

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)

2009 NOV -7 AM 9:15

RECEIVED

Must have  
SEPA

TY-082041

FOR OFFICIAL USE ONLY

Reception Number: 0014718	Safety: 8-12-09	Carrier ID#: 5312
111 0268 200 02 215.00	Insurance: 8-12-09	Employee: WPC

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<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 #:
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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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: 063425	US DOT# (if required) 71821	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601073922
APPLICANT NAME: YRC Inc.		PHONE#: 913-696-6100
d/b/a:		FAX #: 913-696-6122
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 10990 Roe Avenue (city, state, zip) Overland Park, KS 66211		
PHYSICAL ADDRESS: (street address, if different) same		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION Delaware

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Roadway LLC	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 (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#
	SEE ATTACHED LIST		

*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.*



Signature(s)

10/13/07

Date

## WASHINGTON

<b>UNIT #</b>	<b>LIC #</b>	<b>LIC ST</b>	<b>VIN #</b>
010302	A54377N	WA	1HSHBAAN13H555937
013141	A95089R	WA	2FWBASAK83AL81672
021715	B88225E	WA	1M1AA08Y0YW020883
013333	B41816A	WA	4V1VDBJF8PN654798
018524	B09499G	WA	3HSCDAXN03N057827

## 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: Barbara Crews Position: Manager of Controlled Substance Program

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: David R. Feiling Position: Sr. Manager Highway Safety

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: David R. Feiling Position: Sr. Manager Highway Safety

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: David R. Feiling Position: Sr. Mgr. Highway Safety.

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: David R. Feiling Position: Sr. Mgr. Highway Safety.

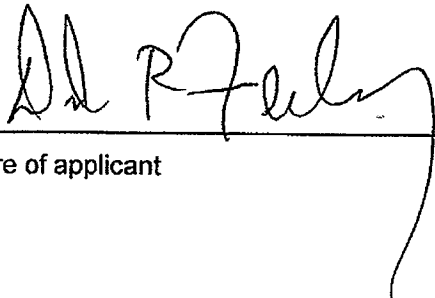
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.***



October 9, 2008

Signature of applicant

Date

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

## 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.

Steve Shinnars, Sr. Manager Hazardous Materials

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.

Lori Leonti, Manager Safety and Training

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 is responsible for completing hazardous materials shipping papers.

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

The papers are located in a holder on the drivers door.

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.

Lori Leonti, Manager of Safety and Training (NOTE: we do not handle materials that require the Hazardous Materials Safety Permit.)

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

OK

10/16/08 1383826-001  
\$50.00 R #SUCCESS-18  
tid:1587930

STATE of WASHINGTON



SECRETARY of STATE

FILED  
SECRETARY OF STATE  
SAM REED

OCTOBER 16, 2008

STATE OF WASHINGTON

AMENDED APPLICATION  
FOR CERTIFICATE OF AUTHORITY  
RCW 23B.15.040

UBI #: 601073922

Phone #: \_\_\_\_\_

Pursuant to the provisions of RCW 23B.15.040 of the Washington Business Corporation Act, the undersigned does hereby submit an Amended Certificate of Authority.

1. The name of the corporation, on the records of the Office of the Secretary of State of Washington is: Yellow Roadway Corp.

2. The name the corporation currently uses in the State of Washington, if different from its real name listed above, is: \_\_\_\_\_

3. The state or foreign country of incorporation is: Delaware

4. The date the corporation was authorized to transact business in the State of Washington was: 05/06/1999

5. Application is being filed for the following reason (Check all applicable items)

The corporation has changed its corporate name to: YRC Inc.

Name the corporation will hereafter use in the State of Washington is changed to: \_\_\_\_\_

(NOTE: If the corporation is required to use a fictitious name in order to transact business in the State of Washington a copy of the resolution of the board of directors, certified by the corporation's secretary, adopting the fictitious name is attached.)

6. Attached is a copy of the document filed in the state or country of Incorporation showing that jurisdiction's "Filed" stamp.

7. This document is hereby executed under penalties of perjury, and is, to the best of my knowledge true and correct.

Dated: October 10, 2008

X Michelle A. Russell  
(Signature of Officer) Michelle A. Russell, Vice President and Secretary

010-002 (1/96)

WAD16 - 1/10/06 CT System Online

80324443.1

# Delaware

PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "YELLOW ROADWAY CORP.", CHANGING ITS NAME FROM "YELLOW ROADWAY CORP." TO "YRC INC.", FILED IN THIS OFFICE ON THE TENTH DAY OF OCTOBER, A.D. 2008, AT 12:21 O'CLOCK P.M.



0473705 8100

081030604

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6906383

DATE: 10-10-08



**CERTIFICATE OF AMENDMENT TO  
FOURTH AMENDED AND RESTATED  
CERTIFICATE OF INCORPORATION OF  
YELLOW ROADWAY CORP.**  
A Delaware corporation

Yellow Roadway Corp., a corporation organized and existing under and by virtue of the General Corporation Law of the State of Delaware (the "Corporation"), does hereby certify:

**FIRST:** That the Board of Directors of the Corporation, by unanimous written consent dated October 8, 2008, unanimously adopted resolutions proposing and declaring advisable the following amendment to the Fourth Amended and Restated Certificate of Incorporation of the Corporation:

Article 1 of the Certificate of Incorporation of the Corporation shall be amended to read in its entirety as follows:

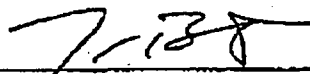
"1. The name of the corporation is YRC Inc. (the "Corporation")."

**SECOND:** That in lieu of a meeting and vote of stockholders, the sole stockholder has given unanimous written consent to said amendment in accordance with the provisions of Section 228 of the General Corporation Law of the State of Delaware.

**THIRD:** That the aforesaid amendment was duly adopted in accordance with the applicable provisions of Section 242 of the General Corporation Law of the State of Delaware.

IN WITNESS WHEREOF, the Corporation has caused this Certificate to be signed this 10th day of October, 2008.

YELLOW ROADWAY CORP.

By:   
Name: Jeff P. Bennett  
Title: Assistant Secretary

State of Delaware  
Secretary of State  
Division of Corporations  
Delivered 12:21 PM 10/10/2008  
FILED 12:21 PM 10/10/2008  
SRV 081029922 - 0475105 FILE

55288370.1

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
*(Executed in Triplicate)*

*5312 pending*

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Old Republic Insurance Company  
(Name of Company)

(hereinafter called Company) of 133 Oakland Avenue, Greensburg, PA 15601  
(Home Office Address of Company)

has issued to YRC Inc. of 10990 Roe Ave., Overland Park, KS 66211  
(Name of Motor Carrier) (Address of Motor Carrier)

**RECEIVED**

**NOV 17 2008**

**WASH. UT. & TP. COMM**

a policy or policies of insurance effective from 10-10-08 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 445 S. Moorland Road, Suite 300 Brookfield Wisconsin 53005  
(Street Address) (City) (State) (Zip Code)

this 11th day of November 2008.

Insurance Company File No. MWML 18562  
(Policy Number)

*Jenya D. King*  
(Authorized Company Representative)

**MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.**

**IRB 3539B**

**CONFIRMATION COPY REQUESTED**