



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

Schenk, Tyler Lewis  
PO BOX 2187  
YAKIMA, WA 98907-2187

January 20, 2010

## Insurance Binder Notification

State law requires you to file and maintain proof of public liability and property damage insurance to keep your permit active with the Washington Utilities and Transportation Commission. We have received an insurance binder that is valid for up to 60 days. You must file a Form E insurance certificate within these 60 days or your permit will be suspended.

### **What happens if a Form E insurance certificate is not filed within 60 days?**

If your insurance certificate (Form E) is not filed by March 21, 2010 we will send you an order suspending your operating authority.

### **What happens if my operating authority is suspended?**

If your operating authority is suspended, you must stop your operations until we receive proof of insurance (Form E) and send you an order that removes the suspension. If you do not file proof of insurance within 30 days after the service date of the suspension order **we will cancel your authority without further notice.**

### **What if I do not agree with the suspension or cancellation of my permit?**

If you do not agree you may file a written request for a hearing within 10 days following the date of this notification. Once we receive your written request we will notify you of the date, time and location of the hearing. **NOTE:** At the hearing the only issues we can address are whether you had proof of insurance on file during the period of suspension, and whether you have proof of insurance on file to avoid cancellation.

### **Where do I send my request for a hearing?**

Washington Utilities and Transportation Commission  
PO Box 47250  
Olympia, WA 98504-7250

### **Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov), or fax to 360-586-1181.

Thank You.

PART - A

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)

TV 100118

None

FOR OFFICIAL USE ONLY

Reception Number: <b>9019742</b>	Safety: <i>CS</i>	Carrier ID#: <b>M43862</b>
111 0268 200 02 <i>275.00</i>	Insurance: <i>CS</i>	Employee: <i>CS</i>

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			

<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

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): Tyler Schenk      Date: 1/19/10

Signature: \_\_\_\_\_      Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: <u>61926</u>	US DOT# <u>1979785</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602524519</u>
APPLICANT NAME: <u>Tyler Schenk</u>		PHONE#: <u>509 594 3635</u>
d/b/a: <u>Ty Schenk Trucking</u>		FAX #: <u>509 877-7344</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>633 Westwind DR.</u>		
(city, state, zip) <u>Zillah, WA 98953</u>		
PHYSICAL ADDRESS: (street address, if different) <u>633 Westwind DR Zillah, WA 98953</u>		

**TYPE OF BUSINESS STRUCTURE**  
(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Tyler Sotenk	OWNER	638 Westwind Dr Zillah WA 98953	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)

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.

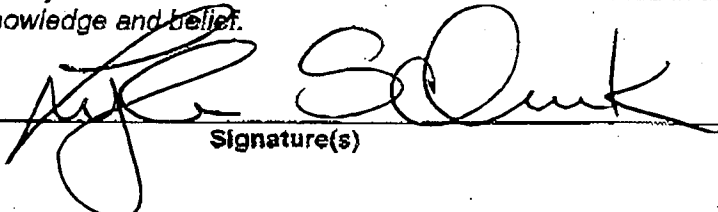
The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
6	B500606	WA.	<del>1XKADB9X355652823</del> 1XKADB9X355652823

1  
Same

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)

1/19/10  
 Date

**Drivers Hours of Service (Part 395)**

Name: Tyler Schenk 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: Tyler Schenk Position: OWNER

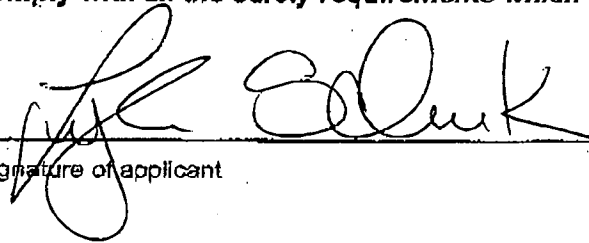
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

1/19/10  
Date

VENDOR NAME AND ADDRESS  <b>TYLER SCHENK          633 WESTWIND DR.          ZILLAH, WA 98953</b>	AGENCY NUMBER <b>2150</b>	LOCATION CODE
	AGENCY P.R. OR AUTHORIZATION NUMBER <b>REFUND</b>	
	AGENCY NAME AND LOCATION <b>UTILITIES AND TRANSP. COMM.          1300 S. EVERGREEN PK DRIVE S.W.          P.O. BOX 47250          OLYMPIA, WA 98504-7250</b>	
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY <b>BUSINESS OFFICE</b>	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – This application should have been a reinstatement and we should have charged the amount of \$100.00 instead of \$275.00.

RECEPTION OR FIELD RECEIPT NO. 19742 DATED 1/19/10 \$175.00

PREPARED BY <b>Linda Elhardt</b>				TELEPHONE NUMBER <b>664-1165</b>				DATE <b>1/20/10</b>		AGENCY APPROVAL <i>[Signature]</i>					DATE <i>[Signature]</i>	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.			REF. DOC. NO.		VENDOR NUMBER <b>VOD1</b>			VENDOR MESSAGE			USE TAX	UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	<b>198</b>		<b>111</b>			<b>02</b>	<b>68</b>								<b>\$175.00</b>	<b>REFUND</b>
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL <b>\$175.00</b>		WARRANT NUMBER	

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/19/2010

PRODUCER 509.965.2090 FAX 509.966.3454  
Conover Insurance, Transportation Division LLC  
P.O. Box 10088  
Yakima, WA 98909

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURED Tyler Lewis Schenk DBA TY SCHENK TRUCKING  
633 Westwind Dr  
Zillah, WA 98953

INSURER A: Great West Casualty Co.

1143862

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**COVERAGES**

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GWP75162A	01/08/2010	01/08/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$
A		AUTOMOBILE LIABILITY	GWP75162A	01/08/2010	01/08/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> NON-OWNED AUTOS				
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
		EXCESS/UMBRELLA LIABILITY				AUTO ONLY: AGG \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				EACH OCCURRENCE \$
		DEDUCTIBLE				AGGREGATE \$
		RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS \$
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				OTHER \$
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER CARGO LIABILITY	GWP75162A	01/08/2010	01/08/2011	PER AUTO: \$75,000 DEDUCTIBLE: \$1,000 BROAD FORM COVERAGE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

FORM E SOON TO FOLLOW FROM INSURANCE COMPANY

CC# TBA

**CERTIFICATE HOLDER**

**CANCELLATION**

W U T C  
P O BOX 47250  
OLYMPIA, WA 98504

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Edward Chadwick/LESLIE

