PART - A OU-TRANSFOR

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)						
		Carrier ID#: 5899				
Reception Number: 19928 Safety: U/2010	o K	001				
111 0268 200 02 225 00 insurance: 4/26/1		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 ** Already Paid \$50.00	\$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 CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		•				
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERI	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): Date:						
Signature: MOTOR CARRIER		ATION				
		ED BUSINESS IDENTIFIER (UP) #:				
CC#: 28766 US DOT# 1933429 0 WA UNIFIED BUSINESS IDENTIFIER (UB) #:						
APPLICANT NAME: , PHONE#:_						
BAB Construction & Excavetion Inc. (509) 773-4889						
d/b/a: FAX #:						
BUSINESS (MAILING) ADDRESS:						
(street address, P.O. Box) 1645 S Rosevelt						
(city, state, zip)						
Goldendale, WA 98620						
PHYSICAL ADDRESS: (street address, if different)						
4						

RECEIVED

APR 1 6 2010 TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
WACH IIT		Tada, or complete par	arotatilp our por attory			
WASH. UT. & TP. COMM ☐ INDIVIDUAL ☐ PARTNERSHIP Ø CORPORATION—STATE OF INCORPORATION WA (LP, LLP,(LLC)						
NAME	TITLE	STO	CK DISTRIBUTION OR PE	RCENTAGE OF SHARE		
	Mains ,	V.P.	503			
Diane Monis P 5030						
			ERMIT NUMBER			
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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: Kobert & Mains PERMIT NUMBER: 28766						
Signature of current permit holder Date						
INSURANCE REQUIREMENTS (must check one) (permit will not be issued until acceptable insurance is received)						
NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight. NOT HAUL hazardous materials in any quantity — \$750,000 in Public Liability and Property Damage Insurance is required. NOT HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete			materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.			
	EQUIP	MENT LIST (Attack	n additional list if necessa	rv)		
UNIT#	LICENSE#	STATE		VIN#		
3	83245-T	WA	INKMLBOX-	175519578		
4	A25072A	NA	JX69 DPd XI	1xP2089x68N139918		
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) Manue K. Maris 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 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					
Controlled Substances and Alcoholles in [Part 382))					
Name: Robert & Misson Position: V.D.					
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 Driversusicense (SELS) Regulations (Part 388)					
Name: Hobert & Mohrs Position: 1.1.					
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					
* Proriver Qualification Requirements (Part 394) ** 100 100 100 100 100 100 100 100 100					
Name: Robert & Wains Position: U.P.					
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: Robert 6 Molins Position: V.F.						
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: Robard 5 Malos Position: V.f.						
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 Date						

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



Filed with Washington Utilities & Transportation Commission	(herein after called Agency)
(Name of Agency)	
This is to certify that the American States Preferred Insurance Company	
(Name of Company)	
(herein after called Company) of 4333 Brooklyn Avenue NE , Seattle , WA , 98185	
(Home Address of Company)	
B & B CONSTRUCTION &	
has issued to EXCAVATION INC of 1645 S ROOSEVELT AVE .((Name of Motor Carrier) (Address of Motor C	
(Hamo of Motor Carrot)	attiet)
A policy or policies of insurance effective from 03/09/2010 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 N	Motor Carrier Bodily Injury and Property
Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the	and property damage liability insurance State in which the Agency has jurisdiction
regulations promulgated in accordance therewith.	Citate in Which are rigories trae june control
Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the	e State Agency, such thirty (30) days' notice
commence to run from the date notice is actually received in the office of the Agency.	
400 N 0-4 C4	
136 N 3rd Street Countersigned at Hamilton OH 45025 This 1	7th day of <u>Mar</u> 20 <u>10</u>
	Day) (Month) (Year)
·	
Insurance Company File No. 01CG002254 William W	
(Policy No) (Author	rized Company Representative)
ving Limit :0.00 Liability Limit :1,000,000.00	
ring Limit :0.00 Liability Limit :1,000,000.00	