

*DISMISSED*  
*10/17/08*

**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-090997*

*pen*  
*Roody*  
*0011090*

**FOR OFFICIAL USE ONLY**

Reception Number: 111 0268 200 02 <i>272.25</i>	Safety:	Carrier ID#: <i>5097</i>
	Insurance:	Employee: <i>KWC</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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only  
Auth #: *003256*

*004 224 2722*

**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): *SEWA SINGH BHINDER* Date: *6-1-08*  
 Signature: *SE* Title: *ASST*

**MOTOR CARRIER IDENTIFICATION**

CC#: <i>63267</i>	US DOT# (if required) <i>1708037</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME: <i>NORTHWEST FREIGHTWAY INC</i>		PHONE#: <i>530-751-5115</i>
d/b/a: <i>NORTHWEST FREIGHTWAY</i>		FAX #: <i>530-669-5780</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>893 ALLEN WAY</i>		
(city, state, zip) <i>YUBA CITY CA 95993</i>		
PHYSICAL ADDRESS: (street address, if different)		

### 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: <u>0611070</u>	Safety:	Carrier ID#:
111 0268 200 02 <u>2.75</u>	Insurance:	Employee:

#### 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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

004 224 27205

For Commission Use Only  
Auth #: 003256 2.75

#### 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): SEWA SINGH DHINDER Date: 6-1-08  
Signature: SE Title: AGENT

#### MOTOR CARRIER IDENTIFICATION

CC#:	US DOT# (if required) <u>1708037</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #
APPLICANT NAME:	<u>NORTHWEST FREIGHTWAY INC</u>	PHONE#: <u>530-751-5115</u>
d/b/a:	<u>NORTHWEST FREIGHTWAY</u>	FAX #: <u>530-669-5780</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)	<u>893 ALLEN WAY</u>	
(city, state, zip)	<u>YUBA CITY CA 95993</u>	
PHYSICAL ADDRESS: (street address, if different)		



## 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: ANUPINDER SINGH 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 Drivers License (CDL) Requirements (Part 383)

Name: ANUPINDER SINGH 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: ANUPINDER SINGH 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.

### Drivers Hours of Service (Part 395)

Name: ANUPINDER SINGH 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, Repair, and Maintenance (Part 396)

Name: ANUPINDER SINGH 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.***



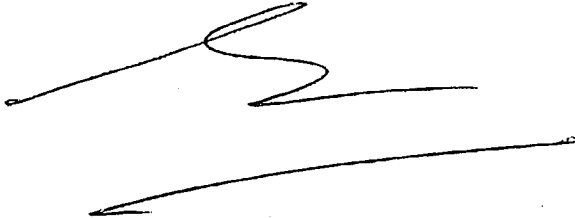
Signature of applicant

6-1-08

Date

## NORTHWEST FREIGHTWAYS

UNIT #	LICENSE#	STATE	VIN#
NW1005	UP64792	CA	1FUJA6CG33PL11310
NW1006	UP58789	CA	1FUJDSEB8Y941060
NW1007	UP86519	CA	1FUJA6CG13LL02082
NW1001	UP64793	CA	1FUJA6CK85LN61790
NW1002	UP64790	CA	1FUJA6CG33PL11312
NW1003	UP45603	CA	1XKADV9X0XR774680
NW1004	UP45704	CA	4V4NC9TH73N342334
NW1009	UP80240	CA	1FUJAPAV11LF58472
NW1010	UP86518	CA	4V4NC9TEX3N337399
115	UP64789	CA	1XP7DB9X23D547992
78692	UP73626	CA	1XP5DB9X4YD522560
786	UP68444	CA	1XP5DB9XX1N541808
786SS	UP86517	CA	1FUJA6CG13LL02079
7868	UP85613	CA	1FUJA6BG53LK63979
113	UP94050	CA	1FUJBBBD63PL72795
786TS	VP26268	CA	1XP7DU9X45B846866
101	UP80239	CA	1FUPCXYB1VP712271



FINANCIAL SERVICES  
1300 S EVERGREEN PRK DR  
OLYMPIA, WA 98502

TERMINAL I.D.: WUTC

MERCHANT #: WUTC041001

VISA  
4856200223502868

SALE  
BATCH: 000064

DATE: JUN 04, 08

\*  
EXP. 02/11  
INVOICE: 313879  
TIME: 07:30  
AUTH NO: 004224

TOTAL \$272.25

X  
I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

MERCHANT COPY

FINANCIAL SERVICES  
1300 S EVERGREEN PRK DR  
OLYMPIA, WA 98502

DATE: TUESDAY JUN 04, 08 07:30 AM  
MERCHANT: WUTC041001  
CARD TYPE: VISA  
TERMS TYPE: SALE  
REFERENCE #: 1894 AUTH #: 000064  
TOTAL AMOUNT = \$ 272.25

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT

SIGNATURE: \_\_\_\_\_

Linda-  
I will process the \$272.25 tomorrow.  
With a new reception number.  
Thanks  
Rallym



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

Northwest Freightway Inc  
893 Allen Way  
Yuba City CA 95993

June 5, 2008

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-080997.

- 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 based in another state, you also need to register with the Washington 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.

7/8 - spoke to carrier - working w. Acct to file corp papers - please hold open as they were cited for 020.





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

Northwest Freightway Inc  
893 Allen Way  
Yuba City CA 95993

July 30, 2008

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your Docket number is TV-080997.

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by August 29, 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.
- 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 based in another state, you also need to register with the Secretary of State's office at 360-753-7115.

10/16 *called sec of state - no Pending Record Found under their name*

**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.