PART - A 74-090886

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

Telephone (360) 664-1222 – Fax (360) 586-1181
Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)							
ACCIPATION NEW TOTAL CONTROL OF THE PROPERTY O							
Reception Number 0018962 Safety:	Carrier ID#: 557 4						
111 0268 200 02 775.00 Insurance: V	Employee: といこ						
New Common Carrler Permit Authority, or	ELC/K (Cheek Offe)						
Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority						
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only:						
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□ Check □ Money Order □ Amex □ Discor	/er □ Masterca: Evoiration Date						
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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): Desise A 140	Date: 6/3/09						
Signature:	Title: Baend						
(A)(#PROPERTY (A	His His Carle (cylusical)						
CC#: 63612 US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Appl: 601-521-957 PHONE#: Pencall de						
APPLICANT NAME: Franklin E. OV	PHONE#: Pencall old enton 509-266-405/						
d/b/a: FE Transport	FAX#: 509-453-2936						
BUSINESS (MAILING) ADDRESS:	<i>h</i> c						
(street address, P.O. Box) 6/ Cros	JRS.						
(city, state, zip)	WA 99301						
PHYSICAL ADDRESS: (street address, if different)							
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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)							
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□ Check □ Money Order	□ Amex □ Disco	ver □ N	lasterca	rd ≫Visa	Evniration Data		
CERTIFICATION: I, the angeragned, under penalty for talse 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):							
Signature:	_	7	itle:	Daend			
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CC#: US DOT#	(if required) 8タ28			IFIED BUSINE	SS IDENTIFIER (UBI) #:		
APPLICANT NAME: Frankli		e d	``	PHONE#:	09-266-4051		
d/b/a: FE Transpo				FAX#:	09-453-3936		
BUSINESS (MAILING) ADDRES (street address, P.O. Box)	s: 61 Cros	r5 R	 بلر				
(city, state, zip)	Pasco		JA_	99301	.*		
PHYSICAL ADDRESS: (street address, if different)							
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M INDIVIDUAL	□ PAR	TNERSHIP	CORPORA	ATION - STATE OF INCOR	PORATION			
NAME		TITLE	STO	K DISTRIBUTION OR PER	RCENTAGE OF SHARE			
NAME Franklin	E. Ov	entas	00	ner 100	70			
	6.46	V. S.			Company of the Compan			
Complete this se holder and permit of the permit nun	it number to	are transfe	rring an existing p	ermit to a new owner. List r permit holder must sign bel	name of <u>current</u> permit ow to authorize the transfer			
NAME ON PERM	ИТ:	,		PERMIT N	UMBER:			
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l l as applicant	understen	d that the	filing of this appli	ication does not in itself c	onstitute authority to			
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								
hereby declare knowledge and	and affirm belief	i that the ii	nformation conta	inea in this application is t	True to the best of thy			
The state of the s	Another de la							
Signable Edward All Stog								
	Signa	ture(s)			Date			
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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 Williamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183 Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

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Name:	Fi	rklin	E.	Overt	on	_Position:_		مرس	170		
Ea	ch com	pany musi	mainta	ain a complete	Driver	Qualificatio	n File fo	or each e	mployee	(whether	permanent,

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: Franklin E.	- I	Position:	, чэтиникте честоль — <u>даганинынын т. 24.45</u> 4.64.64.	
Each company must maintain drives a motor vehicle. If comdriver," a record of duty status he/she exceeds the 100 air-m Note: Reference 49 CFR, Pa	true and accurate he pany's operations m is acceptable. A dri ile radius or he/she	ours of service reconect all requirements liver must complete exceeds 12 hours.	rds for each individual	idius
		7.7.5 (e %)		
Name: Franklin E.	Overton	Position:	owner	
Part 396.11 requires that drive used each day. Refer to Part	ers prepare a written 396.11 for a descrip	"Driver Vehicle Insp tion of the required	pection Report" on eac content of this report.	h vehicle
Each motor carrier must main (see Part 396.3(b)).	tain certain required	records for each ve	hicle that includes the	following
operations to be pe	the nature and due rformed.		ection and maintenand their date and nature.	ce
All companies must comply w must inspect, or have inspecte preceding 12 months.				
My signature below certifies comply with all the safety re	equirements which			d I will
Franklin EOVe	And Il		6/3/09	
Signature of applicant	• (- 2		Date	
Please ask for technical assistar	nce if you require inform	mation on any of thes	e 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)

MC1633a(08/99)

Authorized Company Representative

IRB3539B