

PART - A

TV090611

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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)

APR 27 2009

WASH. UT. & TP COMM

FOR OFFICIAL USE ONLY

Reception Number: 0018336	Safety: <i>[Signature]</i>	Carrier ID#: 131024
111 0268 200 02 275.00	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</i>

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										Expiration Date
<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa					

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): Kelly Beach Date: 4/15/09
Signature: *[Signature]* Title: Office Manager

MOTOR CARRIER IDENTIFICATION

CC#: <u>63565</u>	US DOT# (if required) <u>450052</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602916142</u>
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APPLICANT NAME: <u>Thomas H Ireland, Inc.</u>	PHONE#: <u>541-863-5241</u>
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d/b/a:	FAX #: <u>541-863-4198</u>
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>361 N Old Pacific Hwy</u> (city, state, zip) <u>Myrtle Creek, OR 97457</u>
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PHYSICAL ADDRESS: (street address, if different)
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CK# 121768

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

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Charles Ireland, Jr.	Secretary	47%
Thomas Ireland, Jr.	President	43%

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.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
		see attached	

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.

Charles Ireland, Jr.
Signature(s)

1/22/09
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

Name: Louise Barton **Position:** Safety Chairperson

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: Charles Ireland III **Position:** Truck Supervisor

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: Vern Gaedecke **Position:** Truck Supervisor

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: Louise Barton

Position: Dispatcher

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: Dwaine Carnley

Position: Shop Foreman

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.

Charles E. Siskind

Signature of applicant

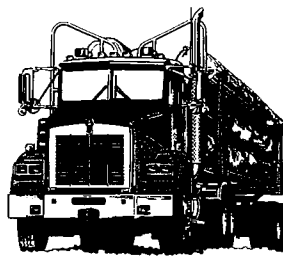
4/22/09

Date

Equipment list

	YEAR	MAKE	VIN #	PLATE	CO	TYPE
2	2005	KENW	1NKDX4EX45R087297	YAFB846	INC	LOG TRUCK
3	2003	KENW	1NKDX4EX73R391639	YAEK424	INC	LOG TRUCK
5	2006	KENW	1NKDX4EX86R118648	YARA607	INC	LOG TRUCK
8	2007	KENW	1NKDX4EX07R179266	YAFQ799	INC	LOG TRUCK
9	2005	KENW	1NKDX4EX85R087299	YAEX858	INC	LOG TRUCK
11	2006	KENW	1NKDX4EX36R118640	Y AFC148	INC	LOG TRUCK
12	2006	KENW	1NKDX4EX56R118641	YAFD810	INC	LOG TRUCK
14	2006	KENW	1NKDX4EX36R118637	YAFQ523	INC	LOG TRUCK
15	2006	KENW	1NKDX4EX76R118642	YAFD812	INC	LOG TRUCK
18	2006	KENW	1NKDX4EX56R118638	YAFD814	INC	LOG TRUCK
20	2005	KENW	1NKDGGGG20R104251	YAFS811	INC	LOG TRUCK
25	2007	KENW	1NKDX4EX67R179269	YAFR000	INC	LOG TRUCK
34	2004	KENW	3BKDX4EX04F064739	YAER409	INC	LOG TRUCK
36	2007	KENW	1NKDX4EX27R179270	YARD711	INC	TRUCK
37	2004	KENW	3BKDX4EX74F064740	YAER410	INC	LOG TRUCK
40	2007	KENW	1NKDX4EX47R179271	YARD712	INC	TRUCK
43	2000	KENW	1NKDX60XXYS839679	YAPS463	INC	LOG TRUCK
44	2004	KENW	3BKDX4EX94F064738	YAER411	INC	LOG TRUCK
45	2004	KENW	3BKDX4EX24F064743	YAPW288	INC	LOG TRUCK
64	2003	KENW	1NKDX4EX93R383798	YAEI227	INC	LOG TRUCK
65	2003	KENW	1NKDX4EX03R383799	YAEI235	INC	LOG TRUCK
67	2003	KENW	1NKDX4EX53R391638	YAFS812	INC	LOG TRUCK
100	1980	FORD	R90WVHD7814	YAPT398	INC	SERVICE TRUCK
105	1999	KENW	1NKDGGGG00R828357GL	YAPT399	INC	SERVICE TRUCK
114	2002	KENW	1NKDX4EX72R892657	YAEA394	INC	LOG TRUCK
115	2002	KENW	1NKDX4EX22R897698	YAE703	INC	LOG TRUCK

