

PART - A

7V-091408

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)

WAIVED

FOR OFFICIAL USE ONLY

Reception Number: <u>CC 068101</u>	Safety: <u>9/5/09</u>	Carrier ID#: <u>40347</u>
111 0268 200 02	Insurance: <u>9/3/09</u>	Employee: <u>RWC</u>

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	

\$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 other 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): CLEY CLARK-GARCIA Date: 9-1-09

Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: <u>060701</u>	US DOT# <u>1049376</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601 714 404</u> ✓
APPLICANT NAME: <u>CLEY CLARK-GARCIA</u> ✓	PHONE#: <u>509-422-0825</u>	CELL#: <u>509-989-4429</u>
d/b/a: <u>CLARK TRUCKING</u> ✓	FAX #: <u>509-422-0825</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. BOX 1427</u> (city, state, zip) <u>OMAK, WA 98841</u>		
PHYSICAL ADDRESS: (street address, if different) <u>304 SPOKANE ST.</u> <u>ORANOGAN WA 98840</u>		

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**

CLEY CLARK-GARCIA 100% ✓

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#
512	85165 PR	WA	1XKADB9X2NS576578

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.

Cley Clark-Garcia
Signature(s)

9-1-09
Date

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)

X Name: *Clay Clark* 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)

X Name: *Clay Clark* 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.

Cley Clark-Garcia
DBA/Clark Trucking
P.O. Box 1427
Omak, Wa 98841
509-989-4429 cell

August 31, 2009

Washington Utilities and Transportation Commission
1300 S Evergreen Park Dr. SW
PO Box 47250
Olympia, WA 98504-7250

RE: CC#060701 Protest of Cancellation With Out Notification

Dear Mr. Dave Pratt

I switched insurance carriers and they found out that you have canceled my CC Number which is 060701. So I called UTC to see what was wrong and found out that I have been canceled since late 2007. I do not understand. My mailing address has not changed at all and I have never been notified of the cancellation. And I have also always carried insurance.

My wife has been speaking with a gentleman that said some thing about our physical address is put before our mailing address. This makes no sense, since we have never changed our mailing address. There is no hard file on me either. I have been lost in the system some how. We were told to resubmit an application and pay the \$275.00 a one time fee again! This was paid years ago. I see no reason to pay it again. I would like to have these fees waived and my number reinstated.

This is a mistake in the department and I would like it straighten out as soon as possible please. I feel this is very unfair and unjust to be told that we have to purchase something that I all ready did. I will submit an application and but I see no reason to purchase it again. If you would like I will also send you the insurance I carried durning these years in question.

Please fell free to contact me at 509-422-0825 with any concerns at any time so we may straighten this out quickly.

SINCERELY

CLEY CLARK
DBA/CLARK TRUCKING

Reingate - Rev DP.

RECEIVED
GENERAL MANAGEMENT
2009 SEP - 1 PM 1:21
STATE OF WASH.
UTIL AND TRANSP.
COMMISSION

WUO 347

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 SOUX CITY NE 68776

has issued to **CLEY CLARK GARCIA DBA CLARK TRUCKING** of PO BOX 1427 OMAH WA 98841

a policy or policies of insurance effective from 7/15/09 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 2ND day of SEPTEMBER, 2009

Insurance Company File No. GWP64216A
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)