

PART - A

TV 091449

**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)

done 9/11/09

Reception Number: <b>0019357</b>	Safety: <b>100</b>	Carrier ID#: <b>5708</b>
111 0268 200 02	Insurance: <b>under rec'd</b>	Employee: <b>2</b>

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:   
 Aut: \_\_\_\_\_

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

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): **Brian Smith** *Manda Smith 9/9/09*

Signature: \_\_\_\_\_ Title: **Pres.** (Bookkeeper)

CC#: <b>03724</b>	US DOT#: <b>1922797</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602-940-1840</b>
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APPLICANT NAME: <b>Mainline Industries Inc</b>	PHONE#: <b>360-274-4293</b>
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d/b/a: <b>Brian Smith</b>	FAX #: <b>360-274-4293</b>
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **858 SI Town Rd**

(city, state, zip) **Castle Rock Wa 98611**

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

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

**NAME**                      **TITLE**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
Brian Smith              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: Main Line Industries Inc                      PERMIT NUMBER: \_\_\_\_\_

Not transferring

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (under Section 1)**

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity - <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.
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**EQUIPMENT LIST (Under additional Section 1)**

UNIT#	LICENSE#	STATE	VIN#
<u>Truck # 30</u>	<u>02702RP</u>	<u>WA</u>	<u>1NKDX BTX52R888419</u>
<u># 7</u>	<u>14383RP</u>	<u>WA</u>	<u>1NDFLBOX060886972</u>
<u># 6</u>	<u>98626RP</u>	<u>WA</u>	<u>1NPEL40X55D849099</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.

  
Signature(s)

9-9-09  
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 Substance and Alcohol Testing (Part 382)

Name: Maranda Smith Position: Bookkeeper

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 (CDL) Requirements (Part 391)

Name: Maranda Smith Position: Bookkeeper

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: Maranda Smith Position: Bookkeeper

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.

**Driver Hours of Service (Part 395)**

Name: Maranda Smith Position: Bookkeeper

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: Maranda Smith Position: Bookkeeper

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.***



Signature of applicant

9-9-09

Date

# Mainline Industries Inc.

**858 Si Town Rd.  
Castle Rock, WA 98611  
Office/Fax: (360)274-4293**

UBI#602-940-184

FED ID#27-0585315

USDOT#1922797

MC#687920

ODOT#126517

TRUCK#30	2002 KENWORTH 2005 WHITLOG TLR WEIGHT 102,000	VIN#1NKDXBTX52R388419 VIN#1W90211095SW05034	PLATE#02702RP PLATE#
TRUCK#7	2006 PETERBUILT 2007 BETTERWEIGH TLR WEIGHT 102,000	VIN#1NPFLBOX060886972 VIN#1B9LBO9227T	PLATE#14383RP PLATE#260167
TRUCK#6	2005 PETERBUILT 1999 WHITLOG TLR WEIGHT 82,000	VIN#1NPFL40X55D849099 VIN#1W9011102XSW9905	PLATE#98626RP PLATE#

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF INCORPORATION

to

MAINLINE INDUSTRIES INC.

a/an WA Profit Corporation. Charter documents are effective on the date indicated below.

Date: 7/20/2009

UBI Number: 602-940-184

APPID: 1492951



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

*Sam Reed*

Sam Reed, Secretary of State

602-970-184  
UBI #

07/20/09 1550604-  
001  
\$200.00 C  
1736157

FILED  
SECRETARY OF STATE

ARTICLES OF INCORPORATION  
OF

JUL 20 2009

Mainline Industries Inc.

STATE OF WASHINGTON

Pursuant to RCW 23B.02.020 of the Washington Business Corporation Act, the undersigned does hereby submit these Articles of Incorporation for the purpose of forming a business corporation.


1. The name of the corporation is Mainline Industries Inc.
2. The corporation is authorized to issue 100,000 shares of a single class, designated as common stock.
3. The name of the initial registered agent is Maranda Smith.
4. The initial registered office of the corporation, which address is identical to the business office of the registered agent in Washington, is:

858 Si Town Rd.  
Castle Rock, WA 98611

5. The name and address of the incorporator are stated below:

Brian Smith  
858 Si Town Rd.  
Castle Rock, WA 98611

7/20/09  
Date

  
Brian Smith, Incorporator

CONSENT TO APPOINTMENT AS REGISTERED AGENT

I, Maranda Smith, hereby consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand that as agent for the corporation, it will be my responsibility to accept Service of Process on behalf of the corporation; to forward license renewals and other mail to the corporation; and to immediately notify the Office of the Secretary of State in the event of my resignation or of any changes in the Registered Office address.

7-20-09  
Date

  
Maranda Smith, Registered Agent



**WCLA  
INSURANCE  
AGENCY  
INC.**

**PO BOX 2168  
OLYMPIA, WA 98507-2168  
PHONE: 800-422-0074 / FAX: 360-352-168**

## **FAX COVER SHEET**

**DATE:** 9/9/2009 **TIME:** 9:21:44 AM  
**TO:** **FAX:** 3605861181  
**ATTN:**  
**FROM:** Pam Loe **FAX:**  
**RE:** Mainline Industries, Inc.

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Form E Filing to Follow

Pam Loe  
Extension #141

This document accompanying this facsimile control sheet contains confidential and/or legally privileged information intended only for the use of the individual(s) or entity named on this control sheet. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this facsimile transmission is strictly prohibited. If you have received this transmission in error, please notify us by telephone immediately collect, so that we can arrange for the return of the original documents to us at no cost to you.



# ACORD CERTIFICATE OF LIABILITY INSURANCE

09/09/2009

**PRODUCER** (360)352-5033 FAX (360)352-1689  
**WCLA Insurance Agency, Inc.**  
 P O Box 2168  
 Olympia, WA 98507-2168

**INSURED** Mainline Industries, Inc.  
 858 Si Town Road  
 Castle Rock, WA 98611

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 BELOW.

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A.	American Alternative Ins Corp	
INSURER B.		
INSURER C.		
INSURER D.		
INSURER E.		

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS 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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	TBD	09/09/2009	09/09/2010	EACH OCCURRENCE	\$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 1,000,000
						GENERAL AGGREGATE	\$ 2,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TBD	09/09/2009	09/09/2010	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
						OTHER THAN AUTO ONLY: EA ACC	\$
						AGG	\$
		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
							\$
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS	OTHER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Form E Filing to Follow**

CERTIFICATE HOLDER	CANCELLATION
Washington Utilities and Transportation Commission P.O. Box 47250 Olympia, WA 98504	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE Pam Loe/PAM 