

PART - A TV-090430

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: 0017668	Safety: <i>3/24/09</i>	Carrier ID#: <i>5471</i>
111 0268 200 02	Insurance: <i>3/24/09 Buckler</i>	Employee: <i>KWC</i>

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	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

Check Money Order Amex Discover

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): *Shirley Gray* Date: *3/19/09*
Signature: *Shirley Gray* Title: *Agent*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63528</i>	US DOT# (if required): <i>1834465</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602 875 718</i> ✓
APPLICANT NAME: <i>A-1 Delivery LLC</i> <i>Per call</i>		PHONE#: <i>509-386-6394</i> ✓
d/b/a:		FAX #: <i>509 501-1436</i>

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) *1517 Portland Ave.* ✓
(city, state, zip) *Walla Walla, WA 99362* ✓

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION -- STATE OF INCORPORATION WA per call

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Andrew Largent, Member 50% of share
Lauri Diederich, Member 50% of share

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 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#
040647	V677HC	FL	JNAU251J17A 552058

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.

Kate Bales Agent 3/19/09 ✓

 (Kate Bales Signature(s)) 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: Lauri Diederich 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: Lauri Diederich 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: Lauri Diederich 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: Lauri Diederich 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: Lauri Diederich 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.

Kate Balas, Agent
Signature of applicant Kate Balas

3/19/09 ✓
Date

5471 pender

CERTIFICATE OF INSURANCE

Issue Date
3/20/2009

CSR/Agency
Aon Risk Services Southwest, Inc.
PO Box 3870
Little Rock, AR 72203

Named Insured
A-1 Delivery LLC
1517 Portland Avenue
Walla Walla, WA 99362

Coverage Auto Liability Coverage	Policy Number TRV49254	Policy Effective Dates 10/1/2008-10/1/2009	Deductible* \$2,500	Insurer Vanliner Insurance Company
Vehicle 2007 UD UD 1400	Unit Number 040647	VIN JNAUZ51J17A552058		N IC# - 21172

Effective Date: 1/12/2009
LIMITS: Combined Single Limit (Ea. accident) - \$1,000,000

Coverage Cargo Coverage	Policy Number CGV49254	Policy Effective Dates 10/1/2008-10/1/2009	Deductible* \$2,500	Insurer Vanliner Insurance Company
Vehicle 2007 UD UD 1400	Unit Number 040647	VIN JNAUZ51J17A552058		N IC# - 21172

Effective Date: 1/12/2009
SINGLE CONVEYANCE: \$50,000

Coverage General Liability Coverage	Policy Number GLV49254	Policy Effective Dates 10/1/2008-10/1/2009	Deductible* \$2,500	Insurer Vanliner Insurance Company
Vehicle 2007 UD UD 1400	Unit Number 040647	VIN JNAUZ51J17A552058		N IC# - 21172

Effective Date: 1/12/2009
LIMITS: Each Occurrence - \$1,000,000; Damage to Rented Premises - \$100,000 (Ea. occurrence); Personal & Adv Injury - \$1,000,000;
General Aggregate - \$2,000,000; Products - Comp/Op Agg - \$2,000,000

Coverage Physical Damage Coverage	Policy Number TRV49254	Policy Effective Dates 10/1/2008-10/1/2009	Deductible* \$2,500	Insurer Vanliner Insurance Company
Vehicle 2007 UD UD 1400	Unit Number 040647	VIN JNAUZ51J17A552058	Stated Value ACV	N IC# - 21172

Effective Date: 1/12/2009
Value ACV minus deductible

Coverage Umbrella Coverage	Policy Number UMV49254	Policy Effective Dates 10/1/2008-10/1/2009	Insurer Vanliner Insurance Company
Vehicle 2007 UD UD 1400	Unit Number 040647	VIN JNAUZ51J17A552058	N IC# - 21172

Effective Date: 1/12/2009
LIMITS: Each Occurrence - \$9,000,000; Aggregate - \$9,000,000
SELF INSURED RETENTION: \$10,000

DESCRIPTION OF ENDORSEMENTS OR SPECIAL PROVISIONS

* any single occurrence, accident, or loss shall be subject to one deductible (\$2,500) in the event of a loss including two or more of the following lines of coverage: Auto Liability, Physical Damage, General Liability, and Motor Truck Cargo. If only one coverage section is involved in the occurrence, accident, or loss, the deductible specific to that coverage shall apply.

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by policies shown above. This is to certify that policies of insurance described herein have been issued to the insured named herein for the policy period indicated. Notwithstanding any requirement, term, or condition of any contract or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, conditions, and exclusions of such policies. Should any of the above policies described be cancelled before the expiration date shown, insurer affording coverage will endeavor to mail 30 days written notice to the certificate holder, but failure to do so shall impose no obligation of liability of any kind upon the insurer, its agents or representatives.

Aon Risk Services Southwest, Inc.

The following is named as certificate holder:
Washington Utilities & Transportation Commission
1300 S Evergreen Park Dr SW
Olympia, WA 98504-7250