

PART - A

TV-082101

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)

Withdrawn
1-29-09

FOR OFFICIAL USE ONLY

Reception Number: 0015177
111 0268 200 02 215.00

Safety:
Insurance: *ew*

Carrier ID#: 5520
Employee: *ew*

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only
Auth #

TYPE OF PAYMENT

Check Money Order Credit Card Debit Card Other 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): Robin Y. Smith Date: 11/7/08
Signature: *Robin Y. Smith* Title: AGENT

MOTOR CARRIER IDENTIFICATION

CC#: 63439 US DOT# (if required): 1124027 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 878 164
APPLICANT NAME: KMS Auto Transport Inc. PHONE#: 209 464 006
d/b/a: FAX #: 209 464 2053

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 39430
(city, state, zip) Downey CA 90239

PHYSICAL ADDRESS: (street address, if different)
same 1444 El Pinal Dr
Stockton, CA 95205

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION CA

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Mike Covey	President	50%
Kathy Covey	UPRES	50%

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: N/A PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

NEW REQUIREMENTS (check one)

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#
<u>See attached list</u>			

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.

Mike Covey
Signature(s)

11-8-08
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 Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
 J. J. Keller & Associates, Inc. 1003 W. Breezewood Lane, Neenah, WI 54956 (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: Alice Rinehart Position: President Rinehart & Assoc

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: Alice Rinehart Position: President Rinehart & Assoc

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: Alice Rinehart Position: President Rinehart & Assoc

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: Alice Binehart Position: Pres. Rinehart Assoc

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: Alice Rinehart Position: Pres Rinehart Assoc

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.

Mike Covey
Signature of applicant

11-7-08
Date

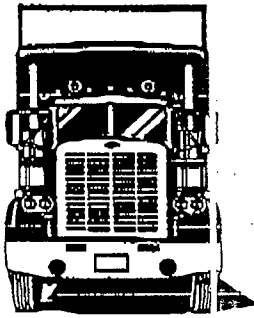
Unit List Report

Sorted By: Company Level | Unit Code
Selection: Selected Company Levels: KMS AUTO TRANSPORT INC.

Unit Code	Base Plate Jur. Num	Plate Exp Date	Year Make	Vehicle Identification Number	Vehicle Type	*Fuct Axles	Unladen Weight	Gross Weight	Combined Weight
114KMS	CA CP92021	12/31/2008	2000 PETE	INP5LB9X3YD505486	Tractor	D 3	15,100	80,000	80,000
116KMS	CA CP78340	12/31/2008	2007 PETE	INP5DB9X4YD520334	Tractor	D 3	15,100	80,000	80,000
117KMS	CA CP78341	12/31/2008	2000 FRHT	IFVXDXYB7YFF59234	Tractor	D 3	15,100	80,000	80,000
119KMS	CA CP92011	12/31/2008	2000 VOLV	4V5NDSR1HYN234744	Tractor	D 3	15,100	80,000	80,000
123KMS	CA CP92022	12/31/2008	2006 VOLV	4V4NC9TK86N447139	Tractor	D 3	15,100	80,000	80,000
124KMS	CA CP92023	12/31/2008	1999 PETE	INP5LB9X9XD560727	Tractor	D 3	15,100	80,000	80,000
125 KMS	CA CP92036	12/31/2008	2005 PETE	INP5LB9XX5D845455	Tractor	D 3	15,100	80,000	80,000
128KMS	CA CP86150	12/31/2008	2006 PETE	INP5DB9X16N640406	Tractor	D 3	15,100	80,000	80,000
129KMS	CA CP86154	12/31/2008	2000 INIL	IHSHNAHR7YH263104	Tractor	D 3	15,100	80,000	80,000
130KMS	CA CP86155	12/31/2008	2001 FRHT	IFVHAHAV911G65365	Tractor	D 3	15,100	80,000	80,000
131KMS	CA CP72203	12/31/2008	1999 VOLVO	4V5NDSRH6YN797529	Tractor	D 3	15,100	80,000	80,000
133KMS	CA CP86165	12/31/2008	2000 VOLVO	4V5NDSRH3YN234745	Tractor	D 3	15,100	80,000	80,000
134KMS	CA CP86167	12/31/2008	1997 FRHT	IFUYDXYB4VP567115	Tractor	D 3	15,100	80,000	80,000
135KMS	CA CP72212	12/31/2008	2000 PETE	INP5LB9X4YD538299	Tractor	D 3	15,100	80,000	80,000

KMS AUTO TRANSPORT INC.

