

PART - A

TV 091893

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)

FOR OFFICIAL USE ONLY

Reception Number 0019617	Safety: ICWC	Carrier ID#: 135004
111 0268 200 02 275.00	Insurance: FAIRME 12/29/09	Employee: [Signature]

TYPE OF APPLICATION (check one)

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			

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #:

TYPE OF PAYMENT

Expiration Date

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the information provided 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): **Patrick L Finch** Date: **12/2/09**

Signature: **[Signature]** Title: **OWNER**

MOTOR CARRIER IDENTIFICATION

CC#: 63794	US DOT#: 724365	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 069 183 000
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APPLICANT NAME: Patrick L Finch	PHONE#: 253 973-8651
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d/b/a: FINCH Transportation	FAX #: 253 863-2764
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **P.O. Box 589**

(city, state, zip) **Buckley WA 98321**

PHYSICAL ADDRESS: (street address, if different) **17902 82st E Bonney WA 98391**

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 be done)

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


The applicant **WILL NOT HAUL** hazardous materials in any quantity and **WILL** only operate vehicles less than 10,000 pounds gross weight rating—**\$300,000** in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

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.

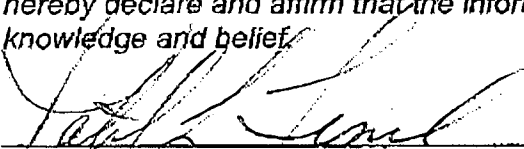
The applicant **WILL HAUL** hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

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.

EQUIPMENT LIST (Attach additional list, if necessary)

UNIT#	LICENSE#	STATE	VIN#
	SEE ATTACHED		

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)

12/2/09

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: Patrick Fincl 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: Patrick Fincl 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: Patrick Fincl 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.

Drivers Hours of Service (Part 395)

Name: Patrick Fincl

Position: 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: Patrick Fincl

Position: Owner

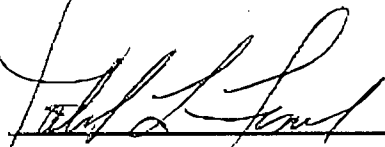
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

11/5/09

Date

Finch Transportation
Equipment List

Attachment

Year	Make	Vin #	Plate #
1999	PETE	1XP5DB9X5XD497778	90683PR
1997	KENWORTH	1XKWDB9X7VR748696	94569PR
2005	PETE	1XP5DB9X45DB75005	01330RP
1994	PETE	1XP5DB9X0RD341201	61102PR
2005	Int	1HSHWAHN45J005119	25327RP
2009	K/W	1XKAD49X19R259433	05371RP

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

M 35804

CC
pending

Filed with WASHINGTON UTILITIES & TRANSP COMMISSION

(hereinafter called Commission)

This is to certify, that the HARCO NATIONAL INSURANCE CO.
HARCO NATIONAL INSURANCE CO.

(hereinafter called Company)

SCHAUMBURG, IL 60168-0309

has PATRICK FINCH DBA:
issued to: FINCH TRANSPORTATION

17902 82ND ST. E.
BONNEY LAKE, WA 98391

a policy or policies of insurance effective from 12/23/2009 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 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 5001 American Blvd West Suite 801 Mpls, MN 55437

this 27TH day of DECEMBER, 2009

Insurance Company File No. TP3040328
(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)). IRB 3539B