

TV-090917

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>0018982</b> 111 0268 200 02 <i>HTS.D</i>	Safety: <i>6117109</i>	Carrier ID#: <i>5577</i>
	Insurance: <i>6117109 Borden</i>	Employee: <i>WWE</i>

TYPE OF APPLICATION

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: Auth #

TYPE OF PAYMENT

Check  Money Order  [Redacted] Expiration Date: [Redacted]

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): RUTH CARLISLE Date: 6-12-09

Signature: \_\_\_\_\_ Title: MANAGER

MODE OF CARRIER IDENTIFICATION

CC#: 22880 US DOT# (if required) 601779 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-928 624 ✓

APPLICANT NAME: RUTH CARLISLE PHONE#: 509-829-5421 ✓

d/b/a: HTI, LLC FAX #: 509-829-5336 ✓

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1560 HIGHLAND DRIVE ✓

(city, state, zip) Zillah Wash. 98953

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA  
(LP, LLP, LLC) ✓ PerCell

**NAME** Ruth Carlisle    **TITLE** Manager    **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE** 100%

**TRANSFER 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: HIGHLAND TRANSPORT, INC.    PERMIT NUMBER: CC228804  
Ruth Carlisle    6-12-09  
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**

UNIT#	LICENSE#	STATE	VIN#
<u>See ATTACHED PAPER</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.

Ruth Carlisle    6-12-09  
Signature(s)    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. Kellor & 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: Ruth Carlisle Position: 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).



Name: Ruth Carlisle Position: 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



Name: Ruth Carlisle Position: 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.

Part 395.1(e) Hours of Service (Part 395)

Name: Ruth Carlisle Position: 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: Ruth Carlisle Position: 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.**

Ruth Carlisle  
Signature of applicant

6-12-09  
Date

HTI, LLC

DATE: 6-12-2009

EQUIPMENT LIST

<u>TRUCK #</u>	<u>YEAR</u>	<u>MAKE</u>	<u>BODY TYPE</u>	<u>VIN#</u>
1	2000	INTERNATIONAL	TRACTOR	2HSCNAMR2YC072794
2	1996	INTERNATIONAL	TRACTOR	1HSRDALR5TH217391
3	1996	INTERNATIONAL	TRACTOR	1HSRDALR9TH217393
4	2002	INTERNATIONAL	TRACTOR	2HSCNAMR12C026168
5	1996	INTERNATIONAL	TRACTOR	1HSRDALR8TH217384
7	1996	INTERNATIONAL	TRACTOR	1HSRDALR3TH217387
10	2000	INTERNATIONAL	TRACTOR	2HSCEAMR9YC071125
11	1998	INTERNATIONAL	TRACTOR	1HSRSAMR8WH556218
13	1996	INTERNATIONAL	TRACTOR	1HSRDALRXTH217385

6 2002 Int.

Tractor

2HSCEAMR82C033232

6-12-09

I would like to release my CC #  
22880 and allow it to be transferred  
to HTI, LLC.

Thank you. Any questions, please call  
Larry at 509-728-1823.

LARRY CARLISLE

*Larry Carlisle*

<b>ACORD™ CERTIFICATE OF LIABILITY INSURANCE</b>		DATE (MM/DD/YYYY) 06/16/2009
PRODUCER 509.452.6506 FAX 509.452.6520 Chadwick Truck Insurance, LLC. P.O. Box 10088 Yakima, WA 98909		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 HTI LLC 1560 Highland Dr Zillah, WA 98953		
		INSURERS AFFORDING COVERAGE
		NAIC #
		INSURER A: Empire Fire & Marine Ins 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 LTR	ADD'L 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 type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TBA	06/16/2009	11/30/2009	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> 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 AUTO ONLY: EA ACC 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 \$
A		OTHER CARGO LIABILITY	TBA	06/16/2009	11/30/2009	PER AUTO: \$25,000 DEDUCTIBLE: \$1,000 BROAD FORM COVERAGE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
 FORM E SOON TO FOLLOW FROM INSURANCE COMPANY  
 CC# 22880

**CERTIFICATE HOLDER**

**CANCELLATION**

W U T C P O BOX 47250 OLYMPIA, WA 98504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Edward Chadwick/LESLIE <i>Edward Chadwick</i>
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