*Fuel: (D)iesel, (G)asoline, (C)NG, (L)PG, Gaso(H)ol, (N)ot Specified



Robin Y. Smith LLC
P.O. Box 39430
Downey, CA 90239

FAX

To: Kem Chapman

Phone: _____

Fax: 360-586-1181

From:
Robin Y. Smith
Phone: 562-862-4719
Fax: 562-862-8431
Email: robiny smith@verizon.net

MESSAGE:

Please fax permit when
done to 562 862-8431

Number of Pages Including Cover Sheet: 6

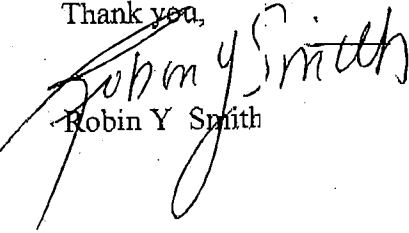
To: Washington: Utilities And Transport Commission

From: KMS Auto Transport

Subject: CC Permit

Our company KMS will not no longer need and CC Permit in the state of Washington. KMS has been closed. I am asking you to refund back our fee Of 275.00.

Thank you,


Robin Y Smith

ATTN: Robin



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

KMS Auto Transport, Inc.
PO Box 39430
Downey CA 90239

January 29, 2009.

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-082101. Your pending common carrier permit number is CC063439.

X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by February 10, 2009 or your application will be dismissed.

X I was told on January 27 the company was not going to get the CC permit. Please provide a written withdrawal document for the application. You may request a refund of your application fee. The document can be faxed to 360-586-1181 for processing the withdrawal and refund.

X ~~Your application is missing a registration of your corporation with the Secretary of State's office. They may be contacted at 360-753-7115.~~

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

Ken Chapman
Ken Chapman



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

KMS Auto Transport, Inc.
PO Box 39430
Downey CA 90239

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-082101. Your pending common carrier permit number is CC063439.

- X Your application is missing a registration of your corporation with the Washington Secretary of State as a foreign corporation. Please register and provide proof by January 23, 2009. You can contact the Secretary of State's office at 360-753-7115.

If your registration is not complete before January 23, 2009, please contact our office and provide status of the corporation registration.

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.

*1/27 called Agent. Withdraw
Dissolving - Will send Letter By Fax*

1/29 No Response



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

KMS Auto Transport, Inc.
PO Box 39430
Downey CA 90239

November 21, 2008

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Since you are a corporation, you also need to register with the Secretary of State's office. They can be reached at 360-753-7115. Once this is completed, please contact our office so we can continue processing your common carrier authority.

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.

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

J/R

RECEIVED
(hereinafter called Commission)

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

This is to certify, that the Everest National Insurance Company
(Name of Company) NOV 21 2008

(hereinafter called Company) of 477 Martinsville Road, Liberty Corner, NJ 07938
(Home Office Address of Company) **WASH. UT. & TP. COMM**

has issued to KMS Auto Transport, Inc. DBA: KMS Logistics Of 1441 El Pinal Drive ; Stockton, CA 95205
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 11/18/2008 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 9343 East Bahia Drive Scottsdale AZ 85260
(Street Address) (City) (State) (Zip Code)

this 18th day of November 20 08

Insurance Company File No. 7400000471-081
C.Allen (Policy Number)

Michael Martin Chered
(Authorized Company Representative)