 GRAND VIEW DRIVE
ST. MARIES, ID 83861

December 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.

Your UBI# (Unified Business Identifier) is not registered with the Secretary of States Office. Please contact them at 360-753-7115 to do so.

When you have registered with them, please let me know so I can complete processing your application and activate your Common Carrier permit.

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.

Colleen

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/28/2007

PRODUCER Phone: (888) 523-4411 Fax: (541) 523-5221
THE MCADAMS AGENCY
 2001 MAIN ST
 P.O. BOX 1047
 BAKER CITY OR 97814

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

NAIC #

Agency Lic#: 809114

INSURED
LAWRENCE DERRY TRUCKING INC
C/O LAWRENCE AND SHARON DERRY
 274 GRANDVIEW DRIVE
 ST. MARIES ID 83861

24260

INSURER A: Progressive Casualty Ins. Co.

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
		GENERAL LIABILITY				
		COMMERCIAL GENERAL LIABILITY				
		CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>				
		GEN'L AGGREGATE LIMIT APPLIES PER:				
		POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>				
		AUTOMOBILE LIABILITY	03488014-1	04/20/07	04/20/08	
		ANY AUTO				1,000,000
		ALL OWNED AUTOS				
		X SCHEDULED AUTOS				
		HIRED AUTOS				
		NON-OWNED AUTOS				
		GARAGE LIABILITY				
		ANY AUTO				
		EXCESS / UMBRELLA LIABILITY				
		OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/>				
		EACH OCCURRENCE				
		AGGREGATE				
		COMBINED SINGLE LIMIT (Ea accident)				
		BODILY INJURY (Per person)				
		BODILY INJURY (Per accident)				
		PROPERTY DAMAGE (Per accident)				
		AUTO ONLY - EA ACCIDENT				
		OTHER THAN EA ACC				
		AUTO ONLY: AGG				
		EACH OCCURRENCE				
		AGGREGATE				