Colin	ART - A						
WASHINGTON UTILITIES AND	TRANSPORTATION COMMISSION						
Olympia, WA 98504-7250 Telephone (\$60) 664-1222 - Fay (\$60) 585 1404							
Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)							
Paranting Number of the Paranting of the	de and Common Carrier Brokers)						
111 0269 200 00	Carrier ID#: 5413						
alburance.	Employee:						
New Common Carrier Permit Authority, or	CATION (check one)						
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 ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMODED CAR						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be fired within 10 months of cancellation)							
TYPE OF	PAYMENT Auth						
☐ Check ☐ Money Order ☐ Amey /☐ Discover ☐	Mestatored Polis						
CERTIFICATION LAND LAND LAND LAND LAND LAND LAND LAN							
authorized to execute and file this document on behalf of the applicant	ant, certify that the following information is true and correct, that I am						
Name (printed): Franklin T. Thomas	Dete: 2 - 509						
Signature: Frankli I Min							
ME OF SINERIES	Title: OWNCY						
	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
APPLICANT NAMES () 6/3233	602-889-403 (V) V 6X/						
- Thomas - ourse	envater PHONE#:						
Thomas The	as 2-9-09 FAX#:						
BUSINESS (MAILING) ADDRESS:	, , , , , , , , , , , , , , , , , , , ,						
street address, P.O. Box) City, state, zip)	/ 1387						
omak wt 98841							
HYSICAL ADDRESS: (street address, if different)	217 Robinson Conyon Rd						
omat, Wa 9884/ 4	SUNGOL WY						

TYPE OF BUSINESS STRUCTURE								
(check individual or complete partnership/corporation information)								
□ INDIVIDUAL □ PARTNERSHIP ☞ CORPORATION - STATE OF INCORPORATION L.L.C								
NAME	NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE							
Franklin	T	Thomas (SWh						
		,						
		4.44		•				
,		TRANSFER OF P						
Complete this saction if you are transferring an existing permit to a new owner. List name of <u>current</u> 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	Γ;		PERMIT N	UMBER:				
Signature of curre			\	Date				
	Andreas (1)	Company of the second of the s	MET INCOME GEORGESTE MEETINGEL GEORGES COMPANIEMENT MET LONGON DE MORE DE					
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 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.				
			additional list if necessary					
UNIT#	LICENSE#			VIN#				
	064461	(washinston	1x11WDB9x7UR754					
2 2855 Uy L		washing ton	B4032230N111763	26				
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. 2-5-09 Signature(s) Date								

PART - B

SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

Instructions: In each category shown below, list the person and/or position

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:
Weshington 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 Williamette 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: Junilia Thomas Position: Ovner
Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that compiles 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: drankin y Temposition: Owner
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below that a gross combined weight review 100 and 100 are 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 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
Driver Qualification Requirements (Part 391)
Name: Franklin I Me Position: Owner
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:_	Franklin	I Ho		_Position: Bunch		
driver," he/she	a record of duty exceeds the 10	. II compan√s oi	perations meet a vtable. A driver r s or he/she exces	of service records for ear il requirements of the "10 lust complete a driver's ds 12 hours. 14-380	10 air mile radius	
	V	ehicle inspection	on, Repair, and	Maintenance (Part 396)	
Name:_	4			Position: Owner		
Part 396	6.11 req uires th	at drivers prepar	re a written "Driv	er Vehicle Inspection Retailed the required content of	port" on each vehicle this report.	
Each m	otor carrier mus rt 396.3(b)).	it maintain certai	in required recor	ds for each vehicle that i	ncludes the following:	
< < <	A means to in operations to	be performed.		of various inspection and		
must ins	panies must cor pect, or have in ng 12 months.	nply with Part 39 ispected, all mot	96.17 dealing wit for vehicles subj	Periodic inspections. I ect to its control at least of	Each motor carrier once during the	
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.						
Ly	H		_	2-3	-09	
Signature	of applicant			Date		
					•	
			7			

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

Filed with Washington Utitilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)

of 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143

has issued to Thomas Trucking and Excavation LLC of 217 Robinson Canyon Rd, Omak WA 98841

a policy or policies of insurance effective from 01-18-09 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 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143 this 6th day of February, 2009

Insurance Company File No. CPP1006526 (Policy Number)

Donald Richardson (Authorized Company Representative)