

PART - A

TX-090512

DISMISSED

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)

4-2-09

Reception Number: <b>0017959</b>	Safety:	Carrier ID#: <b>5489</b>
111 0268 200 02	Insurance: <b>275.00</b>	Employee: <b>Wes</b>

TYPE OF APPLICATION (check one)

<input type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input 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 checked="" 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): Larry Heaton Date: 4/1/9  
Signature: Larry Heaton Title: Owner/Partner

MOTOR CARRIER IDENTIFICATION

CC#: <u>57404</u>	US DOT# (if required) <u>595788</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-911-764</u>
APPLICANT NAME: <u>Larry Heaton</u>	PHONE#: <u>509-284-2827</u>	
d/b/a: <u>Heaton Farms</u>	FAX #: <u>509-284-3333</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1051 SR 274, Box 806</u>		
(city, state, zip) <u>Tekeoa, Wa. 99033</u>		
PHYSICAL ADDRESS: (street address, if different) <u>1051 SR 274</u>		
<u>Tekeoa WA 99033</u>		

Per Call

### TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION VA

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

Larry & Virginia Heaton	Partners	70%	Larry 50% Virginia 20%
John Heaton	Partner	30%	Parcal

### 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: Heaton Farms PERMIT NUMBER: 57404

Larry Heaton Signature of current permit holder 4/1/9 Date

### INSURANCE REQUIREMENTS (must check one)

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

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 WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million 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#
9	19753T	Wa.	1FUEYDYB5BP197794
10	27903L	Wa.	1FUEYCB704223092
11	27953L	Wa.	1FUPY0YB7BP199944

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.

Larry Heaton  
Signature(s)

Equip. List Cont.

4/1/9  
Date

m  
3  
1  
6  
2  
0

# 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 54986 (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: Larry Heaton Position: Owner / Partner

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: Larry Heaton Position: Owner / Partner

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: Larry Heaton Position: Owner / Partner

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: Larry Heaton Position: Owner / Partner

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: Larry Heaton Position: Owner / Partner

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.***

Larry Heaton  
Signature of applicant

4/1/9  
Date



Master License Service  
Department of Licensing  
P O Box 9034  
Olympia WA 98507-9034

### Master Business Application Record of Filing

**Congratulations! The application has been submitted with the following information. Print this page for your records. This is your receipt.**

**If you find any mistakes, please enter your corrections on the next screen.**

#### Filing Information

Filing Date and Time: **Mar 31 2009 3:30:26:000PM Pacific Time**  
UBI Issued: 602-911-764 **Not Issued. To get your number, contact us after 2 business days at 360-664-1400 or mls@dol.wa.gov, or wait 14 days to receive your license in the mail.**  
Application Transaction #: **20090905795**  
*(Refer to this number if you have questions about this application.)*  
Credit Card Approval #: **2385386260003322364262**  
Last 5 digits of Credit Card #: **88499**  
Credit Card type: **Visa**

#### Purpose of Application

Open/Reopen Business  
Register Trade Name

#### Ownership Structure

Ownership Structure: **General Partnership**

Is this application for a business with a Washington State location? **Yes**

Will you have employees working in Washington State within 90 days? **Yes**

Federal Employer ID Number (FEIN): **911335987**

Unified Business ID (UBI):

Business ID:

Location ID:

Business Location Address:

Business Location City:

State:

#### Ownership Structure Follow-up

Legal Business Name: **Heaton Farms**  
Governing Person(s)

#### Person 1:

Title(s): Partner  
Name: John Larry Heaton  
Phone: (509) 286-3071  
Birth Date: 07/29/1969  
SSN: 538-84-5499  
Percent Owned: 30%  
Address: Box 155  
Latah, WA 99018 0155

Does this Governing Person have a spouse? No

**Person 2:**

Title(s): Partner  
Name: Virginia Lee Heaton  
Phone: (509) 284-2827  
Birth Date: 08/27/1942  
SSN: 533-36-5126  
Percent Owned: 35%  
Address: Box 806  
Tekoa, WA 99033 0806

Does this Governing Person have a spouse? Yes

Spouse Name: Larry Lee Heaton  
Spouse Birth Date: 11/08/1941  
Spouse SSN: 537-36-9117

