

### 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

*Dismissed*

*TV-081248*

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

#### FOR OFFICIAL USE ONLY

Reception Number: <i>0011525</i>	Safety:	Carrier ID#: <i>5134</i>
111 0268 200 02 <i>275.00</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	

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

For Commission Use Only:  
 Auth #: *#005130*

#### TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa Expiration Date: *[blacked out]*

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): *Heidi Martin* Date: *7-1-08*

Signature: *Heidi Martin* Title: *Office manager*

#### MOTOR CARRIER IDENTIFICATION

CC#: <i>063296</i>	US DOT# (if required): <i>878805</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602-842-549</i>
APPLICANT NAME: <i>Jim &amp; Heidi Martin</i>		PHONE#: <i>208-661-0965</i>
d/b/a: <i>Jim Martin Trucking</i>		FAX #: <i>208-772-0495</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>1519 Starling Ave</i>		
(city, state, zip) <i>Hayden Lake, Id. 83835</i>		
PHYSICAL ADDRESS: (street address, if different)		

**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**

Jim Martin                      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)

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 WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

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

UNIT#	LICENSE#	STATE	VIN#
770	AH8628	IDAHO	4VG7DARJ8XN769340

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.

Heidi Martin

Signature(s)

7-1-08

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: Heidi Martin Position: Office manager

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: Heidi Martin Position: Office manager

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: Heidi Martin Position: Office manager

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: Heidi Martin Position: Office manager

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: Heidi Martin Position: Office manager

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.**

Heidi Martin

6/24/08

Signature of applicant

Date



STATE OF WASHINGTON  
DEPARTMENT OF REVENUE

June 25, 2008

MARTIN HEIDI M & JAMES A  
JIM MARTIN TRUCKING  
1519 W STARLING AVE  
HAYDEN LAKE ID 83835-8854

**UBI Number: 602 842 549**  
**PAC Code: M486906A**

**IMPORTANT! Tax Registration Information. Please keep on file.**

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

**Your reporting dates**

Your business needs to report taxes **quarterly**. Quarterly tax returns are due on the following dates:

<u>Tax Period</u>	<u>Tax Liability Incurred</u>	<u>Tax Return Due Date</u>
Quarter 1	January 1 – March 31	April 30
Quarter 2	April 1 – June 30	July 31
Quarter 3	July 1 – September 30	October 31
Quarter 4	October 1 – December 31	January 31

Based on your business open date, you must file the following returns:

<u>Return Period</u>	<u>Due Date</u>
Quarter 2 2008	<b>July 31, 2008</b>

(over)



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

Martin, Heidi M & James A  
1519 W Starling Ave  
Hayden Lake ID 83835-8854

October 15, 2008

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Docket number TV-081248.

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by November 15, 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 has a name problem. The Uniform Business Identifier (UBI) number is for Heidi Martin. The LLC has not been registered yet with the Secretary of State. you can contact the Secretary of State's office at 360-753-7115.

10/29 Check - SOS. NO LLC Reg. NO INS, called Left message  
Do they want to be LLC? Do they want to file INS under sole

**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.

12/16 - NO LLC Registration



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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Martin, Heidi M & James A  
1519 W Starling Ave  
Hayden Lake ID 83835-8854

August 28, 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-081248. Your pending common carrier permit number is CC-063296.

- 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 Per our conversation today, please resolve the applicant name issue. If it should be a LLC, please obtain a current UBI number and Secretary of State registration. Then provide the commission the correct name. You may contact the Secretary of State at 360-753-7115.

9/15  
 Will come with diff Address Home vs shop  
 Working with WUBLT sec. of stat.  
 9/15 Kwe.

**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.

10/29 - NO "Jim Martin" Lic Registered w sec of state called carrier - Left message NO #NS yet what do they want to do.



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

Martin, Heidi M & James A  
1519 W Starling Ave  
Hayden Lake ID 83835-8854

July 8, 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-081248. Your pending common carrier permit number is CC-063296.

- 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. This matches your state UBI records name also.
- X The USDOT number provided is for Jim Martin Trucking LLC. Please correct the name with the USDOT and FMCSA or obtain a new USDOT number for the current business structure. You may contact USDOT at 1-800-832-5660 or the FMCSA at 1-866-637-0635.

**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.

*Heidi called confused & frustrated -  
I told her everything needs to match -  
Whether it's Sole or LLC -*



USDOT Number    MC/MX Number    Name

Enter Value:

## Company Snapshot

**JIM MARTIN TRUCKING LLC**

USDOT Number: 878805

### [ID/Operations](#) | [Inspections/Crashes](#) | [Safety Rating](#) | [Insurance](#)

**Carriers:** If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

▼ [SafeStat Results](#)

▼ [Licensing &](#)

[Insurance](#)

**Carrier and other users:** FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 07/07/2008.

<b>Entity Type:</b>	Carrier		
<b>Out of Service (Interstate Only):</b>	No	<b>Out of Service Date:</b>	None
<b>Legal Name:</b>	JIM MARTIN TRUCKING LLC		
<b>DBA Name:</b>			
<b>Physical Address:</b>	1519 STARLING AVENUE HAYDEN AVENUE, ID 83835		
<b>Phone:</b>	(208) 772-3999		
<b>Mailing Address:</b>	1519 STARLING AVE HAYDEN, ID 83835		
<b>USDOT Number:</b>	878805	<b>State Carrier ID Number:</b>	
<b>MC or MX Number:</b>	420217	<b>DUNS Number:</b>	07-965-8017
<b>Power Units:</b>	5	<b>Drivers:</b>	5
<b>MCS-150 Form Date:</b>	06/21/2006	<b>MCS-150 Mileage (Year):</b>	
<b>Operation Classification:</b>			



## IDAHO SECRETARY OF STATE Viewing Business Entity

Ben Ysursa, Secretary of State

[ [New Search](#) ] [ [Back to Summary](#) ]

### JIM MARTIN TRUCKING, LLC

1519 STARLING  
HAYDEN LAKE, ID 83835

**Type of Business:** LIMITED LIABILITY COMPANY

**Status:** ADMIN DISSOLVED, REINST SENT 24 Sep 2007

**State of Origin:** IDAHO

**Date of** 24 Mar 2004

**Origination/Authorization:**

**Current Registered Agent:** JAMES A MARTIN  
1519 STARLING  
HAYDEN LAKE, ID 83835

**File Number:** W29444

**Date of Last Annual Report:** 15 Mar 2006

**Original Filing:**

**Filed 24 Mar 2004** ARTICLES OF  
ORGANIZATION

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**Amendments:**

**Amendment Filed 13 Jun 2005** REINSTATEMENT [View Image \(PDF format\)](#) [View Image \(TIFF format\)](#)

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**Annual Reports:**

**Report for year 2006** ANNUAL  
REPORT

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**Report for year 2005** REINSTATEMENT [View Image \(PDF format\)](#) [View Image \(TIFF format\)](#)

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[State of Idaho Home Page](#)

Comments, questions or suggestions can be emailed to: [sosinfo@sos.idaho.gov](mailto:sosinfo@sos.idaho.gov)