

PART - A TV090072

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)

FOR OFFICIAL USE ONLY		
Reception Number: <u>111 0268 200 02</u>	Safety: <u>1/13/09</u>	Carrier ID#: <u>5379</u>
<u>275.00</u>	Insurance: <u>1/13/09</u>	Employee: <u>WUC</u>

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	
<input type="checkbox"/> \$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

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): DAVID MESSMORE Date: 1/9/09

Signature: David Messmore Title: member

MOTOR CARRIER IDENTIFICATION

CO#: <u>63473</u>	US DOT# (if required) <u>1725044</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 788 195</u>
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APPLICANT NAME: DAVID MESSMORE PHONE#: (509) 840-0963

d/b/a: DLM TRUCKING LLC FAX #: (509) 837-9079

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 1114
(city, state, zip) Sunnyside WA 98944

PHYSICAL ADDRESS: (street address, if different) 81 S. Wells Rd
Sunnyside WA 98944

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Larry Messner member 50% 48%

Jane Messner member 50% 48%

David Modmore Mgr - 02% 02 Danny Messmore Mbr 02%

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

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</u>	<u>Attached</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.

[Signature]
Signature(s)

1/9/09
Date

DLM TRUCKING LLC

Unit #	Make & Model	Body Type	License Plate	Vin. #	Wa. License Exp.
1	2005 Peterbilt 379	Tractor	21539RP	1XP5DB9X85D840337	10/31/2009
2	2004 Peterbilt 379	Tractor	21548RP	1XP5DB9X24D832426	10/31/2009
3	2001 Peterbilt 379	Tractor	21557RP	1XP5DB9X91N542092	10/30/2009
4	1995 Peterbilt 379	Tractor	21558RP	1XP5DB9XXSN373122	10/31/2009
5	1997 Peterbilt 379	Tractor	21559RP	1XP5DB9X2VD41287	10/31/2009
6	1995 Peterbilt 379	Tractor	21560RP	1XP5DB8X7TN390852	10/31/2009
7	2002 Peterbilt 379	Tractor	21561RP	1XP5DB9X6YD510796	10/31/2009
8	2000 Peterbilt 379	Tractor	21562RP	1XP5DB9X1YN487857	10/31/2009
9	2000 Peterbilt 379	Tractor	21563RP	1XP5DB9X5YN482788	10/31/2009
10	2003 Peterbilt 379	Tractor	21540RP	1XP5DB9X73N589284	10/31/2009
11	2006 Peterbilt 379	Tractor	21541RP	1XP5DB9X16D652597	10/31/2009
12	2006 Peterbilt 379	Tractor	21542RP	1XP5DB9XX6D659001	10/31/2009
14	2005 Peterbilt 379	Tractor	21543RP	1XP5DB9XX5D840310	10/31/2009
15	1999 Volv	Tractor	21544RP	4V4ND5RG4YN237472	10/31/2009
16	1983 Peterbilt 359	Tractor	08842RP	1XP9DBX5DP159843	12/31/2009
17	1996 Peterbilt 379	Tractor	21545RP	1XP5DB9X3TD417453	10/31/2009
18	2007 Peterbilt 379	Tractor	21546RP	1XP5DB9X37D693928	10/31/2009
19	2007 Peterbilt 379	Tractor	21547RP	1XP5DB9X57D693929	10/31/2009
20	2000 Volv	Tractor	21549RP	4V4ND1RH1YN250892	10/31/2009
21	2008 Peterbilt	Tractor	21550RP	1XPHD49X38D756715	10/31/2009
22	2008 Peterbilt	Tractor	21551RP	1XPHD49X58D756716	10/31/2009
23	2006 Peterbilt 379	Tractor	21552RP	1XP5DB9X76D870155	10/31/2009
24	2006 Peterbilt 379	Tractor	21553RP	1XP5DB9X36D870203	10/31/2009
25	2006 Peterbilt 379	Tractor	21554RP	1XP5DB9X96D870237	10/31/2009
26	2006 Peterbilt 379	Tractor	21555RP	1XP5DB9X46D870243	10/31/2009
27	2005 Peterbilt 379	Tractor	21556RP	1XP5DB9X45D852680	10/31/2009

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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. 338th 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) 664-2333
- 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: DAVID MESSMORE Position: member

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 MESSMORE Position: member

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 MESSMORE Position: member

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 MESSMORE Position: member

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 MESSMORE Position: member

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.

David Messmore

1/9/09

Signature of applicant

Date

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

DLM TRUCKING, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 1/1/2008

UBI Number: 602-788-195

APPID: 1033657



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State

pending

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Continental Western Insurance
(Name of Company)
(herein after called Company) of 11201 Douglas Avenue , PO BOX 1594 , Des Moines , IA , 50306
(Home Address of Company)

has issued to DLM TRUCKING LLC of 81 S WELLS RD , SUNNYSIDE WA 98944
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 01/09/2009 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the Insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3320 East Goldstone Way IL 83642 This 09th day of Jan 20 09
(Address) (Day) (Month) (Year)

Insurance Company File No. MCP2659419R Lindsey Roennele
(Policy No) (Authorized Company Representative)

Underlying Limit :750,000.00 Liability Limit :750,000.00