



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

1-800-PACK-RAT, LLC
6400 Goldsboro Road; Suite 300
Bethesda, MD 20817

February 2, 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 April 3, 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, or fax to 360-586-1181.

Thank You.

PART - A

TV-100184

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

RECEIVED
FEB 01 2010

APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

ck# 116678 (excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0019780

Safety:

Carrier ID#: 5846

111 0268 200 02

275.00

Insurance: *Waller Rec'd*

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or
Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including
ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including
ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including
HAZARDOUS MATERIALS and ARMORED CAR
SERVICE

\$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): Andrew Friedman

Date: 1/20/10

Signature: *Andrew Friedman*

Title: VP-General Counsel

MOTOR CARRIER IDENTIFICATION

CC#: 03822

US DOT# 1534531

WA UNIFIED BUSINESS IDENTIFIER (UBI #)
602-983-901

APPLICANT NAME: 1-800-PACK-RAT, LLC

PHONE#: 202-362-0101 x. 202

d/b/a:

FAX #: 301-229-0370

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

6400 Goldsboro Road, Suite 300

(city, state, zip)

Bethesda, MD 20817

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION DE
(LP, LLP, (LLC))

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

See Attached-

see attachment A

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: N/A 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.

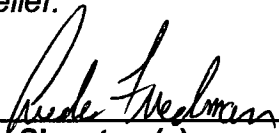
The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
Equipment to be purchased			

To be purchased upon receipt of permit. Equipment information will be provided upon purchase.

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)

Shawn Potwin

Director of Fleet

Name: _____ Position: _____

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)

Shawn Potwin

Director of Fleet

Name: _____ Position: _____

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: _____ Shawn Potwin _____ Position: _____ Director of Fleet _____

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: Shawn Potwin Position: Director of Fleet

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: Shawn Potwin Position: Director of Fleet


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

1/20/10
Date

Attachment A

1-800-PACK-RAT, LLC OWNERSHIP											
	<u>B Units</u>	<u>C Units</u>	<u>D Units</u>	<u>E Units</u>	<u>F1 Units</u>	<u>F2 Units</u>	<u>F3 Units</u>	<u>G Units</u>	<u>J Units</u>	<u>Total</u>	<u>% Ownership</u>
WM Texas Pack-Rat, LLC						24.5095	13.8596	89.5732		127.9423	17.21%
WM Texas Pack-Rat, LLC						43.5766				43.5766	5.86%
WM Pack-Rat, LLC						53.8860	72.1800	196.9339		322.9999	43.45%
Waste Management Holdings, Inc.			10.1241	6.8578					50.2807	67.2626	9.05%
Pack-M LLC						12.9712				144.7181	19.47%
Wasatch								131.7469		7.1366	0.96%
Pack-Rat Hartford, LLC								4.1978		4.1978	0.56%
Pack-Rat Northeast, LLC								4.9676		4.9676	0.67%
Pack-Rat USA, LLC								20.5159		20.5159	2.76%
Barefoot	2.0000	1.0500	0.6523	0.4418		0.9338	0.5459			5.6239	0.76%
Barnes	1.0000									1.0000	0.13%
Baum	1.0000	0.5250	0.3710	0.2209						2.1169	0.28%
Beck	1.0000	0.5250		0.2209			0.4669			2.7197	0.37%
Bishop	1.0000									1.0000	0.13%
Capital Trust	3.5000	17.3913	6.4856	4.3932						31.7701	4.27%
Cohen	0.5000									0.5000	0.07%
Connolly	1.0000	0.5250	0.3710	0.2209						2.1169	0.28%
Costas	3.5000	1.8375								5.3375	0.72%
Desai	4.0000	2.1000	1.4839	0.8837						8.4676	1.14%
DiBella	1.7500									1.7500	0.24%
Envest	10.5000	5.5125	8.6474	5.8576		5.4949	3.2124			39.2248	5.28%
Gramm	1.0000	0.5250								1.5250	0.21%
Grano	7.0000	0.0000	1.7029	1.0141	1.3476					11.0646	1.49%
Grasso	0.0000	3.6750		1.5815						5.2565	0.71%
Hague	0.5000	0.2625								0.7625	0.10%
Hosmer	0.1739									0.1739	0.02%
Kazeminy	7.0000	3.6750								10.6750	1.44%
Kristan	0.3478	0.1826	0.1290	0.0768						0.7363	0.10%
Lawson, Robert	1.0000	0.5250	0.3710	0.2209			0.4669			2.5838	0.35%
Lawson, Jeffrey	1.0000	0.5250	0.3710	0.2209				0.5069		3.0907	0.42%
Lawson, Steve	1.0000	0.5250	0.8647	0.5858		0.5358	0.5732			4.0845	0.55%
Levy	0.5000	0.2625	0.1855	0.1105		0.2335	0.2534			1.5454	0.21%
Little	2.4783	1.3011								3.7793	0.51%
Lockamy					1.7968					1.7968	0.24%
Luzak	0.5000	0.2625								0.7625	0.10%
MacGilvray	1.0000									1.0000	0.13%
Pack-M	5.0000	3.9299								8.9299	1.20%
Poirier	0.0000	0.0000	0.8647	0.5858	2.9198	0.0981	0.7090			5.1774	0.70%
Platt	0.0000	0.0000	0.8647	0.5858	2.9198	0.0981	0.1065			4.5749	0.62%
Prince	1.0000									1.0000	0.13%
Piscina	1.0000	0.5250	0.3710	0.2209						2.1169	0.28%
Ranieri	3.5000	0.0000		0.5070						4.0070	0.54%
Safir	1.0000									1.0000	0.13%
Silver	1.7500									1.7500	0.24%
Sutton	7.0000	3.6750				3.0095	3.2671			16.9517	2.28%
Terry	3.5000									3.5000	0.47%
Weiss	1.0000	0.5250								1.5250	0.21%
Zoll	1.0000									1.0000	0.13%
Trees			0.0432	0.0293		0.0049	0.0487			0.1261	0.02%
Justice			0.8647	0.5858						1.4505	0.20%
Kozubowski			0.8647	0.5858						1.4505	0.20%
Friedman				0.2343						0.2343	0.03%
Shay				0.1172						0.1172	0.02%
Grand Total										743.3174	100.00%

