

PART - A

TY-090633

**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: <b>0018373</b>	Safety: <b>4/29/09</b> <i>KWC</i>	Carrier ID#: <b>ML40540</b>
111 0268 200 02 <i>215.00</i>	Insurance: <i>Borden 4/29 KWC</i>	Employee: <i>KWC</i>

**TYPE OF APPLICATION CHECKED**

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 #:

**TYPE OF PAYMENT**

Check  
  Money Order  
  Amex  
  Discover  
  Visa  
  Exp. 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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

**COMMON CARRIER IDENTIFICATION**

CC#: <b>57414</b>	US DOT# (if required): <b>203751</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>601 392 893</b> <i>OK</i>
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APPLICANT NAME: **FedEx Trade Networks Transport - Brokerage, Inc.**      PHONE#: **425-793-1900 Ext. 500**  
 d/b/a: \_\_\_\_\_      FAX #: **425-793-1444**

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **850 SW 7th St, Suite 100**  
 (city, state, zip) **RENTON, WA 98055**

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**  
(Circle individual for sole proprietorship, partnership, or other business information)

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

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

*see attached list for officers*

*which is -> 100% owned By Parent corp - Fedex corporation*

*Ownership - 100% By Fedex TRADE NETWORKS INC*

**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: Tower Group International, INC. PERMIT NUMBER: CC-57414

*April 23, 2009*  
 Signature of current permit holder Date

**INSURANCE REQUIREMENTS**

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating - \$200,000 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.  
*see attached*
- 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 INFORMATION**

UNIT#	LICENSE#	STATE	VIN#
	<u>B67809E</u>	<u>WA</u>	
	<u>A257415</u>	<u>WA</u>	

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.

*Andrew P. Holmes*  
 Signature(s) Date 4/23/09

**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 54988 (877) 584-2333  
 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: Dale Keppner Position: Supervisor Super Transportation

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: Dale Keppner Position: Supervisor Super Transportation

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: Dale Keppner Position: Supervisor Super Transportation

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: Dale Kaupara Position: Supervisor Surface Transportation

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: Dale Kaupara Position: Supervisor Surface Transportation

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.**

Dale Kaupara  
Signature of applicant

4-22-2009  
Date

**FedEx Trade Networks Transport & Brokerage, Inc.****Officers**

Manfred Schardt	Chairman of the Board, President and Chief Executive Officer
Penelope W. Register-Shaw	Senior Vice President and General Counsel
Michelle Miller	Senior Vice President, Chief Financial Officer, & Assistant Treasurer
Mark B. Turner	Vice President – Express Clearance Operations
Ronald W. Berger	Vice President & Chief Information Officer
C. Edward Klank III	Secretary
Leman G. Bown, Jr.	Assistant Secretary
Robert T. Molinet	Assistant Secretary
Burnetta B. Williams	Treasurer
Jerry R. Bateman	Assistant Treasurer
John W. Bell	Assistant Treasurer
Robert L. Brown	Assistant Treasurer
Michael D. Fryt	Assistant Treasurer
Hugh A. Skinner	Assistant Treasurer
Kathryn R. Young	Assistant Treasurer
Judi L. Griffin-Gilder	Assistant Treasurer

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CT CORPORATION SYS

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# State of New York Department of State } ss:

I hereby certify, that the Certificate of Incorporation of **FEDERX TRADE NETWORKS TRANSPORT & BROKERAGE, INC.** was filed on 12/03/1996, under the name of **C. J. TOWER & SONS OF BUFFALO, INC.**, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is a subsisting corporation.

A Certificate of Amendment **C. J. TOWER & SONS OF BUFFALO, INC.**, changing its name to **C. J. TOWER INC.**, was filed 12/08/1987.

A Certificate of Amendment **C. J. TOWER INC.**, changing its name to **TOWER GROUP INTERNATIONAL, INC.**, was filed 09/14/1992.

A Certificate of Amendment **TOWER GROUP INTERNATIONAL, INC.**, changing its name to **FEDERX TRADE NETWORKS TRANSPORT & BROKERAGE, INC.**, was filed 07/08/2002.



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*Witness my hand and the official seal  
of the Department of State at the City  
of Albany, this 18th day of August  
two thousand and four.*

*Secretary of State*

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*M 405400 Perse*

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 03/20/2009
<b>PRODUCER</b> MARSH 1000 RIDGEWAY LOOP ROAD MEMPHIS, TN 38120 Attn: Mattie Washington Ph 901-684-4030	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.	
011482-CASWC-08-09	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>
<b>INSURED</b> FedEx Trade Networks Transport & Brokerage, Inc. 850 SW 7th Avenue, Suite 100 Renton, WA 98005	INSURER A: Hartford Fire Insurance Co	19682
	INSURER B: Hartford Underwriters Insurance Company	30104
	INSURER C: N/A	N/A
	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.

INBR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	<b>GENERAL LIABILITY</b>	20 UEN ND 8592	10/01/08	10/01/09	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GENERAL AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A A	<b>AUTOMOBILE LIABILITY</b>	20 UEN ND 8592 20 MCPKJ 4832	10/01/08 10/01/08	10/01/09 10/01/09	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b>	ANY AUTO			AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS/UMBRELLA LIABILITY</b>				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	20 WEJO 8842	10/01/08	10/01/09	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

<b>CERTIFICATE HOLDER</b> ATL-001715034-02 Washington Utilities and Transportation Commission 1300 S. Evergreen Park Dr. S.W. Olympia, WA 98504	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 90 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 of Marsh USA Inc. William J. Lammell <i>William J. Lammell</i>
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