NUMBER	LOCATION CODE
P.R. OR AUTHO	ORIZATION NUMBER
Y NAME AND	DLOCATION
	NSP. COMM. N PK DRIVE S.W. 04-7250
ED BY	DATE RECEIVED
1/	EVERGREEN (47250 A, WA 9850 D BY

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND - Withdrawing Common carrier application.

RECEPTION OR FIELD RECEIPT NO. 12446 DATED 9/11/08 \$275.00

VUC

PREPAR KEI	N CHA	NΡΜ	AN		TELEPHONE N 664-1			12/17	7/08	AGENCY A	ROVAY	len			Smith	12-17-
DOC. D	ATE		PMT DU	E DATE	CURRENT DO	C. NO.		REF. DOC	. NO.	VENDOR NI	UMBER -	VENDOR M	ESSAGE		USE TAX	UBI NUMBER
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PART - A								
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250 Talephone (360) 664-1222 - Fax (360) 586-1181								
Olympia, WA 98504-7250 T. 1 (260) 564-1222 - Fax (360) 586-1181								
Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority								
APPLICATION FOR PERIMIT 11V /								
TV-06/656 (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY								
Reception Number 244 Safety:	Carrier ID#: 5234							
	Employee: KWE							
	DDLICATION (check one)							
New Common Carrier Permit Authority Transfer of Existing Permit Numbe	e, or Extension of Common Carrier Perm							
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE								
\$275 GENERAL COMMODITIES, Includin HAZARDOUS MATERIALS	g \$100 GENERAL COMMODITIES HAZARDOUS MATERIALS and A SERVICE	, Including ARMORED CAR						
\$275 GENERAL COMMODITIES, INCLUDE HAZARDOUS MATERIALS and ARMORED SERVICE	CAR							
\$100 REINSTATEMENT OF CANCELLED (Must be filed within 10 months of cancellation)								
TYPE OF PAYMENT								
Check Manager Check Manager Check								
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U Grieck	the execution and contifu that the following information is true and	correct, that I am						
CHECK	ilse statement, certify that the following information is true and the applicant, and that all information on file is current and valid	correct, that I am						
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CERTIFICATION: I, the undersigned, under penalty for fa authorized to execute and file this document on behalf of Name (printed):	ilse statement, certify that the following information is true and the applicant, and that all information on file is current and validate: $Q - 8 - 08$ Date:	correct, that I am						
CERTIFICATION: I, the undersigned, under penalty for fa authorized to execute and file this document on behalf of Name (printed):	ilse statement, certify that the following information is true and the applicant, and that all information on file is current and validate: Date: 9-8-08 Title: Dupourer	correct, that I am						
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CERTIFICATION: I, the undersigned, under penalty for fa authorized to execute and file this document on behalf of Name (printed): Signature: 633720 MOTOR (CC#: 633720 US DOT# (if required): APPLICANT NAME: Mario Albert	Ise statement, certify that the following information is true and the applicant, and that all information on file is current and validate: Date: OFFICE OF	correct, that I am id. R (UBI) #:						
CERTIFICATION: I, the undersigned, under penalty for fa authorized to execute and file this document on behalf of Name (printed): Signature: 633720 MOTOR (CC#: 633720 US DOT# (if required): APPLICANT NAME: Mario Castillo (Mario Castillo) Mario Castillo (Mario Castillo)	Is statement, certify that the following information is true and the applicant, and that all information on file is current and valued and the applicant, and that all information on file is current and valued and the applicant, and that all information on file is current and valued and the applicant, and that all information on file is current and valued and the applicant, and that all information on file is current and valued and the applicant, and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued and that all information on file is current and valued a	correct, that I am id. R (UBI) #:						
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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 Williamette Traffic Bureau, 16303 NE Cameron Bivd, 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:	Mano	Castillo	Position:	ourer				
Alcoho Each c	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).							
	С	ommercial Drivers	s License (CDL) Requ	iirements (Part 383)				
Name:	Mario	Castillo	Position	amer				
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.								
must have < has we < has < is o < is o	a valid CDL s a gross con ight rating of s a gross vel designed to f of any size a	The definition of a mbined weight rating for more than 10,000 p hicle weight rating of transport 16 or more and is used to transpord.	commercial motor vehic of 26,001 pounds that in ounds; or 26,001 pounds or more passengers, including the	le is: includes a towed unit with a gross vehicle or ie driver; or				
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maintain a complete file on themselves and any casual or intermittent driver that they may use.

	Drivers Hours of Ser	vice (Part 395)					
Name:	Mario Cartlo	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, an	d Maintenance (Part 396)				
Name:	Mario Castillo	Position:	burel				
used ead	.11 requires that drivers prepare a written "Dr ch day. Refer to Part 396.11 for a description otor carrier must maintain certain required rec t 396.3(b)).	of the required c	ontent of this report.				
< < <	Identification of the vehicle A means to indicate the nature and due dat operations to be performed. A record of inspections, repairs and mainter						
must ins	panies must comply with Part 396.17 dealing vect, or have inspected, all motor vehicles suing 12 months.	vith Periodic insp bject to its contro	ections. Each motor carrier I at least once during the				
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.							
7 W	lario Castillo		9-8-08				
Signature	e of applicant		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

Castillo, Mario Alberto 1505 S Road 40 E Trlr 11 Pasco WA 99301

October 16, 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-081656. Your pending common carrier permit number is CC063372.

- 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.

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.

10-29- Carrier called Hauling Done? No will withdraw on 11/4 or 5 If NO ING + Refund 12-9 Called Pleuse withdrawn / Mo 5/45 22-17-



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

Castillo, Mario Alberto 1505 S Road 40 E Trlr 11 Pasco WA 99301

September 11, 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 pending permit number is CC 063372.

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.