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

1-800-PACK-RAT, LLC

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

Date: 1/14/2010

UBI Number: 602-983-901

APPID: 1630784



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



Sam Reed, Secretary of State

RECEIVED

FEB 01 2010

WASH. UT. & TP. COMM

1-800-PACK-RAT 

The simplest way to store or move your stuff.

1-800-PACK-RAT, LLC
6400 Goldsboro Road, Suite 300
Bethesda, MD 20817
Phone: 202.362.0101
Fax: 301.229.0370

January 27, 2010

Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250

Re: Application for Permit

Dear Sir or Madam:

Enclosed for filing please find an Application for Permit for 1-800-Pack-Rat, LLC along with a check for the filing fee.

Thank you for your assistance with this matter. I can be reached at 202-362-0101 ext. 202 or Afriedman@1800PackRat.com if you have any questions about the enclosed application.

Sincerely,

1-800-Pack-Rat, LLC



Andrew Friedman
Vice President – General Counsel

Enclosures

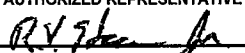
ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 2/02/2010
PRODUCER BB&T Insurance-Asura 4309 Emperor Blvd. Suite 300 Durham, NC 27703 919 281-4500	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED 1-800-Pack-Rat LLC 6400 Goldsboro Rd. Bethesda, MD 20817	INSURERS AFFORDING COVERAGE INSURER A: Hartford Casualty Insurance Com INSURER B: Navigators Specialty Insurance INSURER C: INSURER D: INSURER E:	NAIC # 29424 36056

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	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input checked="" type="checkbox"/>	22UENJF6712	01/01/2010	01/01/2011	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A		AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	22UENJF6712	01/01/2010	01/01/2011	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
B		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$	8391145	01/01/2010	01/01/2011	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input checked="" type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below	22WBLC6827	01/01/2010	01/01/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A		OTHER				
A		Motor Truck Cargo	22UUMJF7185	01/01/2010	01/01/2011	250,000 / 1,000 Ded

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

CERTIFICATE HOLDER Utilities & Transportation Commission Licensing Services 1300 Evergreen Park Dr. SW Olympia, WA 98504	CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE 
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