

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)

MSHK LLC

DK MISS 7-31-08  
TV-080497

FOR OFFICIAL USE ONLY

Reception Number: <b>0005026</b>	Safety:	Carrier ID#: <b>5002</b>
111 0268 200 02 <b>27500</b>	Insurance:	Employee: <b>WCC</b>

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)			For Commission Use Only: Auth #: <b>001064</b>

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): **Becky MONTGOMERY** Date: **3.14.08**  
 Signature: **B. Montgomery** Title: **OWNER**

MOTOR CARRIER IDENTIFICATION

CC#: <b>63196</b>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI)
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APPLICANT NAME: **MSHK LLC** PHONE#: **541.571.7194**

d/b/a: FAX #: **541.922.4354**

BUSINESS (MAILING) ADDRESS:  
 (street address, P.O. Box) **P.O. Box 743**  
 (city, state, zip)  
**Umatilla, OR 97882**

**PHYSICAL ADDRESS: (street address, if different)**  
 411 Naches Ct. Umatilla, Or 97882

**TYPE OF BUSINESS STRUCTURE**  
 (check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION \_\_\_\_\_

<b>NAME</b>	<b>TITLE</b>	<b>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</b>
BeckyMontgomery	owner	

**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 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 acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.

The applicant WILL NOT HAUL 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.

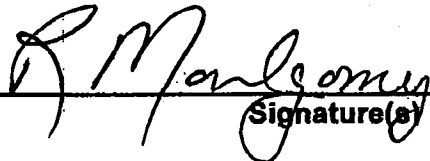
The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant hazardous material million in Public Liability and Property Damage Complete and submit the Safety Fitness Survey – Section 1.

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
377	YA7P 091	OR	1XPCDB9X51D633483

*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate operations may be conducted until a permit is received from the Commission. I hereby declare and affirm information contained in this application is true to the best of my knowledge and belief.*

  
 \_\_\_\_\_  
 Signature(s)

3.14.08  
 \_\_\_\_\_  
 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: Becky Montgomery Position: OWNER

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: Becky Montgomery Position: OWNER

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: Becky Montgomery Position: OWNER

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.

**Drivers Hours of Service (Part 395)**

Name: Becky Montgomery Position: OWNER

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: Becky Montgomery Position: OWNER

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.***

*Becky Montgomery*  
Signature of applicant

3.14.08  
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

MSHK LLC  
PO Box 743  
Umatilla OR 97882

May 20, 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 areas and return to our office by June 20, 2008.
- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by June 20, 2008 or your application will be dismissed.
- X Obtain a Unified Business Identifier (UBI) number and register with the Secretary of State's office. Your application appears to be a LLC business structure, not the individual you had marked. LLC's must be registered to work within the state.
- X Please provide ownership information for the LLC.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.

*6/12 - she called - she's upset <sup>is cranky</sup> because someone told her she doesn't need any of this!  
I explained if she hauls up in WA - needs it*

*7/10 called - she is confused - will call back*

*7/29 called RNA - No Record she called Back.*

## 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)

TV-080497

## FOR OFFICIAL USE ONLY

Reception Number: <b>0006026</b>	Safety:	Carrier ID#: <b>5002</b>
111 0268 200 02 <b>27500</b>	Insurance:	Employee: <b>luc</b>

## 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
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<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)		For Commission Use Only: Auth #: <b>007064</b>	

## 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): **Becky Montgomery** Date: **3.14.08**Signature: **B. Montgomery** Title: **OWNER**

## MOTOR CARRIER IDENTIFICATION

CC#: <b>63196</b>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI)
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APPLICANT NAME: MSHK LLC

PHONE#: 541.571.7194

d/b/a:

FAX #: 541.922.4354

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) P.O. Box 743

(city, state, zip)

Umatilla, OR 97882

**PHYSICAL ADDRESS:** (street address, if different)  
 411 Naches Ct. Umatilla, Or 97882

**TYPE OF BUSINESS STRUCTURE**  
 (check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION \_\_\_\_\_

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
 \_BeckyMontgomery\_                      owner

**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 acceptable insurance is received)

<input type="checkbox"/> The applicant <u>WILL NOT</u> <b>HAUL</b> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <b>\$300,000</b> 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</u> <b>HAUL</b> hazardous materials in any quantity — <b>\$750,000</b> 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</u> <b>HAUL</b> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey — Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL</u> <b>HAUL</b> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey — Sections 1 and 2.
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*I, as applicant, understand that the filing of this application does not in itself constitute authority to operate. 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.*

B. Montgomery  
 Signature(s)

3.14.08  
 Date



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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(360) 664-1160 • TTY (360) 586-8203

MSHK LLC  
PO Box 743  
Umatilla OR 97882

March 19, 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 areas and return to our office by April 18, 2008
- X You marked the application as an individual only business structure. However it appears that the business is an LLC Please provide the correct ownership information for the LLC.
- 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 or an LLC, 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](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.



# PART - A

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181  
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Signature: **[Signature]**   Title: **OWNER**

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CC#: <b>63196</b>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI)
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APPLICANT NAME: **MSHK LLC**   PHONE#: **541.571.7194**

d/b/a:   FAX #: **541.922.4354**

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(street address, P.O. Box) **P.O. Box 743**

(city, state, zip)  
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 BeckyMontgomery                      owner

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Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

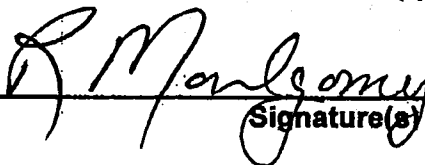
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**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
377	YA7P 091	OR	1XPCDB9XS1D633483

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate 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.

  
 Signature(s)

3.14.08  
 Date

<b>ACORD CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID MI MSHKL-1	DATE (MM/DD/YYYY) 03/14/08
PRODUCER  <b>Ballard &amp; Co. Inc. Insurance</b> 851 E. Fairview Ave. Meridian ID 83642 Phone: 208-323-8214 Fax: 208-322-0273		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.	
INSURED  <b>MSHK, LLC.</b> Becky Montgomery 411 Nages CT Umatilla OR 97882		INSURERS AFFORDING COVERAGE	NAIC #
		INSURER A: <b>Wilshire Insurance Company</b>	
		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	WOLF	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	BA2503133	08/13/07		EACH OCCURRENCE	\$ 2,000,000
		GENL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ 100,000 \$ 5,000 \$ 2,000,000 \$ 4,000,000 \$ 4,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BA2503133	08/13/07		COMBINED SINGLE LIMIT (Ea accident)	\$ 2,000,000
						BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	\$ \$ \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EA ACC AGG	\$ \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE AGGREGATE	\$ \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$
A		OTHER <b>Cargo</b>	BA2503133	08/13/07		Limit Ded	75,000 1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

\*\*\*policy is continuous until cancelled\*\*\*  
 Single & Double Wide Mobile Homes

**CERTIFICATE HOLDER**

**CANCELLATION**

WUTC PO Box 47250 Olympia WA 98504	WUTC-01 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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**MSHK LLC**  
P.O. Box 743  
Umatilla, OR 97882  
Phone: 541.571.7194  
Fax: 541.922.4354

# FAX

**To:** WUTC

**From:** Becky Montgomery

**Fax:** 360.586.1181

**Date:** 3.14.08

**Phone:** 360.664.1222

**Pages:** 5

**Re:** WUTC Application

**cc:**

Urgent     For Review     Please Comment     Please Reply     Please Recycle

WUTC,

Here is my application and Insurance Cert., please let me know what else I may need.

Thank you  
Becky