PAR	RT-A TV-091587					
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION ED 1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250 OCT 0 007009						
Telephone (360) 664-1	222 – Fax (360) 586-1181.					
Ou 🖳 Intrastate Common Ca	rrier Operating Authority WASH LIT & THY COMM					
APPLICATIO	N FOR PERMIT s and Common Carrier Brokers)					
Take and the second sec	AL USE ONLY 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
Reception Number: 0019452 Safety:	Carrier ID#: 5/14/5					
111 0268 200 02 275. ໜ Insurance:	Employee:					
TYPE OF APPLIC	CATION (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 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 #:						
	PAYMENT					
XCheck	☐ 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. Compared to execute and file this document on behalf of the applicant, and that all information on file is current and valid.						
Name (printed):	Date					
Signature: Title: 6 M						
	R IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #:					
CC#: 63159 US DOT# 189	7094 602796477 CP					
APPLICANT NAME: A PLUS REMODIAL & RECURLING 253-737-4441						
d/b/a: A Plus Remaral and Recycle ing, LLC FAX#: 253-737-4760						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 116 Clay ST NW Sto B-1						
(city, state, zip) Auburn, WA 98001						
PHYSICAL ADDRESS: (street address, if different)						

A PLUS REMOVAL AND RECYCLE

5743 pending

116 CLAY STREET NW SUITE. B-1 AUBURN, WA 98001 PHONE:(253) 737-4441 FAX:(253) 737-4760

Re: DOT#1897094 application for Common Carrier Permit. Tax ID# 71-1045236

Member of LLC:

Suzanne Breen

33.33%

Surinder Singh

33.33%

Harminderpaul Sohal 33.33%

Thank you,
If you need anything else, please let me know.

Stephanie Witt 253-737-4441

TYPE OF BUSINESS STRUCTURE									
(check individual or complete partnership/corporation information)									
☐ INDIVIDUAL ☐ PARTNERSHIP CORPORATION - STATE OF INCORPORATION LLC (LP, LLC)									
NAME		TITLE	STO	CK E	DISTRIBUTION OR PER	CENTAGE OF SHARE			
D Alos	Pe		1 Paci		K III				
1711103	Peter		u rec	95	A BUC				
			ANSFER OF P						
holder and perm of the permit nu	nit number to	are transf be transf	erring an existing p erred. The current	peri	it to a new owner. List name it holder must sign belo	w to authorize the transfer			
NAME ON PERMIT:PERMIT NUMBER:						UMBER:			
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 The NOT HA NOT HA S750,000 in Public The NOT HA NOT HA IN NOT HA			ne applicant WILL AUL hazardous Is in any quantity — 20 in Public Liability operty Damage ce is required. ete and submit the Fitness Survey— 1.		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bmit the Safety Fitness arvey – 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.			
EQUIPMENT LIST (Attach additional list if necessary)									
UNIT#	LICEN	ISE#	STATE		VIN#				
DEDI	B40493	3F	AU	1FV4C5V97HY915655		14915655			
0002	31217	<u> 28</u>	WA		1 FTWW31P368B55823				
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. 1									

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).

mantaning, and complying was continued and a second
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) 836-1650 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: Position: 6 M
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: Position: 6 00
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:Position:
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:	M	Position: 6M				
drives a driver," a he/she	motor vehicle. If company's opera		lius			
	Vehicle Inspection,	Repair, and Maintenance (Part 396)				
Name:	Man	Position:				
Part 396 used ea	6.11 requires that drivers prepare a sch day. Refer to Part 396.11 for a	written "Driver Vehicle Inspection Report" on each description of the required content of this report.	vehicle			
	otor carrier must maintain certain re rt 396.3(b)).	equired records for each vehicle that includes the fo	ollowing			
< <	Identification of the vehicle A means to indicate the nature and operations to be performed.	and due date of various inspection and maintenance	•			
<		and maintenance indicating their date and nature.				
must ins	panies must comply with Part 396.1 spect, or have inspected, all motor ving 12 months.	17 dealing with Periodic inspections. Each motor cave to be subject to its control at least once during the subject to its	arrier he			
My sign comply	nature below certifies that I under with all the safety requirements	rstand my responsibility as a motor carrier and which apply to my operations.	l will			
		9/29/200	9			

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

5743.

Filed with Washington Utitilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Oregon Automobile Insurance Company (hereinafter called Company)

of PO BOX 5048, PORTLAND OR 97208-5048

has issued to A Plus Removal and Recycling LLC of 116 Clay St #B1, Auburn WA 97001 4211

a policy or policies of insurance effective from 09/25/09 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 PO BOX 5048, PORTLAND , OR 97208 this $19^{\rm th}\,$ day of october , 2009

Insurance Company File No. C02 171216 (Policy Number) JULIE BURNETT (Authorized Company Representative)