

## PART - A

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

705 ShRh (360) 664-1222 - ) Dc (360) 586-1181

Intrastate Common Carrier Operating Authority

## APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

## FOR OFFICIAL USE ONLY

Reception Number **0019904**Safety: *OK*Carrier ID#: *5886*111 0268 200 02 *275.00*Insurance: *OK*Employee: *CA*

## 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 #: *V004233*

## TYPE OF PAYMENT

 Check  Money Order Amex Discover Mastercard  Visa

Expiration Date \_\_\_\_\_

*Interstate Trucking Consultants*

 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): *Marcie Elwood*Date: *3-2-10*Signature: *Marcie Elwood*Title: *Agent*

## MOTOR CARRIER IDENTIFICATION

CC#: *63848*

US DOT# (if required)

*1983189**OK*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

*602-994-816*

APPLICANT NAME:

*Sweere Transport Inc*

PHONE#:

*503-357-6417*

d/b/a:

FAU #:

*503-678-1801*

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

*12164 Ehten Rd NE*

(city, state, zip)

*Aurora, OR 97002*

PHYSICAL ADDRESS: (street address, if different)

*3300 Main St. #104, Forest Grove, OR**97116*

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

INDIVIDUAL    PARTNERSHIP    Corporation &25325A7,21 - 67A7( 2) ,1&25325A7,21BBBBBBBB

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Ronald D. Sweere	Pres.	50%
Barbara Sweere	Sec.	50%

**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 ) ~~W~~ss 6uLYH-- Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety ) ~~W~~ss 6uLYH - 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 ) ~~W~~ss 6uLYH - Sections 1 and 2.

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

UNIT#	LICENSE#	STATE	VIN#
333	YAGG137	OK	1FUJA6CK55DU92969

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.

Mauri Edward  
Signature(s)

3-2-10  
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<sup>®</sup> are available from several vendors, these include, but are not limited to:

- Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
- g. g. heller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
- Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
- Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

### Controlled Substances and Alcohol Testing (Part 382)

Name: Ronald D. Sweere Position: Pres.

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: Ronald D. Sweere Position: Pres.

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: Ronald D. Sweere Position: Pres.

Each company must maintain a complete Driver n ualification 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: Ronald D. Sweere Position: Pres.

Each company must maintain true and accurate hours of service records for each individual that  
GUMHs DP RAVUyhIEQI , I FRP SDny's RSHUDRns P HMDQUHTuLUP HhW/Rl WH "100 DUUP lQI UDGUs  
GUMHU' D UFRUGRI Qiw/sVWIs Is DFF-SUDEQI A GUMHUP usVFRP SOW/D GUMHUs GDIG Qg ERRNwhh  
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: Ronald D. Sweere Position: Pres.

3 DUW 96.11 UHTuLHs WDVGUMHs SUHSDUH DwUMHh "DUMHU9 HhIEQI ,nsSHFVRn 5 HSRUVRn HDFh YhIEQI  
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.**

Wesley Howard

3-2-10

Signature of applicant

Date

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

**PRODUCER (503)285-7667 FAX: (503)802-4238**  
**Tec Equipment Inc.**  
**PO Box 11272**  
**750 NE Columbia Blvd.**  
**Portland OR 97211**

**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**  
**Sweers Transport Inc**  
**3300 Main St # 104**  
**Forest Grove, OR 97116**

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: <b>Northland Ins. Co./NFTUM</b>	
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 ISSCD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  <b>GEN'L AGGREGATE LIMIT APPLIES PER:</b> <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	NS025865	1/21/2010	1/21/2011	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE  DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS   OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	<b>OTHER MOTOR TRUCK CARGO</b>	NS025865	1/21/2010	1/21/2011	LIMIT: \$ <b>100,000</b> DED: \$ <b>1,000</b> TRUCK DED: \$ <b>2,000</b>

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

**CERTIFICATE HOLDER**

**(503)678-1801**  
**Washington Utilities And Transportation C**  
**1300 S Evergreen Park Drive SW**  
**Olympia, WA 98504**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 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  
**Grigoriy Gasan/GRIG**

ACORD 25 (2009/01)  
 INS025 (2009/01)

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