

PART - A

TV-090300

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: 0017502

Safety:

Carrier ID#: 5435

111 0268 200 02 275.00

Insurance:

Employee: KWC

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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: 58837

US DOT# (if required)

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 6002-901-504

APPLICANT NAME: WEST COAST Auto TRANSPORT (LLC) <sup>Per Cal.</sup> PHONE#: 206-292-8883

d/b/a: \_\_\_\_\_ FAX #: 425 949 7869 <sup>Per Cal.</sup>

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 22833 Bothell-EVERETT Hwy # 110-1115

(city, state, zip) Bothell WA 98021

PHYSICAL ADDRESS: (street address, if different)

211 ELDOORADO WAY Chelan WA 98816



## 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: Charlene Green 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: Charlene Green 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: Charlene Green 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: Christopher Jenkins 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: Christopher Jenkins 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.***

Charlene Green  
Signature of applicant

02-23-09  
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

**WEST COAST AUTO TRANSPORT LLC**

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

Date: 2/23/2009

UBI Number: 602-901-504

APPID: 1375364



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

Sam Reed, Secretary of State

5435 pending



FARMERS

Form E

Uniform Motor Carrier Bodily Injury And Property And Damage Liability Certificate of Insurance (Executed in quadruplicate)

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION (hereafter called commission)

This is to certify, that the TRUCK INSURANCE EXCHANGE (Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010 (Home Office Address of Company)

has issued to WEST COAST AUTO TRANSPORT, LL (Name of Motor Carrier)

of 22833 BOTHELL EVERETT HWY #110-1115 CHELAN, WA 98816 (Address of Motor Carrier)

a policy or policies of insurance effective from MARCH 5TH, 2009, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled 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 commis

Countersigned at 23175 NW BENNETT ST. HILLSBORO (Street Address) (City)

this 9TH

Insurance Company File No. 60472-03-99 (Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. 202(b)(2))

IL-822 (NARUC "E") 56-1430 (ACT-300C) 9-86

Original

I did not enter ins in system. We receive rental funds to cover NSF check

3-12-09 es

WASHINGTON UTIL. & TP. COMM

RECEIVED

MAR 12 2000

WASH. UT. & TP. COMM

**Chapman, Ken (UTC)**

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**From:** Leipski, Tina (UTC)  
**Sent:** Monday, April 27, 2009 8:36 AM  
**To:** Carnes, Rae Lynn (UTC); UTC DL Licensing Services  
**Subject:** WEST COAST AUTO TRANSPORT LLC

Wanted to give everyone a heads up!

I talked with Charlene Green this morning and she said she would be in tomorrow to pay for her NSF check. I told her that we would only accept cash and she said she would have it.

Tina Leipski  
Utilities & Transportation Commission  
Licensing Services  
360-664-1170  
fax 360-586-1181

3-4 NSF 3-9-4-1 Signed for Cent





\*\*\*\*\*  
 \*\*\* TX REPORT \*\*\*  
 \*\*\*\*\*

TRANSMISSION OK

TX/RX NO 2285  
 RECIPIENT ADDRESS 8p4259497869p3632416  
 DESTINATION ID  
 ST. TIME 04/23 08:21  
 TIME USE 00'17  
 PAGES SENT 1  
 RESULT OK



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
 (360) 664-1160 • TTY (360) 586-8203

West Coast Auto Transport LLC  
 22833 Bothell - Everett Hwy #110-1115  
 Bothell WA 98021

April 8, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV090300.

- X FINAL NOTICE! Please note that this is your third and final notice. You must provide the required information by April 27, 2009 or your application will be dismissed.
- X Payment of \$275.00 application fee needs to be made to finish processing your application. Please contact Rae Lynn Carnes at 360-664-1152 before April 27, 2009.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

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April 8, 2009

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Thank You.

429-  
carrier  
SAID WOULD  
Fax Before  
Book in  
8/1/09  
NO Fax

Left VM message 4/8  
Left VM message 4/16 928 hrs  
Faxed 4/23 8:21 - still no payment OR contact

832 Fax  
Declined

4/28 carrier called, can't be there until late Thursday  
Friday wants to pay by Faxed credit card - must be OK'd  
By F.S. - Rae Lynn OK'd - Faxed & called carrier.  
4/29 called carrier Left VM need payment B 4:50 PM



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

West Coast Auto Transport LLC  
22833 Bothell - Everett Hwy #110-1115  
Bothell WA 98021

April 2, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV090300.

- X Your payment of \$275.00 did not clear. Please contact Rae Lynn Carnes at 360-664-1152 to correct the payment situation. We cannot process your application any further until payment is made. Your application may be dismissed if payment is not made by April 27, 2009.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.

*Ken Chapman*



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

West Coast Auto Transport LLC  
211 Eldorado Way  
Chelan WA 98816

March 17, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-090300. Your pending common carrier permit number is CC058837.

- X Your payment of \$275.00 did not clear. Please contact Rae Lynn Carnes at 360-664-1152 to correct the payment situation. We have received an insurance filing and can issue a permit once payment is corrected.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

West Coast Auto Transport LLC  
211 Eldorado Way  
Chelan WA 98816

February 25, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-090300. Your pending common carrier permit number is CC058837.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.

3/9/09- NSF check  
do not process unless Raelynn  
contacts saying it cleared-