

PART - A

TV090397

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)

One CS

FOR OFFICIAL USE ONLY

Reception Number: <u>17033</u> <u>0317633</u>	Safety: <u>OK</u>	Carrier ID#: <u>5467</u>
111 0268 200 02	Insurance: <u>Progressive</u>	Employee: <u>[Signature]</u>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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): Randy L Turner Date: 4-11-09

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: <u>63522</u>	US DOT# (if required) <u>applied</u> <u>309-pending</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-906-953</u>
APPLICANT NAME: <u>Randy L Turner</u>		PHONE#: <u>360-520-2380</u>
d/b/a: <u>Randy Turner Trucking</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P O Box 283</u>		
(city, state, zip) <u>Toledo wa 98591</u>		
PHYSICAL ADDRESS: (street address, if different) <u>129 Huckleberry Rd Toledo wa 98591</u>		

THE NAME ON THE INSURANCE MUST MATCH THE APPLICANT NAME EXACTLY.

Insurance Limits for Vehicles with Gross vehicle weight ratings of less than ten thousand pounds:

- \$300,000** General Commodities Only
- \$5,000,000** Any quantity of Class A or B explosives; any quantity of poison gas (Poison A); or highway route controlled quantity of radioactive materials as defined in 49 CFR 173.455.

Insurance Limits for Vehicles with Gross vehicle weight ratings of ten thousand pounds or more:

- \$750,000** General Commodities and/or Armored Car Service
- \$1,000,000** Hazardous Materials: Oil listed in 49 CFR 172.101, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned below.
- \$5,000,000** Hazardous substances, as defined in 49 CFR 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Class A or B explosives, poison gas (Poison A), liquefied compressed gas, or compressed gas; or highway route controlled quantity radioactive materials as defined in 49 CFR 173.455.

Any quantity of Class A or B explosives; any quantity of poison gas (Poison A); or highway route controlled quantity of radioactive materials as defined in 49 CFR 173.455.

EQUIPMENT: List, or attach a list of, all power equipment that will be used to haul under this permit.

PART B - SAFETY FITNESS SURVEY

SAFETY FITNESS SURVEY: All applicants must complete the Safety Fitness Survey. Motor carriers must comply with all of the applicable state and/or federal safety requirements for their operations.

PART C - SEPA QUESTIONNAIRE

STATE ENVIRONMENTAL PROTECTION ACT (SEPA) QUESTIONNAIRE: Applicants who will be hauling any of the following commodities must complete the SEPA Questionnaire:

- < Petroleum products, in bulk, in tank type vehicles
 - < Radioactive substances
 - < Explosives
 - < Corrosives
-

CONTACTS FOR ADDITIONAL ASSISTANCE

FMCSA (ICC) Authority, DOT Numbers, Haz Mats, Placards	US DOT, FMCSA, Olympia, WA Office	(360) 753-9875
Vehicle Licenses, Titles, Registrations	WA Dept of Licensing	(360) 902-3770
Commercial Drivers Licenses (CDL), Medical Waivers	WA Dept of Licensing	(360) 902-3859
Prorate; IRP; Reciprocity	WA Dept of Licensing	(360) 664-1858
Master Business License, Unified Business Identifier (UBI)	WA Dept of Licensing	<u>(360) 664-1400</u>
IFTA, Fuel bonds, Fuel Permits, Fuel Tax	WA Dept of Licensing	(360) 664-1868
Over-size/Over-Weight Permits Log Tolerance	WA Dept of Transportation	1-800-562-6902 or (360) 664-9494
Commercial Vehicle Size & Weight; Driver & Equipment Safety; Hazardous Material Regulations; Ports of Entry and Scalehouses	Washington State Patrol	(360) 753-0350
Corporate Registrations	WA Secretary of State	(360) 753-7115
Heavy Vehicle Use Tax Report	Internal Revenue Service	1-800-829-1040

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION _____

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

Randy L Turner own/operator 100%

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)

- | | | | |
|---|--|---|---|
| <input checked="" 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#
#6	B99026B	WA	1XPAD29X7JD254883
Trailer	8605TG	WA	TAL 69987

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.

Randy Turner
Signature(s)

3/16/09
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: Randy L Turner Position: owner/operator

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: Randy L Turner Position: owner/operator

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: Randy L Turner Position: owner/operator

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: Randy L Turner Position: owner/operator

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: Randy L Turner Position: owner/operator

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.

Randy L Turner

Signature of applicant

3/16/09

Date

PROGRESSIVE

PHILLIPPS RACHEL INS
 PO BOX 607
 TOLEDO, WA 98591
 360-864-8844

Policy number: 01540798-6

Underwritten by:
 Progressive Northwestern Ins Co
 March 16, 2009
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Certificate of Insurance

Certificate Holder	Insured	Agent
WUTC PO BOX 47250 OLYMPIA, WA 98504	RANDY TURNER RANDY TURNER TRUCKING 129 HUCKELBERRY RD TOLEDO, WA 98591	PHILLIPPS RACHEL INS PO BOX 607 TOLEDO, WA 98591

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Mar 6, 2009

Policy Expiration Date: Sep 6, 2009

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$300,000/\$300,000
Uninsured Motorist Property Damage	\$25,000 w/\$100 Ded (\$500 if Hit & Run)
Personal Injury Protection	\$10,000

Description of Location/Vehicles/Special Items

Scheduled autos only

1988 PETERBILT TRACTOR 1XPAD29X7JD254883	Stated Amount	\$20,000
Fire and Theft w/ CAC	\$250 Ded	
Collision	\$1,000 Ded	
1975 HOMEMADE TRAILER TRL69987		

Certificate number

07509TIU798

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

