PART - A

N-091442

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

SEP 11 2009

Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

(w# 5519) (excluding Household Goods and Common Carrier Brokers)					
FOR OFFICIAL USE ONLY					
Reception Number: 0019354 Safety:	Carrier ID#:				
111 0268 200 02 275,00 Insurance: 110	Employee:				
TYPE OF APPLICATION	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	\$100 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 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 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): Donald B. Davidson	Date: Sept 8, 2009				
Signature: President					
MOTOR CARRIER IDENTIFICATION G-146					
CC#: 02170 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:				
U) [A] 0502020					
APPLICANT NAME:	PHONE#:				
Methow Valley Sanitation S	ervice Inc. 509-997-8862				
d/b/a:	FAX #: SO9 - 99 7 - 7 662				
BUSINESS (MAILING) ADDRESS:					
(street address, P.O. Box) P.O. Box 656					
(city, state, zip) Twisp, WA 98856					
PHYSICAL ADDRESS: (street address, if different)	1205 Cascade Drive				

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)							
☐ INDIVIDUAL ☐ PARTNERSHIP ★ CORPORATION – STATE OF INCORPORATION — ↓ ↓ ↓ ↓ (LP, LLC)							
NAME Donald B. Davidson/Pres./25% Dana R. Christiansen/Vice Pres./25% Elizabeth D. Von Krusenstiern/Sec./25% John A. Von Krusenstiern/Treas./25%							
Elizabeth (John A. Von	D. Von K Kruse	rusen: nstier	stiern/Se n/Treas./	c./	\\ 2 \(5 \(\gamma_c \) \(5 \(\gamma_c \)		
					MIT NUMBER		
Complete this se holder and perm of the permit nur	it number to	are transfe be transfe	rring an existing parred. The current	ermi perr	t to a new owner. List na nit holder must sign belo	nme of <u>current</u> permit w to authorize the transfer	
NAME ON PERM	MIT:				PERMIT N	JMBER:	
Signature of cu	Signature of current permit holder Date						
	IN	SURANC	E REQUIREM	EN	TS (must check one	wutcady has	
	(per		be issued until ac	cept	able insurance is receive	d) -> a - o - + 1 -	
NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating-\$300,000 in Public NOT HAUL materials in \$750,000 in and Propert Insurance is Complete a		in any quantity in Public Liability erty Damage is required. and submit the ness Survey— maximum m		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bomit the Safety Fitness rvey – Sections 1 and	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.		
	EG	UIPME	NT LIST (Attach	ad	ditional list if necessary	· ····································	
UNIT#	LICENSE# STATE		STATE	VIN#			
R/0	A33679Y >WA		⋑ WA	4V20CFBD9LU506299			
	• • • • • • • • • • • • • • • • • • • •				<u> </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.							
M	Signatu	ure(s)	· · · · · · · · · · · · · · · · · · ·			8 / 0 9 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 Alco	ohol Testing ((Part 382)
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Name: Doneld R. Davidson Position: President

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: Donald B. Davidson Position: President

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle <u>as described below</u> 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: Dangld B. Davidson Position: President

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:_	Donald	B.	Dav	idson	F	osition:_	President
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							
	Ve	hicle	nspecti	on, Repair,	and Mai	ntenance	e (Part 396)
Name:	Donald	ß	Da	vidson	、 Po	sition:	President
Part 396	.11 requires tha	t drive	rs prepa	re a written	"Driver V	ehicle Ins	spection Report" on each vehicle discontent of this report.
	otor carrier must t 396.3(b)).	maint	ain certa	ain required	records f	or each v	ehicle that includes the following:
 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.							
			÷				
2	in M						9/8/09
Signature	e of applicant						Date