

TV 091689

**WASHINGTON UTILITIES AND TRANSFER SERVICE COMMISSION**  
 1300 S Evergreen Park Dr SW, PO Box 47250  
 Olympia, WA 98504-0250  
 Telephone (360) 664-1222 - Fax (360) 585-1181  
 Intrastate Common Carrier Operating Authority  
**APPLICATION FOR PERMIT**  
 (including Hazardous Goods and Common Carrier Brokers)

Reception Number: **0019497** Safety: \_\_\_\_\_ Carrier ID#: **NY1975**  
 111 0298 200 02 Insurance: \_\_\_\_\_ Employee: \_\_\_\_\_

**TYPE OF APPLICATION (check one)**

<input checked="" type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<input checked="" type="checkbox"/> \$275 <b>GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	

\$100 **REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
 (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:

**TYPE OF PAYMENT:** \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby certify that I am authorized to execute and file this document on behalf of the applicant, and that all information is true, correct, and valid.  
 Name (printed): **Gloria A. Martinez** Date: **10-23-09**  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**IDENTIFICATION**

CC#: **61130** US DOT#: **11077050** WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **002210004**  
 APPLICANT NAME: **Roman & Bertha A. Martinez** PHONE#: **509-760-9837**  
 d/b/a: **R & B Trucking** FAX #: \_\_\_\_\_  
 BUSINESS (MAILING) ADDRESS: **9941 Rd M.3 NE**  
 (street address, P.O. Box) **Moses Lake, wa. 98837**  
 (city, state, zip)  
 PHYSICAL ADDRESS: (street address, if different)

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 10/23/2009 10:18 FAX 3605091181 LICENSING SERVICES 002/099

**TYPE OF BUSINESS STRUCTURE**  
 (check Individual or complete partnership/corporation information)

**INDIVIDUAL**  **PARTNERSHIP**  **CORPORATION - STATE OF INCORPORATION:** \_\_\_\_\_  
 (LP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

**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)

<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> 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.	<input type="checkbox"/> The applicant WILL HAUL hazardous materials requiring \$2 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
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**EQUIPMENT LIST (Attach additional list if necessary)**

CLASS	YEAR	TYPE	VIN#
<b>47D</b>	<b>100</b>	<b>TRUCK</b>	<b>1FUPDSEB0VLT21989</b>

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that all inspections 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.

**Bertha A. Martinez** **10-23-09**  
 Signature(s) 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, 832 E. 50th St., Suite C, Tacoma, WA 98512, (253) 325-0079 or (253) 325-1500
- J. J. Keller & Associates, Inc. 3003 W. Broadway Lane, Neenah, WI 54956 (877) 684-2333
- Williams Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-6030, (503) 256-1183
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (855) 312-1300 or (202) 512-1500

Controlled Substances and Alcohol Testing (Part 382)

Name: Roman Martinez Position: driver/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 Drivers License (CDL) Requirements (Part 383)

Name: Roman Martinez Position: driver/owner

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle 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 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 for additional information.

Driver Qualification Requirements (Part 391)

Name: Roman Martinez Position: driver/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.

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Drivers Hours of Service (Part 395)

Name: Roman Martinez Position: driver/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 maintain a driver's duty log.

Part 395.11 requires that you can prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 395.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that include the following: (see Part 395.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of vehicle inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance including their date and location.

All companies must comply with Part 395.17 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.

I, Roman Martinez hereby certify that I understand my responsibility as a motor carrier and I will comply with all the safety regulations which apply to my operations.

Bektha A. Martinez  
Signature of applicant

10-23-09  
Date

ATTN:

I would hope

to operate

by 10-27-09.

Please.

Thank You,  
Betha Martinez

**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 GREAT WEST CASUALTY COMPANY (hereinafter called Company)

of PO BOX 277 SOUTH SOUX CITY NE 68776

has issued to ROMAN & BERTHA A MARTINEZ DBA R & B TRUCKING of 9941 RD M3 NE, MOSES LAKE WA 98837

a policy or policies of insurance effective from 10/29/09 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 2950 E GOLDSTONE, MERIDIAN, ID 83642

this 30TH day of OCTOBER, 2009

Insurance Company File No. GWP66957A  
(Policy Number)

CATHY THOMSON  
(Authorized Company Representative)