## PART - A

TY-090373

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED 1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250

MAR 02 2009

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

WASH. UT. & TP. COMNexcluding Household Goods	and Common Carrier Brokers)			
Des Elegispantisation (see Section 1998)				
Reception Number: 00/75-82 Safety:	Carrier ID#: 5443			
111 0268 200 02 275 Insurance:	Employee: LwC			
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 ARMORDED 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 COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT  For Commission Use Only: Auth #:			
Salara da S				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard □ Visa Expiration Date			
CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the application.	ent, certify that the following information is true and correct, that I am int, and that all information on file is current and valid.			
Name (printed):	Date:			
Signature:	Title:			
CC#: US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Per (4)			
60408	602 891 984 601-997-776			
APPLICANT NAME: Thomas C. Pearson P.W.	Call 48 PHONE#: 509 688-0125			
Spokane Courier Se	FAX#:			
d/b/a.	FAX #.			
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 320 んちゅ	Ford Ave, Suite A			
(city, state, zip) Sookane, L	) A 99205			
PHYSICAL ADDRESS: (street address, if different)				

•						
□ INDIVIDUAL	□ PAR	TNERSHI	DULC CORPORA	ATION – STATE OF IN	ICORPORATION WA	_
NAME		TITLE	STOC	K DISTRIBUTION OF	R PERCENTAGE OF SHAF	RE
thomas	A Pica	usou	Managin	g in ember	508	,
thomas Wendy	Pearso	ıu	Managia	g member	50% 1	erific
						75
holder and perm	it number to	be transfe		permit holder must sig	List name of <u>current</u> permin permin below to authorize the tra	ansfer
	propert permit	holder			2 - 24 - <i>0</i> 9 Date	<del></del>
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 W HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance a submit the Safety Fit Survey – Sections 12.	The applicant HAUL hazardous materials requiring million in Public Liand Property Dama Insurance. Complete and submit the Safetheese Survey.	\$5 ability age ete		
UNIT#	LICEN	ISE#	STATE		VIN#	
		••				
		···				
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)  July 9  Date						
	•	• •	. 5			

CORNERSTONE LICENSING SERVICES

PAGE 01/02

360-586-1181 Fee

TY-090373

PART - B

CC-60408

# SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

Instructions: In each category shown below, il st 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 64966 (877) 664-2933 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

Ca Government Fi	nnung Onice, 752 N. Ca	procedures, 1444, 4	TOOLINISTON, DO BOTT		
ing a state of the line		11.11.12.11.11.11.11.11.11.11.11.11.11.1	ering and a place of the	( <u>e4</u> (0.2372	
Name:			osition:		<del>≡ 1111</del>
Any person w Alcohol Testi	rho drives a commercing program that comp	ial motor vehicle lies with the FM0	requiring a CDL must CSR in 49 CFR Part	it be in a Controlled Sui 382 and 49 CFR Part 4	ostance and 0.
Each compar substances te	ny will have in place a esting requirements (	system for comp 9 CFR Part 382	olying with FMCSR go and 49 OFR Part 40)	overning alcohol and co ).	ntrolled
	a damenta da arabi d		readilyisteete piji 20,7ete		
Name:	•		Position:		
must have a valid  in has a grow  weight rat  has a grow  has a grow  ls designe  ls of any s  HM regula	i CDL. The definition as combined weight rating of more than 10,0 as vehicle weight rating to transport 16 or make and is used to transtions.	of a commercial ating of 26,00 hp. 00 pounds; or one of 26,001 pour ore passengers, nsport hezardous	motor vehicle is: ounds that includes a ids or more; or including the driver; s materials of an amo	ount that requires placar	e vehide rding under
(Definition shown about Licensing office for a	ove applies in reference to idditional information	this section and tha	t of controlled substance 1	testing.) Contact local Depar	tment of
	and page the second		,	* ***	
Each compan	ny must maintain a cor ermittent) authorized to	mplete Driver Qu	사는 alification File for eac	ch employee (whether properties information is requ	ermanent,
Owner/operat	tors that work exclusiv	rely in intrastate o	commerce within War	shington have limited ex	xemptions must

maintain a complete file on themselves and any casual or intermittent driver that they may use.

