

PART - A TV-091876

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

CV# 3009012

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0019609

Safety: OK

Carrier ID#: 5801

111 0268 200 02 275.00

Insurance: Form B OK

Employee: IWC

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"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input checked="" type="checkbox"/> \$275 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 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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 063793 US DOT# (if required) 296982 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-967-940

APPLICANT NAME: Greatwide Dedicated Transport III, LLC PHONE#: 800-798-5988

d/b/a: Greatwide Dedicated Transport FAX #: 972-228-7363

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 12404 Park Central Drive, Suite 300 South

(city, state, zip)

Dallas, TX 75251

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION DE LLC
X LLC - Delaware

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Greatwide Dedicated Transport, LLC	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 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 checked="" 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#
	See attached list		

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.

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, 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: Joe Delgado Position: Safety & Compliance Manager

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: Joe Delgado Position: Safety & Compliance Manager

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: Joe Delgado Position: Safety & Compliance Manager

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: JOE DELGADO Position: SAFETY COMPLIANCE MANAGER

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: JOE DELGADO Position: SAFETY COMPLIANCE MANAGER

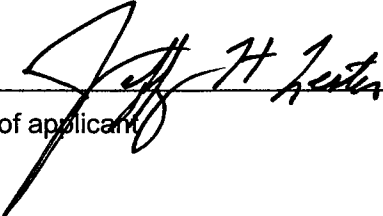
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

11/7/09
Date

Please ask for technical assistance if you require information on any of these safety issues.

PART - B

SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.
Joe Delgado
2. Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3. Y N Are drivers trained in the use of Emergency Response Information?
4. Y N Is the Emergency Response Information carried in the vehicle?
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
Joe Delgado
6. Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7. Who is responsible for completing hazardous materials shipping papers?
The shipper is responsible for completing the hazardous materials shipping papers.
8. Where are hazardous material shipping papers located during transportation?
The papers are located on the driver's clipboard on top, highlighted and tabbed in the cab during transportation.
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
N/A
10. Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.

Unit Number	License #	State	VIN #
YRCL18164	P598936	IL	2HSCEAPR46C301646
YRCL18165	P598937	IL	2HSCEAPR66C301647
YRCL18042	P598816	IL	2HSCEAPR15C156564
YRCL18220	P602687	IL	2HSCEAPR47C444534
YRCL18221	P602688	IL	2HSCEAPR67C444535
YRCL18222	P602689	IL	2HSCEAPR87C444536
YRCL18223	P602690	IL	2HSCEAPRX7C444537

UNITED STATES OF AMERICA

The State of  Washington
Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal,
hereby issue this

CERTIFICATE OF REGISTRATION

to

GREATWIDE DEDICATED TRANSPORT III, LLC

a/an DE Limited Liability Company. Charter documents are effective on the date
indicated below,

Date: 11/5/2009

UBI Number: 602-967-940

APPID: 1575564



Given under my hand and the Seal of the State
of Washington at Olympia, the State Capital

Sam Reed, Secretary of State



STATE OF WASHINGTON
SECRETARY OF STATE

Foreign Limited Liability Company

See attached detailed instructions

- Filing Fee \$160.00
- Filing Fee with Expedited Service \$200.00

This Box For Office Use Only

11/05/09 1612387-001
\$200.00 K #060889
id: 1790797

FILED
SECRETARY OF STATE
SAM REED
NOVEMBER 5, 2009
STATE OF WASHINGTON

UBI Number: 602-967-940

FOREIGN LIMITED LIABILITY COMPANY REGISTRATION

Chapter 25.15 RCW

SECTION 1

NAME OF LIMITED LIABILITY COMPANY: *(As recorded in the state/country of formation)*

Greatwide Dedicated Transport III, LLC

(Must contain one of the following designations: Limited Liability Company, Limited Liability Co or one of these abbreviations: L.L.C. or LLC. See instructions page for use of names.)

NAME TO BE USED IN WASHINGTON STATE: *(If different than above)*

SECTION 2

STATE OR COUNTRY WHERE ORIGINALLY FORMED: Delaware

DATE OF ORIGINAL FORMATION: December 10, 2008

(Certificate of Existence or similar import must be attached, see instructions page for this section)

SECTION 3

ADDRESS OF THE PRINCIPAL PLACE OF BUSINESS:

Street Address 12404 Park Central Dr., Ste. 300S City Dallas State/Country Texas Zip 75251

PO Box _____ City _____ State/Country _____ Zip _____

SECTION 4

EFFECTIVE DATE OF REGISTRATION: *(Please check one of the following)*

- Upon filing by the Secretary of State
- Specific Date: _____ *(Specified effective date must be within 90 days AFTER the Certificate of Registration has been filed by the Office of the Secretary of State)*

