

PART - A

TV-091833

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)

RECEIVED

NOV 20 2009

dmw 11/30/09

WASH. UT & TP COMM

FOR OFFICIAL USE ONLY

Reception Number: <b>0019582</b>	Safety: <i>OK</i>	Carrier ID#: <i>5796</i>
111 0268 200 02 <i>275.0</i>	Insurance: <i>OK</i>	Employee: <i>2796</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	

<input type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT</b> (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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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): Gary Wallen      Date: 11-19-09

Signature: \_\_\_\_\_      Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>63790</u>	US DOT# <u>1907456</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 386 925</u>
APPLICANT NAME: <u>Gary Wallen</u>		PHONE#: <u>425-308-9992</u>
d/b/a: <u>GW Enterprises</u>		FAX #: <u>425-355-4490 (call 1st)</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>3027-Burl PL</u>		
(city, state, zip) <u>Everett, Wa 98203</u>		
PHYSICAL ADDRESS: (street address, if different) <u>Same</u>		

**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 <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#
568	B47864K	WA	1FUPYXYB5JP328831

*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.*

Ray Walker  
Signature(s)

11-19-09  
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, 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 54956 (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

Name: Gary Wallen 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).

Name: Gary Wallen 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

Name: Gary Wallen 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.

WASHINGTON STATE DEPARTMENT OF LICENSING

05/15/2009 VEHICLE REGISTRATION CERTIFICATE

847864K

LIC/PLT	Iss-Dt	Tab-No	Reg-Exp	Val-Cd/Year	Dep	Mo-Reg	Mo-Gwt	Pwr	Use	Mdyr
847864K	05/2009	J651410	12/31/2009	2100/2009	4	12	12	D	CMB	1988
Make	Body	VIN OR Serial No	Res-Co	ScIwt	Seats	Model/BT	Gwt	Gwt-St	Gwt-Exp	FLT
Ford	TRAC	1FUPYXYB5JF328831	31	15486		FLC/DS	80000	01/01/2009	12/31/2009	
Equip	Prev-Plt	Filing	Monorail	RVA Tax	Subagent	Gwt/Veh Wt	Other	Total Fees	Check	Gwt Cr
	+564222	\$3.00					\$24.75	\$27.75	\$27.75	

MALLEN, GARY P  
3027 BURR PL  
EVERETT WA 98203

VEHICLE DRIVER AND OWNER SUBJECT TO FEDERAL DRUG PROGRAM TITLE 49 CFR PART 382

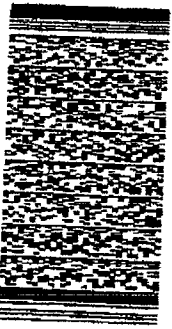
*Gary Wallen*  
SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

COMMENTS:  
VIN: VN-L . COLOR: WHITE . COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY  
FRONT PLATE IS STILL REQUIRED.

REMARKS:  
BRANDS:

RPT ID: AREGPR-1 VALIDATION CODE 21310103091350515090018033448  
THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP  
T0-420-402 (Rev 05/08) AREGPR:2008/2117.00003(1)



5796  
cc  
pending

\$1,000,000

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**  
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)  
**P.O. BOX 277 SO SIOUX CITY NE 68776**

has  
issued to: **GARY WALLEN**  
**DBA GW ENTERPRISE**  
**3027 BURL PLACE**  
**EVERETT WASHINGTON 98203**

a policy or policies of insurance effective from **11/23/09** **12:01 A.M.**, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 DR** **MERIDIAN ID 836421572**  
this **30 TH** day of **NOVEMBER** **2009**  
Insurance Company File No. **GWP73999A**  
**6645** (Policy Number)

  
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

FE 00 01 07 07

**ORIGINAL**