

TV-090140

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)

done 2/1/09

FOR OFFICIAL USE ONLY

| | | |
|----------------------------------|----------------------|--------------------------|
| Reception Number: 0017252 | Safety: <i>OK</i> | Carrier ID#: <i>2314</i> |
| 111 0268 200 02 <i>275.00</i> | Insurance: <i>OK</i> | Employee: <i>OK</i> |

| 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 | |

| | |
|---|-------------------------------------|
| <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 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): STEVE HESS Date: 1-15-09

Signature: *[Signature]* Title: V.P.

VEHICLE IDENTIFICATION

| | | |
|--|-----------------------|---|
| CC#: <u>603484</u> | US DOT# (if required) | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601-542-1790</u> |
| APPLICANT NAME: <u>TRAILING EDGE LTD. INC.</u> | | PHONE#: <u>206-575-8737</u> |
| d/b/a: <u>RE-PC</u> <i>per UBI</i> | | FAX #: <u>206-575-1926</u> |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1565 6TH AVE. SOUTH</u> (city, state, zip) <u>SEATTLE WA 98134</u> | | |
| PHYSICAL ADDRESS: (street address, if different) | | |

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 Substance and Alcohol Testing (Part 382)

Name: N/A Position: _____

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 Driver License (CDL) Requirements (Part 383)

Name: N/A Position: _____

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: STEVE HESS Position: V.P.

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.

Driver Hours of Service (Part 395)

Name: STEVE HESS Position: V.P.

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: STEVE HESS Position: V.P.

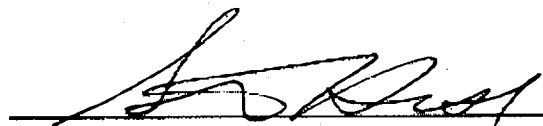
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.



Signature of applicant

1-15-09

Date

FACSIMILE COVER SHEET

RE·PC™

RECYCLED COMPUTERS
AND PERIPHERALS
TRAILING EDGE LTD., INC

FROM: RE·PC
510 Andover Park West
Tukwila, WA 98188

TO: W. UTC.

FAX: (360) 586-1181

DATE: 1 / 19 / 09 PAGE TOTAL: 1 + 4

COMMENTS: CONTACT: STEVE HESS
206-575-8737 EXT 206

FORM E TO FOLLOW BY STATEFARM

FAX #: (206) 575-1926 VOICE: (206) 575-8737

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the State Farm Insurance (hereinafter called Company)

of Bloomington, Illinois.

has issued to Trailing Edge Limited of 1565 6TH AVE S, SATTLE WA 98134-1630.

a policy or policies of insurance effective from 04-25-2006 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 1000 Wilmington Dr, DuPont, WA 98327

this 30th day of January, 2008

Insurance Company File No. 086 4565-47
(Policy Number)

Tim Birky
(Authorized Company Representative)