

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-082039

Withdraw

FOR OFFICIAL USE ONLY

Reception Number: 0014807	Safety:	Carrier ID#: 5310
111 0268 200 02 215 00	Insurance:	Employee: KWC

DATE 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 Common Auth #: _____

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): Dejise A Ho Date: 11/6/08
 Signature: [Signature] Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: 063424	US DOT# (if required): 1827327	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Applied for
APPLICANT NAME: Narciso Mendez		PHONE#: 360-451-9116
d/b/a: Ciso Transport		FAX #: 509-453-3936
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)		
14345 Walton Lane SE		
(city, state, zip)		
Yelm, WA 98597		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(CHECK INDIVIDUAL OR COMPLETE PARTNERSHIP OR CORPORATION INFORMATION)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Narciso Mendez Owner 100%

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 (mark each one)

(permit will not be issued until all applicable 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 (mark additional \$15, if necessary)

UNIT#	LICENSE#	STATE	VIN#
1		WA	1FU PCX2B2TP818580

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.

Narciso Mendez by [Signature]
 Signature(s)

11/6/08
 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 Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
 J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
 Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
 Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: Narciso Mendez 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 393)

Name: Narciso Mendez 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: Narciso Mendez 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: Narciso Mendez 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: Narciso Mendez Position: owner

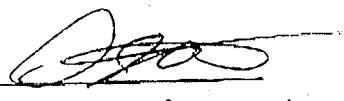
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.

Narciso Mendez by  11/6/08
 Signature of applicant Agent Date

Please ask for technical assistance if you require information on any of these safety issues.

January 23, 2009

To whom it may concern,

I Narciso Mendez would like to
withdrawl my common carrier
application and would like my
\$275.00 refund

Thank You!

~~Narciso Mendez~~



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

Mendez, Narciso
14345 Walton Lane SE
Yelm WA 98597

December 23, 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-082039. Your pending common carrier permit number is CC-063424.

- 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, you also need to register with the Secretary of State's office at 360-753-7115.
- X Please provide required information by January 23, 2009.

Who do I contact if I have questions?

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

Thank You.

VENDOR NAME AND ADDRESS NARCISO MENDEZ 14345 WALTON LANE SE YELM, WA 98597	AGENCY NUMBER 2150	LOCATION CODE
	AGENCY P.R. OR AUTHORIZATION NUMBER REFUND	
	AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250	
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

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

STAPLE INVOICES ON BACK

REVENUE REFUND - Carrier withdrew CC Permit Application.

RECEPTION OR FIELD RECEIPT NO. 14807 DATED 11/12/08 \$275.00

KWC

PREPARED BY KEN CHAPMAN				TELEPHONE NUMBER 664-1229				DATE 1/27/09				AGENCY APPROVAL <i>L. Elhardt</i>				DATE 1/28/09			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.				VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER			
	198		111			02	68								\$275.00	REFUND			
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL \$275.00		WARRANT NUMBER			



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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(360) 664-1160 • TTY (360) 586-8203

Mendez, Narciso
14345 Walton Lane SE
Yelm WA 98597

November 12, 2008

Notice of Deficient Application

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Thank You.