

PART - A

TV 091850

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)

AME
11/30/09

Reception Number: 0019596	Safety:	Carrier ID#: 5798
111 0268 200 02 275.00	Insurance: OK	Employee:

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"/> \$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			
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 18 months of cancellation)		For Commission Use Only: Auth #	

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am the authorized representative of the applicant or carrier or the applicant, and that all information on file is current and valid.

Name (printed): Glen A. Van Dyk Date: 11/20/09

Signature: _____ Title: App

cc 16868 U.SDOT DOT # 185247701 601-733-1800/360-592-594

APPLICANT NAME: Van Dyk & Son Logging, Inc. FAX #: 360-592-2701

d/b/a:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 84

(city, state, zip) Deming, Wa 98244

PHYSICAL ADDRESS: (street address, if different) 5240 Mosquito Lk Rd
Deming, Wa 98244

Hard Copy Posted

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA.
(LP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
THOMAS VANDYK	President	46%
GLORIA VANDYK	Secretary	46%
James VanDyk	Vice President	4%
Tony Gaines	Treasurer	4%

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 OF PERMIT: THOMAS L VanDyk PERMIT NUMBER: CC 16848
[Signature] M-5771
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

(Permit will not be issued until acceptable insurance is provided)

<input type="checkbox"/> The applicant WILL NOT HAVE hazardous materials in any quantity and will not operate within 1000 feet of a 10,000 gallon water main.	<input checked="" type="checkbox"/> The applicant WILL NOT have hazardous materials in any quantity -- \$75,000 in Public Liability and Property Damage insurance is required. Complete and submit with this application.	<input type="checkbox"/> The applicant WILL HAVE adequate materials required by million in Public Liability and Property Damage insurance and will have adequate fire insurance.	<input type="checkbox"/> The applicant WILL HAVE adequate materials including \$5 million in Public Liability and Property Damage insurance. Complete and submit with this application.
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Count	Description	STATE	Lot
3	A79925P	WA	INKWX60X93R392741
1	A15803C	WA	902290C

I, as applicant, understand that the filing of this application does not in itself constitute authority to operate and that operations may be conducted only if 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.

[Signature] 11/20/09
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 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: Glenda VanDyk Position: See

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: Glenda VanDyk Position: See

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: Glenda VanDyk Position: See

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: Thomas L Van Dyk Position: Pres 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

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Thomas L Van Dyk Position: Pres - Owner

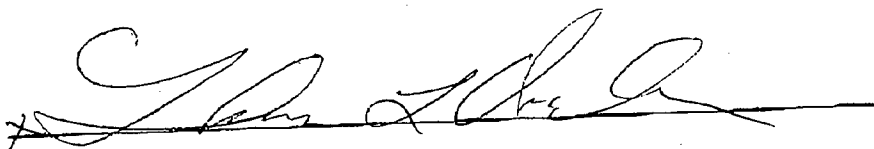
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.


Signature of applicant

Date

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the American States Preferred Insurance Company
(Name of Company)
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185
(Home Address of Company)

has issued to VANDYK & SON LOGGING
INC (Name of Motor Carrier) of PO BOX 84, DEMING, WA, 98244
(Address of Motor Carrier)

A policy or policies of insurance effective from 05/28/2009 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 136 N 3rd Street OH 45025 This 20th day of Nov 20 09
Hamilton (Address) (Day) (Month) (Year)

Insurance Company File No. 06 CC 010020
(Policy No)

William Washburn
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00