ACT BUSINESS Truck Permit Dept P.O. Box 126 Elsa. TX 78543



PART - A

11-091251

WASHINGTON UTILITIES AND TRANSPORT 1300 S Evergreen Park Dr SW, PO B Olympia. WA 98504-7250

Telephone (360) 664-1222 – Fax (360) Intrastate Common Carrier Operating QUESTIONS? CALL LINDA ACT BUSINESS/TRK PERMITS (956) 262-4902

APPLICATION FOR PERM (excluding Household Goods and Common Carrier Brokers HER HITORIOPPICIAL USE ONLY WAS AND BURELY Carrier ID#: Safety: Reception Number: Employee; Insurance: 111 0268 200 02 प्रमुख्यातः श्रम्भाताः प्रतिप्रमुख्या नुष्टम् नृतिमुख्य **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE M GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS \$275 ARMORDED CAR SERVICE GENERAL COMMODITIES, Including \$100 HAZARDOUS MATERIALS and ARMORED CAR GENERAL COMMODITIES, including \$275 HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE For Commission \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth #: (Must be filed within 10 months of cancellation) THE REPORT OF PAYMENT AND THE PAYMENT Expiration Da. ☐ Discover ☐ Mastercard Wisa □ Money Order ☐ Amex ☐ Check 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): ARTURD Date: Title: Signature GARRIER DENTIFICATION EN MUMBE WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# CC#: PHONE# APPLICANT NAME FAX #: BUSINESS (MAILING) ADDRESS: 60 (street address, P.O. Box) (city, state, zip) Edinburg PHYSICAL ADDRESS: (street address, if different) "Camp !

(chask individual complete partnership corporation – STATE OF INCORPORATION (IP 11 P. 11 C.)	TX	
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE  Juan S. Balderas, Pres (00%)		
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:  PERMIT NUMBER:		
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 rating \$300,000 in Public Complete and submit the The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Fitness	ne applicant WILL azardous s requiring \$5 in Public Liability operty Damage ce. Complete omit the Safety Survey – is 1 and 2.	
to complete the Safety Fitness Survey.  UNIT# LICENSE# STATE VIN#  (013 RB8 K09 TX IXP5DB9X31D52)  (014 RB8 K10 TX IXP5DB9X8 4D503	8520 8483	
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.  7-3/-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. 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

S Government Printing Office, 732 N. Ozpital Supplies
कुर्गात्रामा जिल्लाहरू होता <u>१/१३०) जिल्ला (१</u> न्तर १८४२)
Jame: Juan S. Balderas 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).
Genima(ក្នានារាកម្មខុន Llasnsa (GML) (វេញแប្រាកម្មក្នុង (Part និងប្រ
Name: Juan S. Balderas 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  - 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 Regulements (Par. 394)
Name: Juan S. Naliacias Fosicionis
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 EMCSR 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.

क्रमण्यात्व विकास का अंगणाद्वा (स्थित <u>अं</u> गल)		
Name: Juan S. Balderas Position:	OWNER_	
Each company must maintain true and accurate hours of service record drives a motor vehicle. If company's operations meet all requirements of driver," a record of duty status is acceptable. A driver must complete a 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	ls for each individual that of the "100 air mile radius driver's daily log book when	
<u> </u>	Part (1986)	
Name: Juan S. Balderas, Position:	owner	
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspe used each day. Refer to Part 396.11 for a description of the required c	ection Report" on each vehicle content of this report.	
Each motor carrier must maintain certain required records for each velosee Part 396.3(b)).	nicle that includes the following	
<ul> <li>Identification of the vehicle</li> <li>A means to indicate the nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>		
All companies must comply with Part 396.17 dealing with Periodic insp must inspect, or have inspected, all motor vehicles subject to its contro preceding 12 months.	pections. Each motor carrier ol at least once during the	
My signature below certifles that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.  1-31-09  Date		
Signature of applicant	Dale	