

PART - A

TV-091806

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)

NOV 17 2009

WASH. UT. & TP. COMM

Dismissed
OK # 2414

FOR OFFICIAL USE ONLY

Reception Number: 0019559

Safety:

Carrier ID#: M25790

111 0268 200 02 275.00

Insurance:

Employee: WCC

TYPE OF APPLICATION (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
ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS and ARMORED CAR
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 #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date

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): Jamie Gomez Date: 11/13/09

Signature: [Signature] Title: Owner

MOTOR CARRIER IDENTIFICATION 601338861 INA

CC#: 58479

US DOT# 552181 ✓

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 284 121 - Not Jamie

APPLICANT NAME: Jamie Gomez

PHONE#:

d/b/a: Jamie Gomez Trucking

FAX #:

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) 1084 S Hi-Co Dr
(city, state, zip) Othello, WA 99344

PHYSICAL ADDRESS: (street address, if different)

1084 S Hi-Co Dr Othello, WA 99344

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**
Jamie Gomez 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 (must check one)

(permit will not be issued until acceptable insurance is received)

- | | | | |
|--|---|---|---|
| <input 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. |
|--|---|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
9	96784X	WA	1XKAD29XZH534460Z
7	B55273K	WA	1FU43MDB7WP923579

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.

Jamie Gomez 11/13/09
Signature(s) Date

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NOTE: If the word "non-revenue" appears in the space after Tax Registration Number, the account is n
registered with the Department of Revenue. Although the business may not be required to register wit
the Department of Revenue, it is registered with one or more other agencies in the state.

Take a quick survey

**Washington State Department of Revenue
State Business Records Database Detail**

TAX REGISTRATION NUMBER :	601338861
UBI :	601338861
LEGAL ENTITY :	GOMEZ JAMIE
DOING BUSINESS AS :	JAMIE GOMEZ TRUCKING
MAILING ADDRESS :	BUSINESS LOCATION :
1084 S HILO DRIVE	2073 W HI LO DR
OTHELLO, WA 99344-9715	OTHELLO, WA 99344-0000
OWNER TYPE :	SOLE PROPRIETOR
ACCOUNT OPENED :	07/15/1991
ACCOUNT CLOSED :	12/31/2008
NAICS CODE :	484230
	11/17/2009 12:53 PM


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As of 8/31/2005, the Standard Industrial Code (SIC) has been replaced with the North American Indust
Classification System Code (NAICS). For more information, click here

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 Access Washington

Voter registration
assistance
(Secretary of State)

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Washington State Department of Revenue State Business Records Database Detail

TAX REGISTRATION NUMBER : 602284121
UBI : 602284121
LEGAL ENTITY : GOMEZ SANDRA L
DOING BUSINESS AS : CASITA DE CHURROS

MAILING ADDRESS :

1084 S HI LO DR
OTHELLO, WA 99344-9715

BUSINESS LOCATION :

1084 S HI LO DR
OTHELLO, WA 99344-9715

OWNER TYPE : SOLE PROPRIETOR
ACCOUNT OPENED : 03/01/2003
ACCOUNT CLOSED : 03/30/2006
NAICS CODE : 722310

12/02/2009 1:03 PM


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 Access Washington

Voter registration assistance (Secretary of State)



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

Gomez, Jamie
1084 S Hi-Lo Dr
Othello WA 99344

December 22, 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-091806 for pending common carrier permit CC-058479.

- X Your application is missing some information. Please complete the highlighted areas and return to our office by January 22, 2010
- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by January 22, 2010 or your application will be dismissed.
- 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.
- X Your application has a Unified Business Identifier (UBI) number for another person. Your UBI number of 601-338-361 is listed as closed. Please contact the Department of Licensing and obtain a current valid UBI number. They can be reached at 360-664-1400.

Who do I contact if I have questions?

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

Thank You.

*1/13 - UBI still not current, NO INS.
1/28 NO MISSING #TV6, NO INS. UBI still wrong #
Per DP OK DISMISS*

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: _____ Position: _____

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: _____

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: _____ Position: _____

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: _____ Position: _____

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

Date

PART - A

TV-091806

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)

NOV 17 2009

WASH. UT. & TP. COMM

OK # 2414

FOR OFFICIAL USE ONLY

Reception Number: 0019559	Safety:	Carrier ID#: M25790
111 0268 200 02 275.00	Insurance:	Employee: WOC

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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
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<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 checked="" 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): Jamie Gomez Date: 11/13/09
 Signature: Jamie Gomez Title: Owner

MOTOR CARRIER IDENTIFICATION 601338861 IMA

CC#: <u>58279</u>	US DOT# <u>552181</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 284 121 - Not Jamie</u>
-------------------	-------------------------	--

APPLICANT NAME: Jamie Gomez PHONE#:

d/b/a: Jamie Gomez Trucking FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1084 S Hi-Co Dr

(city, state, zip) Othello, WA 99344

PHYSICAL ADDRESS: (street address, if different)
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STATE OF WASHINGTON

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Gomez, Jamie
1084 S Hi-Lo Dr
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November 17, 2009

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Who do I contact if I have questions?

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Thank You.

*11/18 - carrier called - advised above.
12/2 UBI # still unresolved, NO ILS.*

PART - B

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Date

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Date: 11/13/09

Signature: *Jamie Gomez*

Title: Owner

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CC#: 58779

US DOT#: 552181

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 284 121 - Not Jamie

APPLICANT NAME: Jamie Gomez

PHONE#:

d/b/a: Jamie Gomez Trucking

FAX #:

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(city, state, zip) Othello, WA 99344

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BUSINESS LOCATION :
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(Secretary of State)