



**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION – STATE OF INCORPORATION WA  
(LP, LLP, LLC)

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
DAVID LAHAIE            PRESIDENT                      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#
			SEE ATTACHED LIST

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.

Gregory Garman  
Signature(s)

8-27-09  
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

#### Controlled Substances and Alcohol Testing (Part 382)

Name: GREG GARMAN Position: OPERATIONS MANAGER

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: GREG GARMAN Position: OPERATIONS MANAGER

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: GREG GARMAN Position: OPERATIONS MANAGER

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: GREG GARMAN Position: OPERATIONS MANAGER

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: GREG GARMAN Position: OPERATIONS MANAGER

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.***

Gregory Garman  
Signature of applicant

8-27-2009  
Date

## Evergreen Recycling, Inc. Equipment List

Trucks/Power Units							
Equipment #	License #	State		Type	Year	Make	Model
TRK001	A20271U	WA	1NPFLB0X44D829946	Dump Truck	2004	Peterbilt	378
TRK002	A722768U	WA	1NPFLBEX54D831827	Dump Truck	2004	Peterbilt	379
TRK003	B45448D	WA	1NPFLB0X16D896624	Roll Off	2006	Peterbilt	378
TRK005	B42208C	WA	1NPFLBEX17D731227	Dump Truck	2007	Peterbilt	378
<b>Trailers</b>							
TLR001	5712UR	WA	5RETE04804S046068	Pup	2004	Sturdyweld	DS48SA-HFRS
TLR002	8861RJ	WA	5RETE04804S046069	Pup	2004	Sturdyweld	DS48SA-HFRS
TLR003	4964SH	WA	1C9RS24465992006	Roll Off	2005	Cascon	CCPT-240-4A
TLR005	03755TL	WA	5RETE04827S076449	Pup	2007	Sturdyweld	DS48SA-HFRS

**FAX COVER SHEET**

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**TO**

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**COMPANY**

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**FAX NUMBER** 13605861181

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**FROM** Greg Garman

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**DATE** 2009-09-08 10:06:59 PDT

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**RE** WUTC application for Evergreen Recycling, Inc.

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**COVER MESSAGE**

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Please find attached our application for a WUTC permit number. Please contact me if you need for information or clarification. Thank you.

Greg Garman

Operations Manager Evergreen Recycling, Inc.

PO Box 3971 Seattle, WA 98124

Dir: 206-957-9340

Cell: 206-793-9569

Fax: 206-260-3049



**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 **Western National Assurance Company** (hereinafter called Company)  
of **9706 4th Avenue NE, Suite 200, Seattle, WA 98115-2143**

has issued to **Evergreen Recycling Inc.** of **P. O. Box 3971, Seattle, WA 98124**

a policy or policies of insurance effective from **1/26/08** 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 **9706 4th Avenue NE, Suite 200, Seattle, WA 98115-2143**

this **27th** day of **August**, 2009

Insurance Company File No. **CPP001211005**  
(Policy Number)

**Karim Gulam**  
(Authorized Company Representative)