

PART - A

TV-091613

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47260
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)

Reception Number: 111 0268 200 02	0019471	Safety:	Carrier ID#: <i>5753</i>
		Insurance:	Employee: <i>KVC</i>

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: Auth #:

Check Money Order

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): *Denise A. Hill* Date: *10/8/09*

Signature: _____ Title: *Agent*

CC#: <i>063763</i>	US DOT# (if required): <i>1554388</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME: <i>Rogelio Ramirez</i>		PHONE#: <i>541-481-2958</i>
d/b/a: <i>Jose Luis Trucking</i>		FAX #: <i>509-403-3936</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>P.O. Box 408</i>		
(city, state, zip) <i>Boardman, OR 97818</i>		
PHYSICAL ADDRESS: (street address, if different) <i>705 Paul Smith Dr.</i>		
<i>Boardman, OR 97818</i>		

TYPE OF BUSINESS STRUCTURE

(Check appropriate box(es) for the business structure you are applying for)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Rogelio Ramirez	owner	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 (Select one)

(You will need to provide proof of insurance to the Commission)

- 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 LISTING (Additional haul units)

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.

Rogelio Ramirez by [Signature] _____ 10/8/09 _____
 Signature(s) Denise Alto Agud 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 Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
- J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
- Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
- Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Controlled Substances and Alcohol Testing (Part 382)

Name: Rogelio Ramirez Position: owner

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's License (CDL) Requirements (Part 383)

Name: Rogelio Ramirez Position: owner

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: Rogelio Ramirez Position: owner

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.

Name: Rogelio Ramirez Position: owner

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: Rogelio Ramirez Position: owner

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.

Rogelio Ramirez by [Signature] 10/8/09
 Signature of applicant Alvin A. Ho Date
Agent

Please ask for technical assistance if you require information on any of these safety issues.

Schedule of Heavy Highway Vehicles

For the period July 1, 2009, through June 30, 2010

OMB No. 1545-0145

Page 2 of 2

Department of the Treasury
Internal Revenue Service

This copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

Name as shown on Form 2290

Rodolfo Ramirez / Jose Luis Trucking

Employer identification number

80-5572094

Address (Number, street, and room or suite no.)

P.O. BOX 408

Type or Print

City, state, and ZIP code (For Canadian or Mexican address, see page 5 of the instructions.)

Boardman OR 97618

Caution: You must list all vehicles. Attach a separate list if needed. See page 7 of the instructions.

77	1991	FRHT	FLD	1	VIN	1FUYPDY	B0MP397638
9	1993	KW	T600	2	VIN	1XKADB9X2	PS613132-
84	1993	FRHT	FLD	3	VIN	1FUYPZYB4	PH444519
14	1995	FRHT	FLD	4	VIN	1FUYPYB95	SP593916
55	1982	FRHT		5	VIN	1FUPYSYB9	CH219494
33	1988	FRHT		6	VIN	1FUYPZYB3	1H405798
66	1984	KW		7	VIN	1XK:WDB9X6E	S316493

Total 8 Vehicles - Category K
7,500 miles or less for agricultural purposes.

INTERNAL REVENUE SERVICE
WASHINGTON, DC 20548

AUG 28 2009

RECEIVED
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