

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

DETERMINATION OF NON-SIGNIFICANCE

DESCRIPTION OF PROPOSAL: Transportation of General Commodities in the State of Washington, including hazardous materials requiring one million in Public Liability and Property Damage Insurance.

PROPONENT:

FEDEX FREIGHT, INC.  
CC-63570

TV-081730

Location of proposal, including street address, if any:

FEDEX FREIGHT, INC. FACILITIES  
2200 FORWARD DRIVE HARRISON, ARKANSAS 72602

Lead Agency: Washington Utilities and Transportation Commission

The lead agency for this proposal has determined that it does not have a probable significant adverse impact on the environment. An environmental impact statement (EIS) is not required under RCW 43.21C.030(2)(c). This decision was made after review of a completed environmental checklist and other information on file with the lead agency. This information is available to the public on request.

There is no comment period for this DNS.

Responsible official: Anne Solwick Phone: (360) 664-1290

Position/Title: Director, Regulatory Services

Address 1300 S Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250

Date: April 30, 2009

Signature



ANNE SOLWICK

Director, Regulatory Services

**BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

**PROOF OF SERVICE**

**DOCKET NO. TV-081730**

KNOW ALL PERSONS BY THESE PRESENTS That the undersigned, an employee of the Washington Utilities and Transportation Commission at Olympia, Washington, hereby certifies that a copy of the document referred to below was served on the parties of record in said proceeding in the following manner:

On April 30, 2009, DETERMINATION OF NON-SIGNIFICANCE in the above-entitled cause now pending before the Commission was enclosed in an envelope addressed to each of the parties of record as set forth below. Each envelope was addressed to the address shown in the official files attached hereto, sealed with the required first-class postage thereon, and deposited on said date in the United States mail in the City of Olympia, County of Thurston, state of Washington.

**PARTIES OF RECORD AND OTHERS RECEIVING NOTICE**

FEDEX FREIGHT, INC.  
CC-63570  
PO BOX 840  
HARRISON, AR 72602-0840

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Records Center

PART - A

Replacement

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250  
Olympia, WA 98504-7250

APR 28 2009

Telephone (360) 664-1222 - Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

WASH. UT. & TP. COMM

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

5519

TU-081730

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety:	Carrier ID#: 5254
275.00	Insurance: Rider 4-30-09	Employee: RWC

TYPE OF APPLICATION (check one)

<input 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 checked="" 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 #:

TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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) FedEx Freight, Inc. Date: 9/10/08  
FedEx Freight East, Inc.  
 Signature: FedEx Freight East Inc Brenda Chaves Title: Coordinator Fleet Registration

COMMON CARRIER IDENTIFICATION

CC#: MC# 121805	US DOT# (if required) 239039	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-857-565</u>
APPLICANT NAME: <u>FedEx Freight, Inc.</u>		PHONE#: <u>870 741 9000</u>
d/b/a: <u>same</u>		FAX #: <u>870 365 4081</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>2200 Forward Drive</u>		
(city, state, zip) <u>Harrison, AR 72601</u>		
PHYSICAL ADDRESS: (street address, if different) <u>same</u>		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION AR

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
FedEx Freight Corporation                      100% issued  
Common Authorized: 25,000,000                      11,994,000  
*Officers Per Call - SEB' SEC OF STATE LIST*

**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 HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2. | <input checked="" type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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#
R10382	46687HZ	TN	4V4N19TG88N497124

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.

\* Brenda Chaney  
 Signature(s)

\* 4/21/09  
 Date

Replacement

# 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) 838-1950
- J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54956 (877) 664-2333
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-6030, (503) 236-1183
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 612-1800

### Controlled Substances and Alcohol Testing (Part 382)

Name: Sandra Richesin Position: Safety & Compliance Administrator

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: Mark Courter Position: Manager Safety & Compliance

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: Mark Courter Position: Manager Safety & Compliance

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: Mark Courter Position: Manager Safety & Compliance

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 dally 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: Mike Dennis Position: Managing Director Fleet Maintenance

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.*

FedEx Freight East Inc. by Brenda Chaney 9/10/08

# PART - B

## SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport **HAZARDOUS MATERIALS** must Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

Keykey - Managing Director Safety

2.  Y  N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?

3.  Y  N Are drivers trained in the use of Emergency Response Information?

4.  Y  N Is the Emergency Response Information carried in the vehicle?

5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.

