LICENSING SERVICES Ø 004/011

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						
' (8xciudina Household Goods	and Common Carrier Brokers)					
Reception Number: 19339 Safety:	Carrier ID#: 5865					
111 0268 200 02 275 Insurance: (i) 🛆	Employee: (1))					
	ATION (check one)					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number						
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED GAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filled within 10 months of cancellation) For Commission Use Only: Auth #: \(\sum 0 \) 255 \(\text{A} \)						
TYPE OF I	PAYMENT					
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ Mastercard ☑ Visa						
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): NANNEL A. GARCIA Date: 2/13/10						
Signature: Dwner Title: Owner						
MOTOR CARRIER IDENTIFICATION						
CC#: 63836 US DOT# 1956228	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:					
APPLICANT NAME: MANGEL A GARCIA	PHONE#: 509 531 5543					
d/b/a: FAX#:						
BUSINESS (MAILING) ADDRESS:	1 11 0					
(street address, P.O. Box) 10496 ELTOP,	14 W. KV.					
(city, state, zip) PASCO, WA. 9930/						
PHYSICAL ADDRESS: (street address, if different)						
4						

2005/011

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information) INDIVIDUAL - PARTNERSHIP - CORPORATION - STATE OF INCORPORATION_____ (LP, LLP, LLC) TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE NAME 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 The applicant WILL The applicant WILL The applicant WILL HAUL hazardous NOT HAUL hazardous NOT HAUL hazardous HAUL hazardous materials regulring \$5 materials in any quantity materials in any quantity materials requiring million in Public Liability and WILL only operate \$750,000 in Public Liability \$1 million in Public and Property Damage vehicles less than 10,000 and Property Damage Liability and Property Insurance, Complete pounds gross weight Insurance is required. Damage Insurance and and submit the Safety rating-\$300,000 in Public Complete and submit the submit the Safety Fitness Fitness Survey -Liability and Property Safety Fitness Survey-Survey - Sections 1 and Sections 1 and 2. Damage Insurance is Section 1. required. You do not need to complete the Safety Fitness Survey. EQUIPMENT LIST (Attach additional list if necessary) LICENSE# UNIT# STATE 592191 Washington 1XP5DB9X25D846117 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.

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 fimited to:

Washington Trucking Association, 930 S. 336th St., Sulte B, Federal Wey, WA 98003, (800) 732-9019 or (253) 636-1650 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neensh, WI 54966 (877) 564-2333 Williamette 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

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Note: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			estaling and a superior		
Name: MANUEL GA	ILLIA	Position:	OWNER	,	
Any person who drives a cor Alcohol Testing program tha	mmercial motor vehic t complies with the Fl	le requiring a C MCSR in 49 CF	DL must be in a Controlle R Part 382 and 49 CFR I	ed Substance and Part 40.	
Each company will have in p substances testing requirem	olace a system for cor ents (49 CFR Part 38	mplying with FM 12 and 49 CFR I	ICSR governing alcohol a Part 40).	end controlled	
Police and Antonio Control of the Scionion control		continues com continues de la continue			
Name: MANUEL GA.	REIA	— Position:—	OWNER		
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle <u>as described below</u> 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 refer Licensing office for additional information	rence to this section and ti	nat of controlled su	batance testing.) Contact loca	I Department of	
	manarethe high	Steeding that			
Name: MANGE GA	aciA	Position:	OWNER		
Each company must maintai casual, or intermittent) autho FMCSR Part 391.51	n a complete Driver (orlzed to drive motor v	Qualification File ehicle. To dete	e for each employee (whe ermine what information is	ether permanent, s required, review	

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:	MANGEL	GARCIA	Position:	OWNER	
drives a n driver," a he/she ex	notor vehicle. I record of duty ceeds the 100	f company's operations	meet all requiremen driver must complete e exceeds 12 hours.	ords for each individual that its of the "100 air mile radius e a driver's daily log book when	
	Ve	hicle Inspection, Repa	eir, and Maintenance	e (Part 396)	
Name:	NANHEL	GARCIA	Position:	DWNER	
Part 396. used eac	/ 11 requires tha h day. Refer to	t drivers prepare a writt Part 396.11 for a desc	en "Driver Vehicle In: ription of the required	spection Report" on each vehicle d content of this report.	
	tor carrier must 396,3(b)).	maintain certain require	ed records for each v	ehicle that includes the following	
< <	Identification of A means to Incorporations to Incorporation Incorpo	dicate the nature and d	ue date of various ins	spection and maintenance	
<			nalntenance indicatin	g their date and nature,	
must insp	anies must com pect, or have in g 12 months.	iply with Part 396.17 de spected, all motor vehic	aling with Periodic In les subject to its con	spections. Each motor carrier trol at least once during the	
My signa comply \	ature below ce with all the sai	rtifies that i understal ety requirements whi	nd my responsibility ch apply to my oper	/ as a motor carrier and I will rations.	
	Hours			2/13/10	
Signature	of applicant			Date	

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MANUEL A GARCIA, MGA TRUCKING of 10496 ELTOPIA RD, PASCO, WA 99301 a policy or policies of insurance effective from 02/09/2010 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 15th day of February, 2010

Insurance Company File No. CA 04414104

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative

IRB3539B