



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

Stephens, Everett N.  
409 W Cameron  
Dayton, WA 99328

November 17, 2009

**Insurance Binder Notification**

State law requires you to file and maintain proof of public liability and property damage insurance to keep your permit active with the Washington Utilities and Transportation Commission. We have received an insurance binder that is valid for up to 60 days. You must file a Form E insurance certificate within these 60 days or your permit will be suspended.

**What happens if a Form E insurance certificate is not filed within 60 days?**

If your insurance certificate (Form E) is not filed by January 16, 2010 we will send you an order suspending your operating authority.

**What happens if my operating authority is suspended?**

If your operating authority is suspended, you must stop your operations until we receive proof of insurance (Form E) and send you an order that removes the suspension. If you do not file proof of insurance within 30 days after the service date of the suspension order **we will cancel your authority without further notice.**

**What if I do not agree with the suspension or cancellation of my permit?**

If you do not agree you may file a written request for a hearing within 10 days following the date of this notification. Once we receive your written request we will notify you of the date, time and location of the hearing. **NOTE:** At the hearing the only issues we can address are whether you had proof of insurance on file during the period of suspension, and whether you have proof of insurance on file to avoid cancellation.

**Where do I send my request for a hearing?**

Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov), or fax to 360-586-1181.

Thank You.

**Posted**

PART - A

TV-091771

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)

CH# 3504

FOR OFFICIAL USE ONLY

Reception Number: <b>0019542</b>	Safety: <b>MWC W/PE</b>	Carrier ID#: <b>5782</b>
111 0268 200 02 <b>275.00</b>	Insurance: <b>Bender 1/1/17</b>	Employee: <b>KWC</b>

TYPE OF APPLICATION (check one)

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

M02988

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: <b>63782</b>	US DOT# <b>1966050</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602-968-848</b>
APPLICANT NAME: <b>Everett Neil Stephens</b>		PHONE#: <b>509-629-1290</b>
d/b/a: <b>STEPHENS TRANSPORT</b>		FAX #: <b>509-382-1372</b>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <b>409 W. CAMERON</b> (city, state, zip) <b>Dayton, WA. 99328</b>		
PHYSICAL ADDRESS: (street address, if different)		

5

Signature(s) *Everett Neil Stephens*  
Date 11-12-09

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.

UNIT#	LICENSE#	STATE	2009 K.W. VIN#
#02	WA	WA	1XKWD89Y92A884452

**EQUIPMENT LIST (Attach additional list if necessary)**

<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 and \$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 \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey -- Sections 1 and 2.
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**INSURANCE REQUIREMENTS (must check one)**  
(permit will not be issued until acceptable insurance is received)

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

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

of the 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

**TRANSFER OF PERMIT NUMBER**

NAME	TITLE
<u><i>Everett Neil Stephens</i></u>	<u><i>Sole Ownership</i></u>

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE \_\_\_\_\_

(LP, LLP, LLC)

CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

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

## 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 Alcohol Testing (Part 382)

Name: Evert Neil Stephens 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 Drivers License (CDL) Requirements (Part 383)

Name: Evert Neil Stephens 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: Evert Neil Stephens 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.

Signature of applicant

*Evert W. Stephens*

Date

*11-12-09*

**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.**

preceding 12 months.

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

- > 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.

(see Part 396.3(b)).

Each motor carrier must maintain certain required records for each vehicle that includes the following:

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.

Name: *Evert W. Stephens* Position: *Owner*

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

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: *Evert W. Stephens* Position: *Owner*

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



STATE OF  
WASHINGTON

WASHINGTON STATE  
UNIFIED BUSINESS SERVICE

# REGISTRATIONS AND LICENSES

Unified Business ID #: 602 968 848  
Business ID #: 1  
Location: 1

**Sole Proprietorship**

EVERETT N STEPHENS  
STEPHENS TRANSPORT  
409 W CAMERON  
DAYTON WA 99328

**TAX REGISTRATION**

REGISTERED TRADE NAMES:  
STEPHENS TRANSPORT



Issued by the State of Washington  
602 968 848  
STEPHENS TRANSPORT  
409 W CAMERON DAYTON WA 99328

Printed in WA

<b>ACORD</b>		<b>CERTIFICATE OF LIABILITY INSURANCE</b>		OP ID SMC STEPH-1	DATE (MM/DD/YYYY) 11/16/09
PRODUCER <b>The McAdams Agency</b> PO Box 1047 2001 Main St. Baker City OR 97814 Phone: 541-523-4411 Fax: 541-523-5221			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.		
INSURED  <b>Stephens Transport</b> Everett N Stephens 409 W Cameron St Dayton WA 99328			INSURERS AFFORDING COVERAGE INSURER A <b>Continental Western</b> INSURER B INSURER C INSURER D INSURER E		NAIC # <b>10804</b>

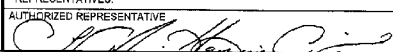
5782  
pending

**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 ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PER SUBJECT <input type="checkbox"/> LOC	TBA	11/16/09	11/16/10	EACH OCCURRENCE \$ <b>1000000</b> DAMAGE TO RENTED PREMISES (EA occurrence) \$ <b>100000</b> MED EXP (Any one person) \$ <b>5000</b> PERSONAL & ADV INJURY \$ <b>1000000</b> GENERAL AGGREGATE \$ <b>2000000</b> PRODUCTS - COMP/OP AGG \$ <b>2000000</b>
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	TBA	11/16/09	11/16/10	COMBINED SINGLE LIMIT (EA accident) \$ <b>1000000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> *Note: To get complete SPECIAL PROVISIONS below				W/C STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A		OTHER Transportation	CARGO TBA	11/16/09	11/16/10	Cargo \$ <b>100,000</b> Ded. \$ <b>1,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**WA CC063782**

<b>CERTIFICATE HOLDER</b>  PUC--WA  Washington Utility & Transportation Commission PO Box 47250 Olympia WA 98504	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <b>10</b> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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STATE OF WASHINGTON

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(360) 664-1160 • TTY (360) 586-8203

Stephens, Everett N.  
409 W Cameron  
Dayton WA 99328

November 12, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-091771 for pending common carrier permit CC063782.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.

11/12 Carrier will be contacting INS Rep

11/17 Binder - called INS on Policy #