

PART - A

TV-091256

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)

Handwritten signature/initials

FOR OFFICIAL USE ONLY

Reception Number: # 19186	Safety: OK	Carrier ID#: M43824
111 0268 200 02 225-	Insurance: OK	Employee: [Signature]

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<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 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 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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 61898	US DOT#: 1394396	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602518043
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APPLICANT NAME: Juan Montoya	PHONE#: 509/431-2879
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d/b/a: JCM Transport	FAX #:
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)

(city, state, zip) PO Box 327 Royal City WA 99357

PHYSICAL ADDRESS: (street address, if different)

WASHINGTON
1905 **UTC** 2005
UTILITIES AND TRANSPORTATION
COMMISSION
Celebrating 100 Years

1300 South Evergreen Park Drive SW
P.O. Box 47250
Olympia, WA 98504-7250
Telephone: 360-664-1222
Fax: 360-566-1181

MC#: _____ (If applicable) US DOT#: _____ (If applicable)

NAME: Juan Montoya

COMPANY NAME: JCM Transport

ADDRESS: P.O. Box 327

CITY, STATE, ZIP: Royal City, WA 99357

TELEPHONE NUMBER: (509) 431-2879

TYPE OF CREDIT CARD:
(check one)
 VISA MASTERCARD DISCOVER AMERICAN EXPRESS

EXPIRATION DATE: 02-12 AMOUNT: 275.00

CERTIFICATION

I, the undersigned, under penalty for false statement, certify that the information is true, valid, and correct and that I am authorized to execute and file this document on behalf of the applicant.

NAME (Printed): Juan Montoya Cedillo

SIGNATURE _____ DATE: 8-01-09

WUTC USE ONLY
AUTHORIZATION NUMBER: 0019186 STAFF MEMBER _____
RECEPTION NUMBER: 275.00

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) 838-1660
J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54956 (877) 564-2333
Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5032 (503) 236-1183
US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20540 (866) 512-1800 or (202) 512-1800

Name: Juan Montoya 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).

Name: Juan Montoya 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 any 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: Juan Montoya 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.

Name: Juan Montoya 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

Name: Juan Montoya 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.

Juan Montoya
Signature of applicant

8-01-09
Date

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S. Evergreen Park Drive S.W., P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222

MONTOYA, JUAN
JCM TRANSPORT
P.O. BOX 327
ROYAL CITY, WA 99344

PERMIT: CC-61898
DATE: 07-29-2005

INTRASTATE COMMON CARRIER PERMIT

*Pursuant to the provisions of Chapter 81 RCW, THIS IS TO CERTIFY that authority is granted to operate as a
COMMON CARRIER in the transportation of:*

GENERAL COMMODITIES IN THE STATE OF WASHINGTON

EXCLUDING:

Household Goods
Hazardous Materials
Armored Car Service

**WASHINGTON UTILITIES AND TRANSPORTATION
COMMISSION**

By Colleen Smith
for Carole J. Washburn

NOTE: A copy of this permit MUST be carried in each vehicle being operated under this authority.

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

DEWY 3829

INTERSTATE JR5
CC7213

07/28/2009 07:49 AM 6BF3D 12516
(Executed in duplicate)

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMM.
(Name of Commission)

(hereinafter called commission)

This is to certify, that the CORNHUSKER CASUALTY COMPANY
(Name of Company)

(hereinafter called company) of 9290 W DODGE ROAD OMAHA, NEBRASKA 68114
(Home Office Address of Company)

has issued to JUAN MONTOYA
DBA: JCM TRANSPORT (Name of Motor Carrier)

of 414 JUNIPER CIRCLE
(Address of Motor Carrier)

ROYALCITY WA 99357

a policy or policies of insurance effective from 07-27-2009, 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 9290 W DODGE ROAD OMAHA, NEBRASKA 68114
this 13 day of JUL, 2009

[Signature]
(Authorized Company Representative)

Insurance Company File No. 10 HAA002320
(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)). MC 1633

PO. Box 327

mailed cc packet 7-29-09

CC 61898
MC-529907

Ivan
Kilvetz

509 431-2879
509-346-1399