

**PART - A**

*TV-090886*

**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)

*amg/09*

<b>FOR OFFICIAL USE ONLY</b>		
Reception Number: <b>0018962</b>	Safety: <i>[Signature]</i>	Carrier ID#: <b>5574</b>
111 0268 200 02 <i>275.00</i>	Insurance: <i>[Signature]</i>	Employee: <b>WUC</b>

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	

<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: _____
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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 document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): *Denise A Ito*      Date: *6/3/09*

Signature: \_\_\_\_\_      Title: *Agent*

CC#: <i>63612</i>	US DOT# (if required): <i>189 8228</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>Applied For 601-521-957</i>
APPLICANT NAME: <i>Franklin E. Overton</i>		PHONE#: <i>509-266-4051</i>
d/b/a: <i>FE Transport</i>		FAX #: <i>509-453-3936</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>61 Cross Rd.</i>		
(city, state, zip) <i>Pasco WA 99301</i>		
PHYSICAL ADDRESS: (street address, if different)		

Attr: Ken

Did you get this to go through

PART - A

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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: 111 0268 200 02	Safety:	Carrier ID#:
	Insurance:	Employee:

TYPE OF APPLICATION (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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only  
Aut

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): Denise A Ito Date: 6/3/09

Signature: \_\_\_\_\_ Title: Agent

NUMBER OF CARRIER IDENTIFICATIONS

CC#:	US DOT# (if required) 189 8228	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Applied For
APPLICANT NAME:	<u>Franklin E. Overton</u>	PHONE#: 509-266-4051
d/b/a:	<u>FE Transport</u>	FAX #: 509-453-3936
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>61 Cross Rd.</u>		
(city, state, zip) <u>Pasco WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different)		



## 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) 838-1850  
 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 Substance and Alcohol Testing (Part 382)

Name: Franklin E. Overton 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 393)

Name: Franklin E. Overton 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: Franklin E. Overton 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.

**Hours of Service - Part 395**

Name: Franklin E. Overton 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: Franklin E. Overton 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.***

Franklin E. Overton

Signature of applicant

6/3/09

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**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to FRANKLIN E OVERTON, DBA: FE TRANSPORT of 61 CROSS RD, PASCO, WA 99301 a policy or policies of insurance effective from 08/01/2009 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 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 4th day of August, 2009

Insurance Company File No. CA 04280117  
(Policy Number)

  
(Authorized Company Representative)

MC1633a(08/99)

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