Per call JH Key supervises

6.  Y  N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?

7. Who is responsible for completing hazardous materials shipping papers?

the Shipper completes

8. Where are hazardous material shipping papers located during transportation?

within Holder in Cab/Drivers reach

9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.

N/A

10.  Y  N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.

UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2007-2010

**Registrant:** FEDEX FREIGHT EAST INC  
Attn: SANDRA RICHESIN  
PO BOX 840  
HARRISON, AR 72602-0840

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No:** 052907 006 005PR

**Issued:** 5/30/2007

**Expires:** 6/30/2010

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-60, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.



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<b>ACORD</b> ™ <b>CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 04/30/2009
PRODUCER MARSH 1000 RIDGEWAY LOOP ROAD MEMPHIS, TN 38120 Attn: Diane Franczyk 901.684.3532 Fax:901.684.7432  525513-06-GAWU-08-09	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 FedEx Freight, Inc. 2200 Forward Drive Harrison, AR 72601	INSURERS AFFORDING COVERAGE	NAIC #
	INSURER A: Discover Property And Casualty Ins Co	36463
	INSURER B: Fidelity And Guaranty Insurance Co.	35386
	INSURER C: United States Fidelity & Guaranty Company	25887
	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 ADD'L LTR	INSUR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR  GENERAL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	D004L00113	10/01/08	10/01/09	EACH OCCURRENCE \$ 3,000,000 DAMAGE TO RENTED PREMISES(Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 3,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	D004A00332	10/01/08	10/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 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 EA ACC \$ AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	D004W00312 (MT) D004W00313*	10/01/08 10/01/08	10/01/09 10/01/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS   <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A		OTHER EXCESS WORKERS' COMP & EMPLOYERS LIABILITY	D004X00048** D004X00047***	10/01/08 10/01/08	10/01/09 10/01/09	STATUTORY WORK COMP. 1,000,000 EMPLOYERS LIABILITY 1,000,000

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

**CERTIFICATE HOLDER**

ATL-001823529-01

**CANCELLATION**

Washington Utilities Transportation Comm Attn: K. Chapman P.O. Box 47250 Olympia, WA 98504-7250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 of Marsh USA Inc. <i>L. M. S. L...</i>
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ADDITIONAL INFORMATION		ATL-001823529-01	DATE (MM/DD/YY) 04/30/2009
<b>PRODUCER</b> MARSH 1000 RIDGEWAY LOOP ROAD MEMPHIS, TN 38120 Attn: Diane Franczyk 901.684.3532 Fax:901.684.7432  525513-06-GAWU-08-09			
		<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> FedEx Freight, Inc. 2200 Forward Drive Harrison, AR 72601		INSURER F:	
		INSURER G:	
		INSURER H:	
		INSURER I:	

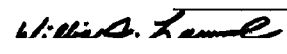
**TEXT**

\*D004W00313 AK, CT, DE, DC, ID, IA, ME, MD, MA, MN, NE, NH, NM, ND, RI, SD, VT, WY  
 \*\*D004X00048 AL, AR, AZ, CA, CO, FL, GA, IL, IN, KS, KY, MI, MS, MO, NV, NJ, NY, NC, OK, OR, PA, SC, UT, VA, WA, WI, WV  
 \*\*\*D004X00047 LA, OH, TN, TX

\*\*D004X00048 and \*\*\*D004X00047 \$1,000,000 SFR IN EXCESS OF THE \$1,000,000 SIR (\$2,000,000 TOTAL RETENTION)

THIS CERTIFICATE SUPERCEDES ALL CERTIFICATES PREVIOUSLY ISSUED FOR FEDEX FREIGHT EAST, INC. OR FEDEX FREIGHT WEST, INC.

**CERTIFICATE HOLDER**

Washington Utilities Transportation Comm Attn: K. Chapman P.O. Box 47250 Olympia, WA 98504-7250	AUTHORIZED REPRESENTATIVE of Marsh USA Inc.  
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