

*Replacement*

*+V-090 739*

**PART - A**

**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>0018770</b>	Safety: <i>5114109</i>	Carrier ID#: <i>5542</i>
111 0268 200 02 <i>JTS:00</i>	Insurance: <i>5114109</i>	Employee: <i>Dwe</i>

**TYPE OF APPLICATION (check one)**

<input type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<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	
<input type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT</b> (Must be filed within 10 months of cancellation)	For Commission Use Only Auth:

**TYPE OF PAYMENT**

Check    Money Order    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): \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**MOTOR CARRIER IDENTIFICATION**

CC#: <i>59650</i>	US DOT# (if required) <i>835408</i> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602241369</i> ✓
APPLICANT NAME: <i>Bobby Dean Edgman</i>		PHONE#: <i>253-867-2720</i> ✓
d/b/a: <i>Edgman Trucking LLC</i> ✓		FAX #: <i>253-867-2726</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>7808 S. 207th COURT</i>		
(city, state, zip) <i>KENT WA. 98032</i>		
PHYSICAL ADDRESS: (street address, if different)		

**TYPE OF BUSINESS STRUCTURE**  
(check in individual or partnership information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION LLC  
(LP, LLP, LLC) *with per call*

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
Bobby Dean Edman    owner                      100% per call

**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: Bobby Dean Edman                      PERMIT NUMBER: 59650  
Bobby Dean Edman                      5/5/2009  
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--\$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 if necessary)**

UNIT#	LICENSE#	STATE	VIN#
	<u>SEE Attached</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.

Bobby Dean Edman                      5-5-2009  
Signature(s)                      Date

COMPANY TRUCK'S

DRIVERS	TRK #	Lic#	plt	VIN #	MAKE	YEAR	TONAGED	Value
Haz.	Atif	15	A88428X	1FUYDSEB1YLF48418	FRT	2000	105500	\$23,000
Haz	Jason	16	A51789N	1FUY3MDB6TP580453	FRT	1998	105500	\$23,000
Haz	Gerry	20	B75817E	1FUNAHCG91PF97034	FRT	2001	102000	\$50,000
	Frank	30	B75816B	1FUNAHCGX1PF97043	FRT	2001	102000	\$50,000
Haz	Robert	31	A71823U	1FUBSDYB1WP883174	FRT	1998	105500	\$26,000
Haz.	William	33	A71860U	1FUBSDYB3WP893172	FRT	1998	105500	\$26,000
	Dhillon	34	A71861U	1FUBSDYB4WP893170	FRT	1998	105500%	\$50,000
Haz	Sinisa	21	B03187A	1FUY3MDB88SP580887	FRT	1998	105500	\$16,000
	morri	32	A71822U	1FUBSDYB4WP883167	FRT	1998	105500	\$26,000
	Alan	35	B24828K	1FUJA8CK25LU93017	FRT	2005	86000	\$33,000
	mo	36	B24827K	1FUJA8CK55LU93013	FRT	2005	86000	\$33,000
	Bob	37	B25164K	1FUJBBCV05LN49698	FRT	2005	86000	\$30,000
	Elmi	38	B25163K	1FUJBBCV15PN49697	FRT	2005	86000	\$30,000
Haz	Mory	39	B25162K	1FUJBBCV35PN49698	FRT	2005	86000	\$30,000
		11	B25905C	1M2AA14Y1LW005146	mack	1990	105500	\$16,000
		8	AB0186G	1FUY3MDB3RP580855	FRT	1994	86000	\$10,000
Not in rotation								
		6	A21464U	1FUY3MDB66SP580886	FRT	1995	80000	
		7	A02756S	1FUPZCYB5LH410481	FRT	1990	80000	
		19	A60707V	1FUPDZYB3PH468905	FRT	1993	105500	
	part / out.	12	A17651E	1FUYDRYB2LP384434	FRT	1990	105500	

# 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 (800) 512-1800 or (202) 512-1800

### Controlled Substances and Alcohol Testing (Part 382)

Name: Sam Edgeman Position: Safety Manager

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: Sam Edgeman Position: Safety Manager

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: Sam Edgeman Position: Safety Manager

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.