PART OF THE PARTY DINA SERVICE OF SECRET FROM SECURIOR OF THE PARTY OF
Name: Wendy A Pracson Position: 50% managing 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
Name: Thomas C. Pearson Position: 50% managing 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.
11 lende Kegyan 4-8-09
Signature of applicant 1

Vin #	Year	Make	Series / Body	
1NXBR32E24Z342097	2004	Toyota	COR4D	Brown
1NXBR32E44Z278970	2004	Toyota	COR4D	Brown
JTDBR32E630039074	2003	Toyota	COR4D	White
JTDBR32E350054490	2005	Toyota	COR4D	Silver
1NXBR32E55Z483828	2005	Toyota	COR4D	Silver
JTDBR32E452061937	2005	Toyota	COR4D	White
1NXBR32E04Z335245	2004	Toyota	COR4D	White
JTKKT624350128476	2005	Toyota	SCIXA5D	White
JTKKT624150094036	2005	Toyota	SCIXA5D	Silver
JTDAT1231Y0048336	2000	Toyota	ECH2D	White
2T1KR32E53C118628	2003	Toyota	MATRIX	Blue
5TENL42N12Z128277	2002	Toyota	PU	White
5TENL42N13Z258786	2003	Toyota	PU	White
1GCDL19W81B109592	2001	CHEV	ASTRO	White
1GCEG15W1X1142057	1999	CHEV	EXPRESS	White
3FDNF6556YMA25016	2000	FORD	VAN	White
4S4BP60C797336410	2009	SUBA	Outback	White
4S4BP60C697337323	2009	SUBA	Outback	Gray
4S4BP60CX97337650	2009	SUBA	Outback	Blue
5J6YH18317L009714	2007	HOND	Element	Blue
1GCFG35Z2L7171486	1990	CHEV	Van / G30	White
1GCEG25Z6M7122198	1991	CHEV	Van / G20	White
JN8AS58V78W404129	2008	NISS	Rogue	Gray
2GC3G25H5B4162238	1981	CHEV	VAN	Blue
CGD1594110392	1979	CHEV	VAN	Blue

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S. Evergreen Park Drive S.W., P.O. Box 47250 Olympia, WA 98504-7250 (360) 664-1222

FAX (360) SB6-1181

SACCOMANNO, RICHARD C. SPOKANE COURIER SERVICES P.O. BOX 18157 SPOKANE, WA 99228-0157

PERMIT: CC-60408 DATE: 10-31-200

#### INTRASTATE COMMON CARRIER PERMIT

Pursuant to the provisions of Chapter 81 RCW, THIS IS TO CERTIFY that authority is granted to operate as a COMMON CARRIER in the transportation of:

#### GENERAL COMMODITIES IN THE STATE OF WASHINGTON

EXCLUDING:

Household Goods Hazardous Materials Armored Car Service

WASHINGTON UTILITIES AND TRANSPORTATION, COMMISSION

y

NOTE: A copy of this permit MUST be carried in each vehicle being operated under this authority.

US DOT#:

5443

WASHINGTON

1905 2005

UTILITIES AND TRANSPORTATION

COMMISSION

Celebrating 100 Years

1300 South Evergreen Park Drive SW P.O. Box 47250 Olympia, WA 98504-7250 Telephone: 360-664-1222 Fax: 360-586-1181

MC#: (If applicable) (If applicable) Aurier Services COMPANY NAME: CITY, STATE, ZIP: TELEPHONE NUMBER: TYPE OF CREDIT CARD: (check one) ☐ DISCOVER ☐ MASTERCARD □ VISA AMOUNT ... EXPIRATION DAT \_\_\_\_\_ CERTIFICATION I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant. NAME (Printed); SIGNATURE: **WUTC USE ONLY AUTHORIZATION NUMBER:** 0017582 **RECEPTION NUMBER:** 

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

(Executed in Triplicate)

**AUTHORITY FILE #CC7153** 

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (Name of Commission)

(hereinafter called Commission) VED

This is to certify, that the

UNIGARD INSURANCE COMPANY

(Name of Company)

MAR 19 2009

(hereinafter called Company) of

15805 NE 24TH ST. BELLEVUE, WA 98008

(Home Office Address of Company)

WASH, UT. & TP. COMM.

has issued to

SPOKANE COURIER SERVICES, LLC

(Name of Motor Carrier)

PO BOX 18157, SPOKANE, WA 99228 (Address of Motor Carrier)

03/16/09 a policy or policies of insurance effective from 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. \*NEW FILING\*

Countersigned at

15805 NE 24TH ST. (Street Address)

BELLEVUE

(Zip Code)

this

17TH

day of

MARCH

20 09

Insurance Company File No.

TR001026 (Policy Number)

Karen Johnston (Authorized company Representative)