Thomas H.
IRELAND
INCORPORATED



M31024
TV090611

361 N. Old Pacific Hwy. • Myrtle Creek, OR 97457 • Off. (541) 863-5241 • 1-800-985-5889 • Fax (541) 863-4198

State of Washington
WUTC
PO Box 47250
Olympia, WA. 98504-7250

RECEIVED
MAY 28 2009
WASH. UT. & TP. COMM

RE: Common Carrier Permit Applications

May 26, 2009

Please withdraw the following companies' applications for Common Carrier for the State of Washington:

Charles Ireland III, LLC
Ireland Brothers
Ireland, Robert
Ireland, LLC

Please forward the unused fees and any paperwork to:

Ireland Trucking
361 N. Old Pacific Hwy
Myrtle Creek, OR. 97457

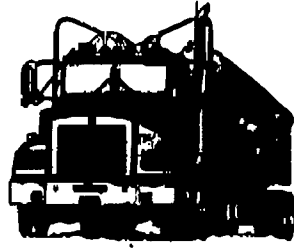
We are sorry for any inconvenience, but at this time we have decided to forgo any unnecessary expense to these companies. We will be registering Thomas H Ireland, Inc. with Washington Secretary of State and pursuing the Common Carrier Status.

Thank you,

Kelly Beach, OM
Thomas H. Ireland, Inc
541-863-5241

wed
2:30
↙

Thomas H.
IRELAND
INCORPORATED



431024
(P)

361 N. Old Pacific Hwy. • Myrtle Creek, OR 97457 • Off. (541) 863-5241 • 1-800-985-5889 • Fax (541) 863-4198

FAX TRANSMISSION

TO: <i>KEN CHAPMAN</i>	DATE: <i>1/10/9</i>
	NUMBER OF PAGES: <i>2</i>
	FAX NUMBER: <i>360-586-1181</i>
ATTENTION:	

FROM: *KELLY*

MESSAGE:

*Ken Here is the Break
down and the
Farm E is on the way*

Thanks

Kelly

FAX NUMBER: (541) 863-4198

Log Handling is Our Business

3/30/2007

Charles E. Ireland Revocable Trust	70	0.37
Charles Ireland Jr.	18	0.10
Patricia Ireland Trust	0	
Robert D Ireland	3	0.02
Francis Ireland	2	0.01
Marilyn Kunkle	2	0.01
Charles Ireland III	1	0.01
Carl L. Ireland	1	0.01
Thomas H Ireland Jr. Trust	80	0.43
Carolyn Ireland Trust	7	0.04
Carla Wigle	2	0.01
Kayla Ireland	1	0.01
John Ireland	1	0.01

ACORD**CERTIFICATE OF LIABILITY INSURANCE**OP ID MI
IREL05CDATE (MM/DD/YYYY)
07/31/09

PRODUCER

KPD Insurance, Inc.
PO Box 784
Springfield OR 97477
Phone: 541-741-0550 Fax: 541-741-1674

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 THE POLICIES BELOW.

INSURED

Thomas H Ireland, Inc
361 N Old Pacific Hwy
Myrtle Creek OR 97457**RECEIVED**

AUG 03 2009

WASH. UT. & TP. COMM

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: American States Insurance Co

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE	\$
					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
					MED EXP (Any one person)	\$
					PERSONAL & ADV INJURY	\$
					GENERAL AGGREGATE	\$
					PRODUCTS - COMP/OP AGG	\$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	01CG582619	06/15/09	06/15/10	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
RE: #450052

CERTIFICATE HOLDER

UTC
PO Box 47250
Olympia WA 98504-7250

UTCOL01

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE