PAR	T – A				
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250					
Telephone (360) 664-12 Telephone (360) 664-12 Intrastate Common Car APPLICATION	A 98504-7250 222 – Fax (360) 586-1181 Trier Operating Authority				
(excluding Household Goods	and Common Carrier Brokers)				
Reception Number: ()()()5837 Safety: 3-3-	ALUSE ONLY 3 Carrier ID#: 144 14 6				
111 0268 200 02 275,00 Insurance:	Employee: 1065				
	AndoN/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 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	0823				
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 16 months of cancellation)	PN CARRIER PERMIT For Commission Use Only: Auth #: 39903				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard MV:				
CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the applications.	ent, certify that the following information is true and correct, that I am and that all information on file is current and valid.				
Name (printed): JUNI BUTS	Date: 2-13-08				
Signature: Journ Botto	Title: Agent				
MOTORICARRIE					
CC#: 063 6 US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIED (UBI) #:				
APPLICANT NAME: PACIFIC TYUCK LINES IDEC.	(425)550-7990				
d/b/a:	FAX #:				
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 19008 109	th Ave SE				
(city, state, zip) Snohomish, WA 9829	2				
_PHYSICALADDRESS: (street address, if different)	And All And Andrew Manufactures and the state of the stat				
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☐ INDIVIDUAL ☐ PAR	TNERSHIP	CORPORA	TION - STATE	E OF INCORF	PORATION	
NAME	TITLE	•			CENTAGE OF SHARE	<u>:</u>
<u>Petr Petrukhi</u>	in Du	wher	10070			
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	WE TR	ANSEERIOEIRI	RMITMUM	BERMANIA		
Complete this section if you a holder and permit number to of the permit number.	are transfe be transfe	rring an existing per rred. The current	ermit to a new o	owner. List na nust sign belo	ame of <u>current</u> permit w to authorize the trans	sfer
NAME ON PERMIT:				PERMIT N	UMBER:	_
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Signature of current permit		Marchand Miles and secular and definition for the		warene byte state of any any ang palanesis.	Date	
					(4)	
☐ The applicant <u>WILL</u>	X The	applicant WILL	☐ The appli	icant <u>WILL</u>	☐ The applicant <u>W</u>	VILL
NOT HAUL hazardous materials in any quantity	NOT HAL	JL hazardous in any quantity	HAUL hazard materials requ	ous	HAUL hazardous materials requiring \$5	5
and WILL only operate	<u>\$750,000</u>	in Public Liability	\$1 million in I	Public	million in Public Liab and Property Damage	ility
vehicles less than 10,000 pounds gross weight		erty Damage e is required.	Liability and P Damage Insur		Insurance. Complete	;
rating <u>\$300,000</u> in Public Liability and Property	Complete	and submit the ness Survey—	submit the Sa Survey - Sect	ifety Fitness	and submit the Safety Fitness Survey –	/ ·
Damage Insurance is	Section 1.		2.	Mons I and	Sections 1 and 2.	
required. You do not need to complete the Safety						
Fitness Survey.				an mineral resident manage specially of the party state.		ATTACHEN MEDITALIS
UNIT# LICEN		YT LISTEATUCH	acyuonalust	-	#1 N P. 27	
ONIT# LICEN	10 0	SIAIE	1/3/1/1	1007 	/IN# <i>PS (0 5 12 6 -</i> /-	
01 00009	80	<u> </u>	- 4V4N	10900	DIN321635	
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I. as applicant, understanc	d that the t	filing of this applic	eation does no	ot in itself col	nstitute authority to	
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.						
Ivacio brant Agent 2.12.08						
- PRINCE VILLE	1191	MA		0	10.00	

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

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: Petr Petrukhin Position: DWNEY
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).
(CDL) Requirements (Paint 988)
Name: Petr Detrukhin Position: DWNEY
 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
Enverioualification Requirements (Pani 391)
Name: <u>Petr Petrukhin</u> Position: <u>DWNEX</u>
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

A LA	5)
Name: Petr Petrukhin Position:	DWNEr
Each company must maintain true and accurate hours of service red drives a motor vehicle. If company's operations meet all requirement driver," a record of duty status is acceptable. A driver must complete 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	nts of the "100 air mile radius e a driver's daily log book when
Valucieilus pecucii Repair, and Maintenanc	e (Rarc 596)
Name: PEH PEHLIKHIN Position:	OWNEr
Part 396.11 requires that drivers prepare a written "Driver Vehicle In used each day. Refer to Part 396.11 for a description of the require	
Each motor carrier must maintain certain required records for each (see Part 396.3(b)).	vehicle that includes the following:
 Identification of the vehicle A means to indicate the nature and due date of various insoperations to be performed. A record of inspections, repairs and maintenance indicating 	
All companies must comply with Part 396.17 dealing with Periodic in must inspect, or have inspected, all motor vehicles subject to its conpreceding 12 months.	
My signature below certifies that I understand my responsibility comply with all the safety requirements which apply to my open	
Tracio Crant Agent	2-12-08
Signature of applicant	Date
	•

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)					
1 (excision	ng Household Goods	GIIG COMMICH COM			
Reception Number: 0005837	Safety:		Carrier ID#:	4948	
111 0268 200 02 275.00	Insurance:		Employee:	1065	
New Common Carrier Permit		**************************************	The tentering risk indicates and the second	rier Permit Authority	
Transfer of Existing Perm \$275 GENERAL COMMODITI			GENERAL COMI	MODITIES, Including	
\$275 GENERAL COMMODITIE ARMORDED CAR SERVICE		\$100	<u></u>	MODITIES, Including	
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS		\$100		MODITIES, including ERIALS and ARMORED CAR	
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS ar SERVICE	ES, including ad armored car			0823	
\$100 REINSTATEMENT OF CA		N CARRIER PER	NIT For	Commission Use Only: th #: 39903/	
□ Check □ Money Order □ Ame	EX Discover	Mastercard by Vi-			
CERTIFICATION: I, the undersigned, under	penalty for false statem	ent, certify that the fa	ollowing information	is true and correct, that I am	
authorized to execute and file this document	on behalf of the applica	int, and that all infon Date:	mation on file is curi Q. $12-08$	rent and valid.	
Name (printed): /// / / / / / / / / / / / / / / / / /	J		Paent.		
	Memorie/Araia			1 (1 1) -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1 -1	
065101 17285	(if required)	V 602	787 48.	DENTIFIER (UBI) #:	
APPLICANT NAME: PACIFIC TYUCK Line	es ione.	(4.	PHONE#: <u>25)660-</u> FAX#:	-7990	
BUSINESS (MAILING) ADDRESS	S:	il A:		:	
(street address, P.O. Box) (city, state, zip)	31008 109	the Ave	<u> 3E</u>		
<u> Snohomish</u> , Wo	1 4829	2		· · · · · · · · · · · · · · · · · · ·	
PHYSICAL ADDRESS: (street ad	ldress,-if-different)		An and the state of the state o	. Mark varie varie (1874) varietische Leistellijk abblikklichen der mits view (het Helmin (d. v. v. v. v. v. v	

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Complete this s holder and perr of the permit nu	nit number to	are transfe be transfe	erring an existing perred. The current	ermit to a r permit hold	iew owner. List n der must sign belo	ame of <u>current</u> permit w to authorize the transfer
NAME ON PER					PERMIT N	UMBER:
Signature of c	The second secon			April 1000 - 1000	alterna dala 2000-200 desembra dalah antah di Lawatan dan andah antah di Lawatan dan a	Date
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The application NOT HAUL haz	ardous / quantity	NOT HAI materials	applicant <u>WILL</u> JL hazardous in any quantity	HAUL ha materials	requiring	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability
vehicles less th pounds gross v	vehicles less than 10,000 and Property Damage pounds gross weight Insurance is required. Think the county of th				and Property Damage Insurance. Complete and submit the Safety	
rating\$300,000 in Public Liability and Property Damage Insurance is required. You do not need Complete and submit the Safety Fitness Survey— Section 1. Survey - Sections 1 and 2.					Fitness Survey -	
to complete the	Safety					
UNIT#	LICEN	QUEME ISE#	NIELISIEGATACO STATE		listimecessan	VIN#
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01	B8836	62 E	wa	41	4NPTRJ)	(YN 232894
						
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.						
Tracio	Granz	1 Ag	ont			2.12.08
<u> </u>	Signate	ıre(s).√	e titale, ago a dimensione de la facilità de minimi de la falla del del del del de a servici solici	nd singletenberes seem seem		Date



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

Pacific Truck Lines Inc. 13608 69th Ave SE Snohomish Wa 98292

April 2, 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 May 2, 2008 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.



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

Pacific Truck Lines Inc. 13608 69th Ave SE Snohomish Wa. 98292

February 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)

Your application is missing some information. Please complete the highlighted state of incorporation area and return to our office by March 14, 2008.

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 -40-4-2 shown above.



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

Thank You.