SECTION 5

TENURE: (Please check one of the following and indicate the date if applicable)

Perpetual existence

Specific term of existence _____ (Number of years or date of termination)

SECTION 6

DATE THE LLC BEGAN DOING BUSINESS IN WASHINGTON STATE: 11-16-2009

SECTION 7

NATURE OF BUSINESS IN WASHINGTON STATE: Truckload Transportation Services

SECTION 8

NAME AND ADDRESS OF THE WASHINGTON STATE REGISTERED AGENT:

Name: C T Corporation System

Physical Location Address (required):
1801 West Bay Drive NW, Suite 206

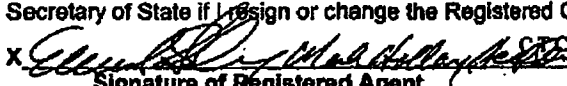
City: Olympia **WA Zip Code:** 98502

Mailing or Postal Address (optional):

City: _____ **WA Zip Code:** _____

CONSENT TO SERVE AS REGISTERED AGENT:

I consent to serve as Registered Agent in the State of Washington for the above named Limited Liability Company. I understand it will be my responsibility to accept Service of Process on behalf of the Limited Liability Company; to forward mail to the Limited Liability Company; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.

X  C T Corporation System 11-4-09
Signature of Registered Agent **Printed Name** **Date**
Mark Holloway, 11321.5214

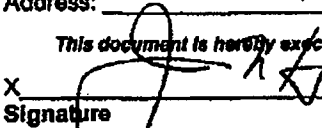
SECTION 9

NAME, ADDRESS AND SIGNATURE OF MEMBER OR MANAGER:
(If necessary, attach additional names, addresses and signatures)

Name: John N. Hove

Address: 12404 Park Central Dr., Suite 300 South **City:** Dallas **State:** TX **Zip Code:** 75251

This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.

X  John N. Hove, Manager 11/2/2009 972-228-7397
Signature **Printed Name/Title** **Date** **Phone**

Notice: The Washington Secretary of State will be appointed the agent of the foreign limited liability company for service of process under the circumstances set forth in RCW 25.15.355(2)

Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "GREATWIDE DEDICATED TRANSPORT III, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRD DAY OF NOVEMBER, A.D. 2009.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

4626666 8300

090987918

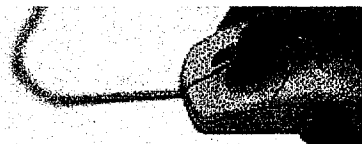
You may verify this certificate online
at corp.delaware.gov/eauthver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 7620034

DATE: 11-03-09

Department of Licensing

License Query System**License Detail**[Help us improve this online service](#)**License Information:**

Entity Name: GREATWIDE DEDICATED TRANSPORT III, LLC
Firm Name: GREATWIDE DEDICATED TRANSPORT
License Type: Washington State Business
Entity Type: Limited Liability Company
UBI: 602967940 Business ID:001 Location ID:0001
Status: To check the status of this company, go to [Secretary of State..](#)

Location Address:

12404 PARK CENTRAL DR STE
300
DALLAS, TX, 75251-1803

Mailing Address:

12404 PARK CENTRAL DR STE
300
DALLAS, TX, 75251-1803

Governing People:

JOHN SIMONE
JOHN N HOVE
ROBERT C LAROSE

Registered Trade Names:

GREATWIDE DEDICATED TRANSPORT

Information Current as of 11/26/2009 4:34AM Pacific Time

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**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2009-2010**

Registrant: GREATWIDE DEDICATED TRANSPORT III, LLC D/B/A GREATWIDE
DEDICATED TRANSPORT
Attn: JOE DELGADO
12404 PARK CENTRAL DR. #300S
DALLAS, TX 75251

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 111609 550 008R Issued: 11/16/2009 Expires: 06/30/2010

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

5801

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed In Triplicate)

Filed with Washington Utilities & Transportation Commission (Name of Commission) (hereinafter called Commission)

This is to certify, that the ACE American Insurance Company (Name of Company)
(hereinafter called Company) of 436 Walnut Street, Philadelphia, PA 19106 (Home Office Address of Company)

has issued to DBA Greatwide Dedicated Transport (Name of Motor Carrier) of 12404 Park Central Drive, Suite 3005,
Dallas, TX (Address of Motor Carrier) 75251

a policy or policies of insurance effective from 09/30/2009 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

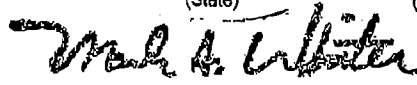
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 1 Beaver Valley Road (Street Address) Wilmington (City) DE (State) 19803 (Zip Code)

this 19th day of January 20 10

Insurance Company File No. LMT H08581393 (Policy Number)


(Authorized Company Representative)