

PART - A

TV-082245

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

RECEIVED

DEC 24 2008

WASH. UT. & TP. COMM

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

See m43164

FOR OFFICIAL USE ONLY

Reception Number: 0015510	Safety: 1/29/09	Carrier ID#: 5363
111 0268 200 02 27500	Insurance: 1-12-09	Employee: me

TYPE 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	

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

For Commission Use Only: Auth #: 3002

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): Walter G Winter Date: 12-22-08

Signature: Walter G Winter Title: Owner-Operator

MOTOR CARRIER IDENTIFICATION

CC#: 61739	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 459 990
APPLICANT NAME: Walter G. Winter		PHONE#: (360) 829-2187
d/b/a: Winter Cutting Co. Per Letter + call		FAX#:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. BOX 209		
(city, state, zip) Wilkeson, wa. 98396		
PHYSICAL ADDRESS: (street address, if different)		

429 Long St. Wilkeson, WA 98396

#302 Per Letter

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Walter G. Winter	Owner	
<del>DBA Winter Cutting Co. Per Letter &amp; Call</del>		

**TRANSFER OF PERMIT NUMBER**      43164

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: Joe Winter Trucking      PERMIT NUMBER: 61739  
Joseph Winter      12-22-08  
 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 checked="" 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 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#
5	A56284W	WA.	2HSFEX6R7KCO23675

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.

Walter G. Winter  
Signature(s)

12-22-08  
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. 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: Walter G Winter Position: Owner-Operator

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: Walter G. Winter Position: Owner-Operator

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: Walter G. Winter Position: Owner-Operator

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: Walter G. Winter Position: Owner-Operator

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: Walter G. Winter Position: Owner-Operator

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.***

Walter G. Winter

Signature of applicant

12-22-08

Date

plumbing 5363  
?  
56-1430

Form E

Uniform Motor Carrier Bodily Injury And Property And Damage Liability Certificate of Insurance (Executed in quadruplicate)



FARMERS

Filed with Washington Utilities and Transportation Commission Ref # CC061739 (Name of Commission) **RECEIVED**

This is to certify, that the Mid-Century Insurance Comapny (Name of Company)

(herein called Company) of 4680 Wilshire Blvd, Los Angeles CA 90010 (Home Office Address of Company) **JAN 12 2009**

has issued to Walter Winter DBA Walter G. Winter (Name of Motor Carrier) **WASH. UT. & TP. COMM**

of PO Box 209, Wilkeson WA 98396 (Address of Motor Carrier)

a policy or policies of insurance effective from January 2, 2009, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled 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 23175 NW Bennett St Hillsboro OR 97124 (Street Address) (City) (State) (ZIP Code)

this 6th day of Januray, year 2009

Insurance Company File No. 60470-55-13 (Policy No.) [Signature] Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).

5363

56-1430

Form E

Uniform Motor Carrier Bodily Injury And Property And Damage Liability Certificate of Insurance (Executed in quadruplicate)



FARMERS

Filed with Washington Utilities and Transportation Commission Ref # CC061739 (hereafter called commission)

This is to certify, that the Mid-Century Insurance Company

(herein called Company) of 4680 Wilshire Blvd, Los Angeles CA 90010

has issued to Walter G Winter DBA Winter Cutting

of PO Box 209, Wilkeson, WA 98396

a policy or policies of insurance effective from January 2, 2009, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled 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 23175 NW Bennett St Hillsboro OR 97124

this 9th day of January, year 2009

Insurance Company File No. 60470-55-13 Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b)(2)).

11-822(UAR)C(1)  
55-1430(C)(1-3)(09)-06

Original

1-89

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JAN 22 2009

WASH. UT. & TP. COMM

# Uniform Motor Carrier Bodily Injury And Property Damage Liability Insurance Endorsement



# FARMERS

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulation promulgated by any State commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the Company for any payment made by the Company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.

The uniform motor carrier bodily injury and property damage liability certificate of insurance has been filed with the State commissions indicated on the reverse side hereof.

This endorsement may not be canceled 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 with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in office of such commission.

**RECEIVED**

JAN 22 2009

WASH. UT. & TP. COMM

Attached to and forming part of policy No. 60470-55-13 issued by Mid-Century Insurance Company  
herein called Company, of 4680 Wilshire Blvd., Los Angeles, CA 90010  
to Walter G Winter DBA Winter Cutting of PO Box 209, Wilkeson Wa 98396  
Dated at 23175 NW Bennett St., Hillsboro, OR 97124 this 9th day of January, year 2009

Countersigned by [Signature]  
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).  
Over  
TL-823(NARUC"R")  
56-1431(ACT-ET-300C) 4-88

J-99

1-19-09

Docket Number: TV082245

Pending Common Carrier number: CC061739

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Enclosed is a Uniform Motor Carrier Certificate  
of Insurance (Form E)

---

Please remove Co. from my Trade name on  
my Application so it reads Winter Cutting.

---

my Address is: P.O. BOX 209  
429 Long St.  
Wilkeson, Wa.  
98396

---

Please disregard #302, it is not part of  
my Address.

---

I hope this clears up all your questions  
if not you can contact me at 253-380-5459

Thank you.

~~Walter G. Winter~~  
Walter G. Winter





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

Winter, Walter G.  
PO Box 209  
Wilkeson WA 98396

December 24, 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 TV082245. Your pending common carrier number will be CC061739.

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 The trade name submitted "Winter Cutting Co." contains "Co." which is reserved for actual corporations use. Since you are not a corporation, please revise the trade name or remove "Co." from the application. If you revise or create a new trade name, please register it with Master Business Licensing. They may be contacted at 360-664-1400. *- Per call 1/28 - Remove TRADE NAME*

*1/22  
still wrong  
WBI  
OK*

X The number "#302" appears near the physical address. Is this part of the actual physical address?

**Who do I contact if I have questions?**

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

Thank You.

*1-22 called RNA - on Removing TRADE NAME  
1-28 called*