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WASH. UT. & TP. COMM 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) FOR OFFICIAL USE ONLY Reception Number: Carrier ID#: 111 0268 200 02 Insurance: 3/4/09 Employee: TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority** Transfer of Existing Permit Number X **GENERAL COMMODITIES ONLY** \$100 **GENERAL COMMODITIES**, including **ARMORED CAR SERVICE** \$275 GENERAL COMMODITIES, including \$100 **GENERAL COMMODITIES, including** ARMORDED CAR SERVICE **HAZARDOUS MATERIALS GENERAL COMMODITIES, including** \$275 \$100 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 **GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR** SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: (Must be filed within 10 months of cancellation) 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 Date: Signature Title: ダンスナ MOTOR CARRIER IDENTIFICATION US DOT# (if required) WA UNIFIED BUSINESS IDENTIFIER (UBI) #: CC#: PHONE#: d/b/a: **BUSINESS (MAILING) ADDRESS:** (street address, P.O. Box) PHYSICAL ADDRESS: (street address, if different)

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TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)									
INDIVIDUAL ☐ PARTNERSHIP X CORPORATION – STATE OF INCORPORATION_OR									
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE									
Mark BourdeauOwner_		100%							
TRANSFER OF PERMIT NUMBER									
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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)									
					table insurance is receive	ed)			
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.		e applicant WILL AUL hazardous Is in any quantity 10 in Public Liability operty Damage ce is required. Ite and submit the Fitness Survey— 1.		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bmit the Safety Fitness arvey – Sections 1 and	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.				
		NT LIST (Attach additional list			if necessary) VIN#				
UNIT#	LICEN	19E#	STATE		VIIV#				
									
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.									
4.12	Olemai		OFFse	er	9-2	24-08 Data			
//	Signati	ıre(s)				Date			

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Bourdeau Trucking Equipment List

Unit #	License #	State	Vin#
Zero 2	YCRX684	OR	1xkddb9x6pj592983
Zero 3	YCRX685	OR	1xkddb9x8pj592984
Zero 4	YARD953	OR	1nkdlbox55r096291
Zero 5	YCRX688	OR	1nkdxrox6wr772276
Zero 6	YARE509	OR	1np-xl4ex-o-8d770229
Zero 7	YCFF912	OR	1nkdxbex66r137008
Zero 8	YARD954	OR	1np-flptx-x-6b886986
Zero 9	YCSA302	OR	2npnld9x22m576122
Zero 10	YARB852	OR	1npflbexx7d886987
Zero 11	YARD177	OR	
Zero 12	YCSF566	OR	2npli29x85m858697

PART - B

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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:

Associate of the second

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	Jo nn_Moore _////	TRK 100000 Position: Operations Manager 14/20 4
		commercial motor vehicle requiring a CDL must be in a Controlled Substance and that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.
		in place a system for complying with FMCSR governing alcohol and controlled rements (49 CFR Part 382 and 49 CFR Part 40).
	Comm	ercial Drivers License (CDL) Requirements (Part 383)
	Mark Bourdeau	J Owner
Name		Position:
<	has a gross combined weight rating of more has a gross vehicle w is designed to transport is of any size and is u HM regulations.	definition of a commercial motor vehicle is: d weight rating of 26,001 pounds that includes a towed unit with a gross vehicle than 10,000 pounds; or reight rating of 26,001 pounds or more; or ort 16 or more passengers, including the driver; or used to transport hazardous materials of an amount that requires placarding under reference to this section and that of controlled substance testing.) Contact local Department of mation
Sign	ure of epolicians	Driver Qualification Requirements (Part 391) ⊜
	Mark Bourdeau	Owner
Name:		Position:
ca: FM	sual, or intermittent) au CSR Part 391.51	ntain a complete Driver Qualification File for each employee (whether permanent, ithorized to drive motor vehicle. To determine what information is required, review the 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.

PART - B

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SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

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Controlled Substances and Alcohol Testing (Part 382)
Name: Mark Bourdeau Position: Owner / President
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 Bowdear Position: Owner/President
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 Bourdeau position: Owner/President

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.

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

5324 pend

Filed with Washington Utitilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Oregon Automobile Insurance Company (hereinafter called Company)

of PO BOX 5048, PORTLAND OR 97208-5048

has issued to Mark Bourdeau Trucking Inc of 13233 SW Morgan Rd, Sherwood OR 97140 9524

a policy or policies of insurance effective from 2-3-09 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 PO BOX 5048, PORTLAND , OR 97208 this 3rd $\,$ day of February, 2009

Insurance Company File No. C02 168415 (Policy Number) Julie Burnett (Authorized Company Representative)