

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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

FEB 02 2009

WASH. UT. & TR. COMM

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0017327

Safety: ON

Carrier ID#: 5405

111 0268 200 02 215.00

Insurance: 2/10/09 Bureau

Employee: [Signature]

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$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  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): Jeff Scherer

Date: 1-28-09

Signature: [Signature]

Title: Pres

MOTOR CARRIER IDENTIFICATION

CC#: 46994

US DOT# (if required)

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

602-253-4800

APPLICANT NAME: Jeff Scherer / P/A

PHONE#: (360) 736-5597

d/b/a: Scherer Trucking + Excavation Inc.

FAX #: (360) 736-7915

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 21903 ZENKNER Vly. Rd.

(city, state, zip) CENTRALIA, WA. 98531

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA *aa*

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Jeff Schever	Pres	50% <i>aa</i>
Deanne Schever	V.Pres	50% <i>aa</i>

**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 (must check one)**

(permit will not be issued until acceptable insurance is received)

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.

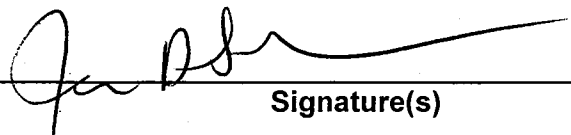
The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

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)**

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
10	A89540R	WA	1NKWL B 9X9L 555 1905

*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(s)

1-28-08  
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: Jeff Scherer Position: Pres

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: Jeff Scherer Position: Pres

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: Jeff Scherer Position: Pres

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: Jeff Scherer Position: Prod.

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: Jeff Scher Position: Prod


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

1-28-09  
Date

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 02/10/0009

PRODUCER (360) 357-3353  
 Sunset Insurance Agency LLC  
 1429 West Bay Drive NW  
 Olympia WA 98502-  
 INSURED  
 Scherer Trucking & Excavation, Inc.  
 21903 Zenkner Road  
 Centralia, WA 98531

*Pender*  
 5405

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 POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Ohio Casualty Ins Company	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

## COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC	BB053040262	12/27/2008	12/27/2009	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	BAW53040262	12/27/2008	01/22/2009	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ GARAGE LIABILITY <input type="checkbox"/> ANY AUTO AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$ EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER \$ WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
*10 Day Canc Notice for Non Payment of Prem						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

## CERTIFICATE HOLDER

( ) - ( )  
 State of Washington  
 WA Utilities & Transportation Commission  
 PO Box 47250  
 Olympia WA 98504-7250

## CANCELLATION

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  
*Jandy Hefner*

CORD 25 (2001/08)  
 INS025 (0108).05



SERVICE DATE  
APR 03 1992

BEFORE THE WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

In re Joint Application P-75689	)	
for authority to transfer a	)	ORDER M. V. NO. 144827
portion of rights under Permit	)	
No. CC-46994 from:	)	
	)	
DAVID F. SCHERER	)	GRANTING APPLICATION
d/b/a SCHERER & SON	)	
	)	AND
to:	)	
	)	AMENDING PERMIT
JEFFREY D. SCHERER	)	
d/b/a HILLSIDE TRUCKING	)	NO. CC-46994
. . . . .	)	

Common Carrier Permit No. CC-46994 stands in the name of David F. Scherer, d/b/a Scherer & Son and authorizes the service therein set forth.

Joint Application P-75689 has been filed, under the provisions of chapter 81.80 RCW and the rules relating to motor freight carriers, requesting authority to transfer a portion of rights under said Common Carrier Permit No. CC-46994 to Jeffrey D. Scherer, d/b/a Hillside Trucking. The portion of rights to be transferred is as follows:

Logs, poles and piling in Lewis, Thurston, Pacific and Grays Harbor Counties and from points in said counties to dumps in Western Washington. Interstate operations as may be permitted under the exemptions of the Interstate Commerce Act.

It appearing that the transfer of rights as herein requested will not be detrimental to the interests of the public, that property rights are involved, and that transferee is fit, willing and able to conduct the transportation service,

ORDER

WHEREFORE IT IS ORDERED That the application herein be, and the same is hereby granted; that Common Carrier Permit No. CC-46994 shall be amended as per the attached Appendix A.

IT IS FURTHER ORDERED That a common carrier permit be issued to Jeffrey D. Scherer, d/b/a Hillside Trucking as per the attached Appendix B.

