

PART - A

TV-09/12/24

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)

RECEIVED

CK# 15109 SEP 08 2009

FOR OFFICIAL USE ONLY

Reception Number: <b>019374</b>	Safety:	Carrier ID#: <b>5702</b>
111 0268 200 02 <b>275.00</b>	Insurance:	Employee: <b>12261</b>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	
<input type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)</b>	

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): Daria Roche   Date: 8/31/09  
Signature: DARIA ROCHE   Title: Executive Assistant

MOTOR CARRIER IDENTIFICATION

CC#: 63716   US DOT# 1935569   WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-138-060

APPLICANT NAME: The Shohomish County Council of the Society of St. Vincent de Paul / Shohomish   PHONE#: 425 513 6052  
d/b/a: County District Council   FAX #: 425 513 6051

BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) P.O. Box 2269, Everett, wa 98213-0269  
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) 6424 Broadway Everett wa 98203

*Replacement*

*nonprofit corp*

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION SD/C3  
(LP, LLP, LLC) WA

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
See attached

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: The Snohomish County Council                      PERMIT NUMBER: 1935569  
of the Society of St. Vincent de Paul  
Naria Roche                      9/11/09  
Signature of current permit holder                      Date

- NO* 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.
- Per call* 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.

UNIT#	LICENSE#	STATE	VIN#
<u>NQR NR300</u>	<u>A81387M</u>	<u>WA</u>	<u>JALE5B14337900518</u> <i>18K</i>
<u>"</u>	<u>A36793W</u>	<u>WA</u>	<u>JALE5B14717901782</u>

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.

Naria Roche                      8/31/09  
Signature(s)                      Date

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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
- 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 B)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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 Driver License Requirements (Part B)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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 B)

Name: DARIA ROCHE Position: Executive Assistant

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.

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Name: DARIA ROCHE 2

Position: Executive Assistant

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: DARIA ROCHE

Position: Executive Assistant

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.***

Daria Roche

Signature of applicant

9/3/09

Date

**St. Vincent de Paul of Snohomish County  
Board of Directors**

**EXECUTIVE BOARD**

Thomas Link, President  
Engineer  
(425) 347 1207

Paul Roth, Treasurer  
VP, Facilities Service Company  
(425) 771-8411

Barb White, Secretary  
Executive Assistant  
(425) 337-0947

James P. Kehoe, Executive Director  
St. Vincent de Paul of Snohomish County  
(425) 513-6053

**BOARD OF CONFERENCE PRESIDENTS**

Barb White  
Office Manager  
(425) 337-0947

Frank Marchi  
Retired Retailer  
(425) 353 2240

Ethel Bronson  
Retired Teacher  
(360) 387-0174

Frauna Hogland  
Retired  
(425) 259-2735

Sr. Rachel Keifer  
Nun  
(425) 778-1456

Lorraine Lenz  
Retired DSHS Supervisor  
(425) 353-2873

Rosemarie Marsh  
Retired Store Cashier  
(360) 403-7782

Roger Guenther  
Retired Engineer  
(425) 771-8411

Jim Bloss  
Retired Social Worker  
(425) 231-5186

Barbara Klokkevold  
Raw Materials Accountant  
(360) 653-6963

Art Freed  
Retired  
(425) 778-9304

Mort Moriarty  
Electrical Services & Construction Engineer  
(425) 806-5377

Richard Ryan  
Real Estate  
(425) 733-2647

Deborah Forgot  
Retired  
(360) 854-0424

Barbara Oos  
Retired  
(360) 293-4421

Jody McGowan  
Accountant  
(360) 428-4863

**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 ~~Zurich American Insurance Company~~ (hereinafter called Company)  
of ~~1400 American Lane, Schaumburg, IL 60196~~

has issued to ~~Society of Saint Vincent De Paul Snohomish County District Council~~  
for ~~6424 Broadway, Everett, WA 98203~~

a policy or policies of insurance effective from ~~06/15/2009~~ 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 ~~10 S. Riverside Plaza, Chicago, IL 60603~~

this ~~22~~ day of ~~September, 2009~~

Insurance Company File No. ~~PAE-937774~~  
(Policy Number)

  
(Authorized Company Representative)

# Arthur J. Gallagher & Co.

The Gallagher Centre, Two Pierce Place, Itasca, IL 60143-3141 - (800) 807-0300 or (630)-694-5425

## CERTIFICATE OF INSURANCE

Name and address of certificate holder  WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA WA 98504-7250	Name and address of the insured  <b>Brothers of the Christian Schools and Affiliates</b> 1205 Windham Parkway Romeoville, IL 60446-1679 Phone: (800) 807-0300  And including: 1134005 SOCIETY OF SAINT VINCENT DEPAUL
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Company	Policy Number	Applicable (See Reverse Side)	Expiration
Princeton Excess & Surplus Lines Ins.Co.	G2-A3-EX0000019-03	A, B, C, D, J	06/15/2010
London and Various Carriers	V093734	A	06/15/2010
TNCRRG Inc	FM10219-12	B, C, J	06/15/2010
Zurich American Insurance Company (All states incl. Puerto Rico)	BAP9377761-06	C	06/15/2010
Safety National Casualty Corporation	SP 2R37-IL	E	01/01/2010
Zurich American Insurance Company	WC9377758-05	F	01/01/2010
Zurich American Insurance Company	WC9377759-05	G	01/01/2010
Hartford Steam Boiler	FBP4909989	I	06/15/2010

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SEP 14 2009

WASH. UT. & TP. COMM

**REMARKS**

EVIDENCE OF AUTOMOBILE LIABILITY AND PHYSICAL DAMAGE COVERAGE (C) FOR SOCIETY OF SAINT VINCENT DE PAUL SNOHOMISH COUNTY DISTRICT COUNCIL, 6424 BROADWAY, EVERETT, WA 98203 WITH RESPECTS TO WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION REGARDING THE 2001 ISUZU NQR VIN JALE5B14717901782 AND THE 2003 ISUZU NQR VIN JALE5B14337900518. THE AUTOMOBILE LIABILITY LIMITS ARE \$1 MIL CSL. COLLISION DEDUCTIBLE: \$250 COMPREHENSIVE DEDUCTIBLE: \$100.

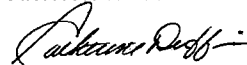
**Cancellation:**

Should any of the above-described policies be canceled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the above-named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company

*"This is to certify that policies of insurance listed above have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term, or condition of any contracts or other document with respect to which the certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions, and conditions of such policies. Limits may be aggregated and the aggregate limits may have been reduced by the paid claims."*

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND, OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED ABOVE.

ARTHUR J. GALLAGHER & CO



Catherine Duffin  
Division Chief Operating Officer

Date: 09/04/2009 NK