**Person 3:**

Title(s): Partner  
Name: Larry Lee Heaton  
Phone: (509) 284-2827  
Birth Date: 11/08/1941  
SSN: 537-36-9117  
Percent Owned: 35%  
Address: Box 806  
Tekoa, WA 99033 0806

Does this Governing Person have a spouse? Yes

Spouse Name: Virginia Lee Heaton  
Spouse Birth Date: 08/27/1942  
Spouse SSN: 533-36-5126

**Business Information**

Business Firm Name (doing

business as): Heaton Farms  
Mailing Address: Box 806  
Tekoa, WA 99033 0806  
Business Location Information

Location Address: 1051 SR 274  
Tekoa, WA 99033

Is this business located within the city limits? No

Do you want a separate tax return for each location or trade name? No

First date of business: January 1976

Phone: (509) 284-2827

Fax Number: (509) 284-3333

Email Address: heatondevildog@hotmail.com

Estimated Gross Income: \$100,001 and above

Products sold and Services provided: Farming, as in the growing of agricultural products

Business activities in Washington State: Services

Additional Business Information

Bank Name:   
Branch: 

Did you buy, lease or acquire all or part of an existing business? None

Date bought/leased/acquired:

Prior Business Name:

Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity? No

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account? Yes

Old UBI number to be closed: 601 153 030

Do you wish to cancel all the trade names registered under the old UBI? Yes

Have you ever owned another business in Washington? No

Internet Master Business Application

Business Name:

UBI Number:

Hire Employees

Hiring:

Adults

Do you have employees working at more than one location in Washington State?

No

Unemployment Insurance:

All locations combined

Workers' Compensation:

All locations combined

General Employee Information

Date of first employment or planned employment at this location:

04/01/2009

First date wages paid:

04/15/2009

Number of persons you currently employ or plan to employ at this location (do not include owners):

4

Employee hours (3 month estimate):

1920

Describe the activities of your employees:

All things pertaining to raising and growing farm commodities, ie tractor driving, combine driving, mechanic work, truck driving

Optional Insurance

Major operation of your business:

Agricultural/Farming

Do you wish to apply for elective workers' compensation coverage for owners?

No

Do you wish to apply for elective workers' compensation coverage for excluded employment?

No

Trade Name(s)

Business Firm Name (doing business as):

Heaton Farms

Have you previously registered this name as a Trade Name in Washington (under this ownership structure)?

No

New name(s):

Heaton Farms

Fee Review

Processing Fee:

\$15.00

Trade Name Registrations (1 x \$5.00):

\$5.00

Amount Charged to Credit Card:

\$20.00

Prepared by:

John Heaton

Phone:

(509) 286-3071

By checking this box, I declare under penalty of perjury under the





# Stateline Processors, Inc.

Lentils -- Grains -- Seed

P.O. Box 1026  
Tekoa, Wa. 99033

Phone: (509) 204-4101  
FAX #: (509) 204-3333

Date: 4-2-09

Time: \_\_\_\_\_

To: WU+TC

From: Larry HEATON

Attention: Colleen Smith

This FAX transmission includes 10 page(s) including this  
cover sheet. If all pages are not received correctly please call  
Stateline Processors Inc. at (509) 204-4101.

Washington Utilities and Transportation Commission  
Fax Transmittal

DATE: 3-31-09  
Fax Number: 509-284-3333

TO:  
Name: Harry Heaton  
Telephone:  
Company:  
Section:

FROM:  
Name: Colleen Smith  
Section: Transportation  
Telephone: (360) 664-1223 Fax (360) 586-1181

EMAIL ADDRESS: csmith@wutc.wa.gov

Number of pages including this cover sheet:

- Comment:
- 1) change UBI info to current
  - 2) complete application (sign on page 5)
  - 3) mail or fax application to us.
  - 4) obtain current "FORM E" insurance in new name

## PART - B

### SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must  
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.  
Larry Heaton
2.  Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3.  Y N Are drivers trained in the use of Emergency Response Information?
4.  Y N Is the Emergency Response Information carried in the vehicle?
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.  
Larry Heaton
6.  Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7. Who is responsible for completing hazardous materials shipping papers?  
Shipper
8. Where are hazardous material shipping papers located during transportation?  
ON CLIPBOARD WITH REACH OF DRIVER IN CAB
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.  
NA
10.  Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.