

PART - A

TV 091176

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)

RECEIVED

Done 8/24/09
JUL 24 2009

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 0019136	Safety: <i>00</i>	Carrier ID#: 5635
111 0268 200 02 275.00	Insurance: <i>00</i>	Employee: <i>00</i>

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	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration 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): Laura Razo Date: 7/19/09
 Signature: Laura Razo Title: ASSISTANT / Translator

MOTOR CARRIER IDENTIFICATION

CC#: 63658	US DOT#: 1895142	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602937909
APPLICANT NAME: Jose Razo		PHONE#: 509-619-9089
d/b/a: Razo Trucking		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 49		
(city, state, zip) Pasco WA 99301		
PHYSICAL ADDRESS: (street address, if different) 1531 N 4th St #22		
Pasco WA 99301		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

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: _____ PERMIT NUMBER: _____

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

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 list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	+571 215	Washington	1FUYSSFB2VL 749388

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.

Jose Paz Razo

Signature(s)

7/19/09

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. 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 (866) 512-1800 or (202) 512-1800

Controlled Substances and Alcohol Testing (Part 382)

Name: Jose Paz Razo 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 Drivers License (CDL) Requirements (Part 383)

Name: Jose Paz Razo 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: Jose Paz Razo 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.

Drivers Hours of Service (Part 395)

Name: Jose Paz Razo 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: Jose Paz Razo 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.

Jose Paz Razo

Signature of applicant

7/19/09.

Date



STATE OF WASHINGTON
DEPARTMENT OF REVENUE

July 14, 2009

RAZO JOSE P
RAZO TRUCKING
PO BOX 49
PASCO WA 99301-0049

UBI Number: 602 937 909
PAC Code: R210195A

IMPORTANT! Tax Registration Information. Please keep on file.

Congratulations! You are now registered to operate a business in Washington. Your Unified Business Identifier (UBI) number shown above is also your Department of Revenue (DOR) tax registration number. Please refer to this number any time you contact us for assistance.

Your reporting dates

Your business needs to report taxes **annually**. Your tax return is due January 31 following the taxable period (e.g. January 1 through December 31 of the previous year).

Based on your business open date, the first return you must file is the Annual 2009 return and is due on January 31, 2010. We will mail your return to you.

(over)

Taxpayer Account Administration Division
P O Box 47476 ♦ Olympia, Washington 98504-7476

CHRISTINE O. GREGOIRE
Governor



JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL

PO Box 42614 • Olympia, WA 98504- 2614 • www.wsp.wa.gov

June 1, 2009

RAZO TRUCKING
PO BOX 49
PASCO WA 99301

Dear Motor Carrier:

The following Washington State Patrol Intrastate U.S. Department of Transportation (USDOT) number has been assigned to the carrier shown above.

USDOT# 1895142

Procedure for marking the vehicle/s:

- (1) Appear on both sides of the self propelled commercial motor vehicle;
- (2) Be in letters and numbers that contrast sharply in color with the background on which they are placed;
- (3) Be readily legible, during daylight hours, from a distance of 50 feet while the commercial motor vehicle is stationary; and
- (4) Be kept and maintained in a manner that retains the legibility;
- (5) Markings may be painted on the commercial motor vehicle or may consist of a removable device.

If you have any further questions, please contact Ms. Linda L. Shincke at (360) 596-3816.

Sincerely,

A handwritten signature in cursive script, appearing to read "Darrin T. Grondel".

Captain Darrin T. Grondel
Commercial Vehicle Division

Stieg & Associates Ins. Inc.
P O Box 3807
Missoula, MT 59806
Phone: 406-728-7386 Fax: 406-721-8484

MEMO

Page 1

ACCOUNTING OF
RATR-24

MC

DATE
07/09/2009

Razo Trucking
PO Box 49
Pasco, WA 99301

Dear Jose & Luara,

Re: Driver Booklet

Thank you for choosing Stieg & Associates and myself for your truck insurance needs. I have enclosed a booklet that will give you information on setting up your files and other valuable information. I have also included my card so if have any questions you can give us a call.

I look forward to working with you, and your business means a lot to us.

Thank you,



Chad Messerly

To whom it May Concern.

My name is Larva Razo / Assistant.

this letter is to inform you that we are in the process of getting insurance. we havent got it yet

Because we will be starting until August 15 and thats when our coverage will begin. you can

Contact: -Stleg Associates Inc.
for info at. Po Box 3807
Missoula, MT. 59806.

Phone. 406. 728. 7386.
for info on:

Razo trucking:
Po Box 49
Pasco WA. 99301.

Account # RATR -24.

Thank you. 509-619-9089.

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the GREAT WEST CASUALTY COMPANY (hereinafter called Company)

of PO BOX 277 SOUTH SIOUX CITY NE 68776

has issued to JOSE P RAZO DBA RAZO TRUCKING of 1531 N 4TH #22 PASCO WA 99301

a policy or policies of insurance effective from 8/1/09 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 2950 E GOLDSTONE, MERIDIAN, ID 83642

this 3RD day of AUGUST, 2009

Insurance Company File No. GWP64648A
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)