

original

PART - A **TL-090536**

RECEIVED

APR 15 2009

WASH. UT. & TP. COMM

6/3/09
W/D
requested ref application
1064

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Phone (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: 18146	Safety:	Carrier ID#: 5497
111 0268 200 02	Insurance:	Employee: KWC

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): Rod LEVENGOON Date: 4/13/09

Signature: [Signature] Title: OWNER

UNIFIED BUSINESS IDENTIFICATION

CC#: 63546 US DOT# (if required) 1822767 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601344022

APPLICANT NAME: Rod LEVENGOON PHONE#: 360 699-1180

d/b/a: LEVENGOON CONSTRUCTION FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 26194 ANSELL Rd.

(city, state, zip) Poulsbo WA. 98370

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

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

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.

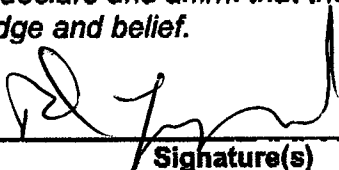
The applicant WILL NOT HAUL hazardous materials in any quantity — \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

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.

UNIT#	LICENSE#	STATE	VIN#
1	A38737N	WA.	RS612LST47678

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)

4/13/09
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. Brezewood 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

Name: Roy Levenhook Position: owner

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).

Name: Roy Levenhook Position: owner

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

Name: Roy Levenhook Position: owner

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.

Name: Rob Leventhal Position: OWNER

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: Rob Leventhal Position: OWNER

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.

Signature of applicant

Date

PART - A

TA 090536

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: 19146	Safety:	Carrier ID#: 5497
111 0268 200 02 775-00	Insurance:	Employee: LWC

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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): ROD LEVENGOOD Date: 4/20/09

Signature: [Signature] Title: OWNER

MOTOR CARRIER PERMIT

CC#: 063546	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 344 022
APPLICANT NAME: <u>ROONEY WAYNE LEVENGOOD</u>		PHONE#: <u>360 697-1180</u>
d/b/a: <u>LEVENGOOD CONSTRUCTION</u>		FAX #: <u>360 697-7573</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>26194 ANSELL Rd.</u>		
(city, state, zip) <u>Poulsbo WA. 98370</u>		
PHYSICAL ADDRESS: (street address, if different)		
<u>SAME</u>		



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Levengood, Rod
26194 Ansell Rd
Poulsbo WA 98370

April 15, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV090536. Your pending common carrier permit number is CC063546.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above (unless it is corrected as below).
- ✓ X Your name is shown as Rodney Wayne Levengood on your UBI records at Department of Licensing. Your name on the application, UBI records and insurance should all match. Please correct your application name or the UBI records

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

corrected name 4/21/09
5/5 - carrier called last week - #NS co said he didn't need it. he will think about it - 5/5 no response



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Levengood, Rodney Wayne
26194 Ansell Rd
Poulsbo WA 98370

May 19, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV090536. Your pending common carrier permit is CC063546.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X You discussed possible withdrawal of your application on April 28th. Please submit a written request to withdraw the application and refund your application fee by June 18, 2009. If you still want the common carrier permit, please submit insurance proof by June 18, 2009. If you have questions, Please call.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.