PART - A

+4-091346

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	APPLICATION FOR PERIVIT (excluding Household Goods and Common Carrier Brokers)						
EORIGIA	HIBSEONLY IN THE STATE OF THE S						
Reception Number, ULIX90 Safety: 8/26	109 Carrier ID#: 5685						
111 0268 200 02 375,00 Insurance: 9/2	6 Bruder Employee: Kue						
	ATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	5100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMO	N CARRIER PERMIT For Commission Use Only: Auth #:						
TYPE OF I	PAYMENT						
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☑	Mastercard □ Visa Expiration Date						
 -	· · · · · · · · · · · · · · · · · · ·						
CERTIFICATION: I, the undersigned, under penalty for false stateme	nt, certify that the following information is true and correct, that I am						
authorized to execute and file this document on behalf of the applicar	nt, and that all information on file is current and valid.						
Name (printed) ANGIE (ARZA	Date: 8-24-69						
Signature:	Title: BOXICEPER						
U MUTUR CARRIER	<u> </u>						
CC#: 63698 US DOT# (if required)	V WAUNIFIED BUSINESS IDENTIFIER (UBI) #: V 602 - 948 - 647						
APPLICANT NAME: ALVARO SAN	TILLAN, PHONE#:509) 760-6410						
d/b/a: SANTILLAN DRUCKING V FAX#: (509) 4X8-2084							
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)							
(city, state, zip) ROYAL CITY WA 99357							
PHYSICAL ADDRESS: (street address, if different) 425 BEACH AVE NE							
ROYAL CITY, WAD. 99357							

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information) (check individual or complete partnership/corporation information or new owner. List name of current permit individual information information on new owner. List name of current permit individual information information information on new owner. List name of current permit individual information informati	n. 00 01:43p	D And A Ser	vices	5094882084		
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INDIVIDUAL C PARTNERSHIP CORPORATION - STATE OF INCORPORATION CLP, LLP, LLC)		TYPE OF	BUSINESS	STRUCTURE (compration information)	VI.	
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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

Villamette transcoureau, Toous NE Cameron bivo, Portana, OK 97230-5030, (503) 235-1163
US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

J. J. Keller & Associates, Inc. J. J. Keller & Associates, Inc	C 20401 (600)
US Government Printing Office, 732 N. Capital US Government Printing	Testing (Part 382)
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SANTILIM Position:	Controlled Substance a
Name: AWARD SANTIUM Position:	a CDL must be in a Common Part 40.
Name: AUARD SANTIUM Position: Any person who drives a commercial motor vehicle requiring a commercial motor vehicle requi	CFR Part 302

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) Position:

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle must have a valid CDL. The definition of a commercial motor vehicle is: weight rating of more than 10,000 pounds; or
 - has a gross vehicle weight rating of 26,001 pounds or more; or

 - is of any size and is used to transport hazardous materials of an amount that requires placarding under is designed to transport 16 or more passengers, including the driver; or

(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)

MINEN ANTILLAM Position:_ Name:

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

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 FMCSR Part 391.51 maintain a complete file on themselves and any casual or intermittent driver that they may use.

Drivers Hours of Service (Part 395)							
Name: ALVARU SANTILLAN Position: MINER							
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: ALVARO SANTILAN Position: MNER.							
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.							
Xalvoro Kontillan							
Signature of applicant Date							

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		,	ROYAL CITY	WA 9935	1		INSURER E:	INSURER E:			
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AN M	IY RE	QUIR RTAI	REMENT, TERM OR N. THE INSURANC	CONDITION (E AFFORDED	ΓΕ ΔΝΙΎ CONTRACT ΟΙ	R OTHER DOC SCRIBED HERI	CUMENT WITH RES EIN IS SUBJECT TO AIMS.	SPECT TO WHICH TH DIALL THE TERMS, E	PERIOD INDICATED. NOTV HIS CERTIFICATE MAY BE IS XCLUSIONS AND CONDITIO	SSUED OR	
INSR LTR	ADD'L INSRD		TYPE OF INSURA	ANCE	POLICY NUM	BER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S	
		GEN	ERAL LIABILITY						EACH OCCURRENCE	\$	
			COMMERCIAL GENER	RAL LIABILITY					PREMISES (Ea occurence)	\$	
			CLAIMS MADE	OCCUR					MED EXP (Any one person)	\$	
		_							PERSONAL & ADV INJURY	\$	
									GENERAL AGGREGATE	\$	
		GEN	L AGGREGATE LIMIT						PRODUCTS - COMP/OP AGG	\$	
— А		AUT	POLICY PROJECT OMOBILE LIABILITY ANY AUTO	LOC	GWP65217A		08/25/09	08/25/10	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,000,000	
•		x	ALL OWNED AUTOS SCHEDULED AUTOS		J/12 0 0 2 2 / 11		00, 20, 00		BODILY INWRY (Per person)	\$	
		X	HIRED AUTOS	;					BODILY INJURY (Per accident)	\$	
									PROPERTY DAMAGE (Per accident)	\$	
		GAF	RAGE LIABILITY						AUTO ONLY - EA ACCIDENT	\$	
			OTUA Y/A						OTHER THAN EA ACC		
	ļ								EACH OCCURRENCE	\$	
		EXC	ESS/UMBRELLA LIAE	CLAIMS MADE					AGGREGATE	\$	
			OCCUR	CLAIMS MADE						\$	
			DEDUCTIBLE							\$	
	İ		RETENTION \$					j		\$	
	1		COMPENSATION AN	ID					WC STATU- OTH- TORY LIMITS ER		
			:RS' LIABILITY PRIETOR/PARTNER/E)	KECUTIVE					E.L. EACH ACCIDENT	\$	
	OFFI	CER/I	MEMBER EXCLUDED						E.L. DISEASE - EA EMPLOYER		
	SPE	CIAL F	cribe under PROVISIONS below						E.L. DISEASE - POLICY LIMIT	\$	
_	OTH		. /				00/05/00	08/25/10	\$1000 DED	\$100,000	
A	1)/BROAD FOR		GWP65217A GWP65217A		08/25/09 08/25/09		\$1000 DED	COMP & COLL	
DES			CAL DAMAGE FOPERATIONS/LOC		CLES / EXCLUSIONS ADD	ED BY ENDORS			72000 222		
					CHANGE \$8,000) LIMIT	/ \$1,000 DE	ED COMP & Co	DLL		
			-586-1181/	Attn: K	en				<u> </u>		
CE	RTIF	IC/	ATE HOLDER				CANCELLA			D DEFODE THE EVERY TO	
WUTC000 WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA WA 98504-7250				DATE THEREC NOTICE TO TH IMPOSE NO OI REPRESENTA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.						
							AUTHORIE DEPRESENTATIVE				

ACOBD 25 (2004/08)

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