

PART - A

TV-091266

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

*mf/6/09*

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

0019189

FOR OFFICIAL USE ONLY

Reception Num: 111 0268 200 02 <i>275.00</i>	Safety: <i>AD</i>	Carrier ID#: <i>5654</i>
Insurance:	Employee:	

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 C Auth ..
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input checked="" 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): Gabriel Bravo Date: 7-21-09  
Signature: \_\_\_\_\_ Title: 7-21-09

MOTOR CARRIER IDENTIFICATION

CC#: <u>62674</u>	US DOT# (if required): <u>192112410</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>6029434110</u>
APPLICANT NAME: <u>Gabriel Bravo</u>		PHONE#: <u>509-947-3678</u>
d/b/a: <u>G M G</u>	FAX #: <u>[Redacted]</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>814 S 7TH LANE</u> (city, state, zip) <u>PASCO WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different)		

*please pay*

*no fax #?*

*Please Rush - has a job waiting*

**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  
*Gabriel Bravo owner*

**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 shown)

- 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 (also additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
<i>2</i>		<i>WA</i>	<i>1FU43MDB2VP667981</i>

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.

Gabriel Bravo                      7-21-09  
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 54956 (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: Gabriel Bravo Position: owner driver

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: Gabriel Bravo Position: owner driver

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: Gabriel Bravo Position: owner driver

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: Gabriel Bravo Position: OWNER DRIVER

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: Gabriel Bravo Position: OWNER DRIVER

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.***

Gabriel Bravo

Signature of applicant

7-21-09

Date

LS3/N46465

**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 **NATIONAL INDEMNITY COMPANY** (hereinafter called Company)

of **3024 HARNEY STREET** **OMAHA, NE 68131**

has issued to **GABRIEL BRAVO** of **814 S. 7<sup>TH</sup> LN** **PASCO, WA 99301**

a policy or policies of insurance effective from **7/27/09** 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 **3024 HARNEY STREET** **OMAHA, NE 68131**

this **4<sup>TH</sup>** day of **AUGUST**, 2009

Insurance Company File No. **70TRS 011524**  
(Policy Number)

**JOHN MCDONALD**  
(Authorized Company Representative)



**Master License Service**  
 Department of Licensing  
 PO Box 9034  
 Olympia WA 98507-9034  
 Telephone: (360) 664-1400  
 www.dol.wa.gov

Information provided may be subject to disclosure under the public disclosure law (RCW 42.56)



Bravo Gabriel  
 Legal Entity/Owner Name  
602 943 411  
 Unified Business Identifier (UBI)  
 Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

Empty box for validation use.

01P-400-925-0003

**Master Business Application**

For faster service - Apply online @

www.dol.wa.gov

or print in dark ink and mail to Master License Service

**1. Purpose of Application**

Please check all boxes that apply.

<input type="checkbox"/> Open/Reopen Business complete sections 2, 3, 4, (5 if hiring employees) and 6	<input type="checkbox"/> Add License/Registration to Existing Location complete sections 2, 3, 4, and 6
<input type="checkbox"/> Open Additional Location complete sections 2, 3, 4, (5 if hiring employees) and 6	<input type="checkbox"/> Hire Employees complete all sections
<input type="checkbox"/> Change Ownership complete sections 2, 3, 4, (5 if you have employees) and 6	<input type="checkbox"/> Hire Employees Under Age 18 complete all sections
<input type="checkbox"/> Register Trade Name complete sections 2, 3, 4 and 6	<input type="checkbox"/> Hire Persons to Work In or Around Your Home complete all sections
<input type="checkbox"/> Change Trade Name - complete sections 2, 3, 4 and 6	<input type="checkbox"/> Other - complete all sections _____

Indicate name to be cancelled: \_\_\_\_\_

Change Location - complete sections 2, 3, 4 and 6

Indicate old address to be closed: \_\_\_\_\_

**2. Licenses and Fees**

Use the License Fee Sheet for the information needed to complete this list.

Indicate Registrations Needed:	Fees Due
<input type="checkbox"/> Tax Registration - Do you want a separate tax return for each business? <input type="checkbox"/> Yes <input type="checkbox"/> No	No Fee
<input type="checkbox"/> Industrial Insurance (Workers' Compensation) - Required if you will have employees.	No Fee
<input type="checkbox"/> Unemployment Insurance - Required if you will have employees.	No Fee
<input type="checkbox"/> Minor Work Permit - Required if you will have employees under age 18.	No Fee
<input checked="" type="checkbox"/> New Trade Name (Doing Business As): <u>GMG</u>	\$ 5.00
Indicate Additional Trade Names (\$5 each name) and Other Licenses (such as Lottery Retailer):	
➤ _____	\$
➤ _____	\$
➤ _____	\$
➤ _____	\$
➤ _____	\$
➤ _____	\$
➤ _____	\$

RECEIVED  
 AUG 03 2009  
 DEPT. OF REVENUE  
 YAKIMA

Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 15.00

Total Amount Due \$ 20.00

Make check payable to the WASHINGTON STATE TREASURER.

If you need assistance through the telecommunications device for the deaf, please call TTY (360)664-8885. To request this document in an alternate format for the visually impaired, call (360)664-1400.