

PART - A

TU-090562

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)

Done 6/23/09

FOR OFFICIAL USE ONLY

Reception Number: 6018220	Safety: _____	Carrier ID#: 5504
111 0268 200 02 <i>215.07</i>	Insurance: (01)	Employee: RWC

TYPE OF PERMIT AUTHORITY (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 Auth #: _____
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TYPE OF PAYMENT

Check
 Money Order
 Amex
 Discover
 Mastercard
 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 application, and that all information on file is current and valid.

Name (printed) _____ Date: _____
 Signature: _____ Title: _____

NOTICE OF CARVE-OUT IDENTIFICATION

CC#: 063552	US DOT# (if required) 1878385	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Applied for 602916090
APPLICANT NAME: Sergio Aguilar		PHONE#: 509-894-4227
d/b/a: Two Angels Transport		FAX #: 509-453-3926
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 645		
(city, state, zip) Mabton WA 98935		
PHYSICAL ADDRESS: (street address, if different) 317 Adams St. Mabton WA		
98935		

TYPE OF BUSINESS STRUCTURE
(Check one box. If "Partnership" or "Corporation" is selected, provide information.)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
 Sergio Aguilar owner 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 meet one of the following or be covered by acceptable insurance as required.)

- 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 (List all equipment that is necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B85848K	WA	1FLUYS5ER7YF06305

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.

Sergio Aguilar
 Signature(s)

4/16/09
 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 Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: Sergio Aguirre 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).

Commercial Driver's License (CDL) Requirements (Part 383)

Name: Sergio Aguirre 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

Driver Qualification Requirements (Part 391)

Name: Sergio Aguirre 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.

Drivers Hours of Service (Part 395)

Name: Sergio Aguilar 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

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Sergio Aguilar 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.

Sergio Aguilar [Signature] 4/16/09
Signature of applicant Date

Please ask for technical assistance if you require information on any of these safety issues.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WASHINGTON Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102
(Home Office Address of Company)

has issued to SERGIO AGUILAR DBA TWO ANGELS TRANSPORT
(Name of Motor Carrier)

of 317 ADAMS ST - MABTON WA 98935
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/19/2009 12:01 A.M. standard time at the address of the insured stated in said

policy or policies and continuing until canceled 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 canceled 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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 22ND day of JUNE 2009

Insurance Company File No WN005707 Frank T Netcoh
(Policy Number) (Authorized Company Representative)