

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)

TV 090163

Done CS

FOR OFFICIAL USE ONLY

Reception Number: 0017344	Safety: <i>CS</i>	Carrier ID#: 5401
111 0268 200 02	Insurance: <i>CS</i>	Employee: <i>CS</i>

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	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): William J. Morris Date: 1-29-09
Signature: William J. Morris Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 63487	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 135 577 <i>OK</i>
APPLICANT NAME: <u>William James Morris</u>		PHONE#: <u>1-360-635-5655</u>
d/b/a: <u>Bill Morris Trucking</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>17326 Little Rock Rd. Rochester WA.</u>		
(city, state, zip) <u>Rochester Wash. 98579</u>		
PHYSICAL ADDRESS: (street address, if different) <u>17326 Little Rock Rd. Rochester WA. 98579</u>		

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: William J. Morris Position: Owner

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: William Morris 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: William J. Morris 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.

WILLIAM JAMES MORRIS
ROBERTA ANN MORRIS
BILL MORRIS TRUCKING
17326 LITTLEROCK RD SW
ROCHESTER WA 98579-9576

DETACH BEFORE POSTING

005886



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 601 135 577
Business ID #: 1
Location: 1

WILLIAM JAMES MORRIS
ROBERTA ANN MORRIS
BILL MORRIS TRUCKING
17326 LITTLEROCK RD SW
ROCHESTER WA 98579 9576

TAX REGISTRATION

REGISTERED TRADE NAMES:
BILL MORRIS TRUCKING

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Luce

Director, Department of Licensing



AUTOMOBILE CERTIFICATE OF INSURANCE

CERT # _____ DATE (MM/DD/YYYY)
01/30/2009

AGENCY
Norberg Hizon Insurance
417 W Main St
Centralia, WA 98531

PHONE (A/C, No., Ext): 3603302001
FAX (A/C, No.): 3603302003
E-MAIL ADDRESS: thizon@farmersagent.com
CODE: 79 09 321 SUB CODE: _____
AGENCY CUSTOMER ID #: _____

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

INSURERS AFFORDING COVERAGE
COMPANY A: Farmers Insurance Group NAIC # _____
COMPANY B: _____
INSURED
William James Morris 5401
17326 Littlerock Rd
Rochester WA 98579

DESCRIPTION OF AUTO

YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1989	International	F9300	Truck	2hsfbagr3kco24813

COVERAGES

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES)

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
X	AUTO LIABILITY	604708226	01 15 2009	01 15 2010	COMBINED SINGLE LIMIT	\$ 1,000,000
					BODILY INJURY (Per person)	\$ 1,000,000
					BODILY INJURY (Per accident)	\$ 1,000,000
					PROPERTY DAMAGE	\$ 1,000,000
	AUTO PHYSICAL DAMAGE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	DEDUCTIBLE
	COLLISION LOSS				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
	COMPREHENSIVE OTHER THAN COLLISION				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
					<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$
					<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT <input type="checkbox"/> STATED AMT	\$

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES)

CERTIFICATE HOLDER

LENDER LESSOR

CANCELLATION

LOAN / LEASE NUMBER: _____
NAME AND ADDRESS OF LENDER / LESSOR
WUTC
PO Box 47250
Olympia, WA 98504-7250

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE _____



Field Receipt

Reception No. 173921

Permit No.
 0063487

Name
 MORRIS WILLIAM JAMES

Receipt No. **M 03965** Employee No. 6136 Month-Day-Year Method of Payment
 Cash (Date _____ Initials _____) Check/Money Order Credit Card

Comments: <u>5002</u> <u>Carrier</u> <u>NEW</u>	111	268	200	08	...	\$ _____	Single State Registration Fee - Washington State
	111	268	013	99	...	\$ _____	Single State Registration Fee - All Other States
	111	268	200	08	...	\$ _____	Interstate Exempt Registration Fee
	111	268	200	02	...	\$ <u>275.00</u>	Intrastate Application Fee - General Commodities
	111	268	013	20	...	\$ _____	Sales Tax
	111	268	*	01	...	\$ _____	Regulatory Fee
	111	268	*	02	...	\$ _____	Application Fee
111	268	*	—	...	\$ _____	Other _____	
						\$ <u>275.00</u>	Total Paid

By: Colleen Smith
 Agent

By: William Morris
 Applicant

White: Financial Services >> Yellow: Applicant >> Pink: Action >> Goldenrod: Book