**Driver Hours of Service (Part 395)**

Name: Sam Edman Position: Safety manager

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: Sam Edman Position: Safety manager

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.**

Sam Edman  
Signature of applicant

5-5-2009  
Date

# 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.

Sam Edgeman / Bob Edgeman

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.

Sam Edgeman

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?

Adrienne Calderon Dispatch manager

8. Where are hazardous material shipping papers located during transportation?

Per Sam 5113 on top of Drivers Packet within ADUS Reach at the CONTROLS.

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.

**UNITED STATES OF AMERICA  
DEPARTMENT OF TRANSPORTATION  
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS  
CERTIFICATE OF REGISTRATION  
FOR REGISTRATION YEAR(S) 2009-2011**

**Registrant:** EDGMON TRUCKING, LLC ✓  
Attn: EDGMON BOBBY  
PO BOX 88359  
TUKWILA, WA 98138

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

**Reg. No: 050509 553 040RS Issued: 05/05/2009 Expires: 06/30/2011**

**Record Keeping Requirements for the Registration Program**

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Date: Tue, 5 May 2009 1:23 pm

To Washington Utilities And Transportation Commission,

Edgmon and Son Trucking LLC was owned by two members Bobby D Edgmon and Simeal Edgmon, as of April 15 2009 Simeal Edgmon resigned as a member of the company and sold his 50% ownership interest to Bobby Edgmon.

Bobby Edgmon is keeping the same US DOT/MC, Tax ID, and UBI, numbers, I am asking the Washington Utilities and Transportation to let me keep the same CC#59650

I Simeal Edgmon would like to transfer my existing permit to the new owner Bobby Edgmon/Edgmon Trucking LLC.

  
\_\_\_\_\_



Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Carolina Casualty Insurance Company  
(Name of Company)  
(herein after called Company) of 4600 Touchton Road ,Bldg 1, Suite 400 ,Jacksonville ,FL ,32246  
(Home Address of Company)

has issued to EDGMON TRUCKING LLC of 7808 SOUTH 207 CT ,KENT ,WA ,98032  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/05/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 4600 TOUCHTON ROAD  
BUILDING 100 STE 400  
JACKSONVILLE FL 32246 This 05th day of May 20 09  
(Address) (Day) (Month) (Year)

Insurance Company File No. 350884  
(Policy No)

BETTY SUTHERLAND  
(Authorized Company Representative)  


Underlying Limit :0.00      Liability Limit :1,000,000.00

*Amended name & limit*

RECEIVED  
MAY 11 2009  
WASH. UT. & TP. COMM

*Receiv*

**FORM K  
UNIFORM NOTICE OF CANCELLATION OF  
MOTOR CARRIER INSURANCE POLICIES**

Check Type Cancelled  
BI and P   
Cargo

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

This is to advise that under the terms of a policy or policies issued to:

EDGMON TRUCKING LLC  
(Name of Motor Carrier)

of 7808 SOUTH 207 CT ,KENT ,WA ,98032  
(Address of Motor Carrier)

by Carolina Casualty Insurance Company  
(Name of Company)  
4600 TOUCHTON ROAD  
of BUILDING 100 STE 400 JACKSONVILLE FL 32246  
(Address)

**RECEIVED**  
MAY 11 2009  
WASH. UT. & TP. COMM

said policy or policies, including any and all endorsements forming a part thereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the 16th day of Jun, 20 09, 12:01A.M. Standard time at the address of the insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Insurance Company File No 350884  
(Policy Number)

BETTY SUTHERLAND  
(Signature of Authorized Company Representative)



*Cancellation of A pseudo name &  
Limit*