

PART - A

TV 090396

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

MAR 16 2009

*Handwritten signature*

APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0017620

Safety: *Handwritten mark*

Carrier ID#: H33651

111 0268 200 02 275.00

Insurance: *Handwritten mark*

Employee: *Handwritten mark*

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
- \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

- \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$100 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#: 58414

US DOT# (if required) 311816

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600-105-0290

APPLICANT NAME: Wilcox Farms, Inc

PHONE#: 360-458-7774

d/b/a:

FAX #: 360-458-6950

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 40400 Harts Lake Valley Rd

(city, state, zip) Roy, WA 98580

PHYSICAL ADDRESS: (street address, if different) Same

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION WA

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

See Attached

**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. U 35460

NAME ON PERMIT: Wilcox Dairy Farms, LLC    PERMIT NUMBER: CC58414

Signature of current permit holder

Date

**INSURANCE REQUIREMENTS (must check one)**

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

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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)**

| UNIT#         | LICENSE#      | STATE      | VIN#                     |
|---------------|---------------|------------|--------------------------|
| <u>131402</u> | <u>4969U2</u> | <u>WA.</u> | <u>1W9AA362091198052</u> |
| <u>131367</u> | <u>46247Q</u> | <u>WA.</u> | <u>4V4NC9TJXN334827</u>  |
| <u>131045</u> | <u>4215UW</u> | <u>WA.</u> | <u>1F4YDSZB2XPA36308</u> |
| <u>131400</u> | <u>3623MC</u> | <u>WA.</u> | <u>1W9AA4037T1198385</u> |

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.

Linda Thomas  
Signature(s)

3/6/09  
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: MaryAnn Brooks Position: HR Manager

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: Mike Moeller Position: Logistics Director

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: MaryAnn Brooks Position: HR Manager

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: Mike Abeller

Position: Logistics Director

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: Bill Remick

Position: Shop Manager

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.***

Gene Thomas

Signature of applicant

3/6/09

Date

**Wilcox Farms, Inc.**

**Stockholders Ownership**

| Name                      | Address/Telephone No.                       | No. of Shares | % of Total         |
|---------------------------|---|---------------|--------------------|
| Andrew Wilcox             | 40400 Harts Lake Valley Rd. Roy<br>Wa 98580 | 834.67        | 5.588310%          |
| Andrew Wilcox Trust       | 40406 Harts Lake Valley Rd. Roy<br>Wa 98580 | 1872.82       | 12.538966%         |
| Barrie Wilcox             | 40409 Harts Lake Valley Rd. Roy<br>Wa 98580 | 625           | 4.184520%          |
| Brent Wilcox              | 40401 Harts Lake Valley Rd. Roy<br>Wa 98580 | 834.67        | 5.588310%          |
| Brent Wilcox Trust        | 40407 Harts Lake Valley Rd. Roy<br>Wa 98580 | 1872.84       | 12.539100%         |
| Chris Wilcox Trust        | 40402 Harts Lake Valley Rd. Roy<br>Wa 98580 | 625           | 17.270354%         |
| Christopher Wilcox        | 40403 Harts Lake Valley Rd. Roy<br>Wa 98580 | 2579.5        | 4.184520%          |
| James T. Wilcox III       | 40405 Harts Lake Valley Rd. Roy<br>Wa 98580 | 665           | 4.452330%          |
| James T. Wilcox III Trust | 40404 Harts Lake Valley Rd. Roy<br>Wa 98580 | 2579.5        | 17.270354%         |
| Mildred Wilcox            | 40410 Harts Lake Valley Rd. Roy<br>Wa 98580 | 2038          | 13.644885%         |
| Susan Wilcox              | 40408 Harts Lake Valley Rd. Roy<br>Wa 98580 | 409           | 2.738351%          |
|                           |   |               |                    |
| <b>Total</b>              |   | <b>14936</b>  | <b>100.000000%</b> |

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **West American Insurance Company** (hereinafter called Company)  
of 9450 Seward Road, Fairfield Ohio 45014  
has issued to **Wilcox Farms Inc** of 40400 Harts Lake Valley Road S, Roy, WA 98580  
a policy or policies of insurance effective from 4-1-09 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 PO BOX 5048, Portland, Or 97208  
this 30th day of March, 2009

Insurance Company File No. BAW(10)53788906  
(Policy Number)

Julie Burnett  
(Authorized Company Representative)