



1300 South Evergreen Park Drive
8W
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 864-1222
Fax (360) 566-1181
Web Site: www.utc.wa.gov

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard Visa
Exp Date
Month/Year

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME H-E Buell Farms/HardDebu

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.

Cardholder's signature: _____

Date 4/14/10

For Commission Use Only

111-2068-200-02 SD. 00

Received date: _____

ID: 5911

Insurance: [Signature]

0020112

TV 100611

only 4/22/10

*DO
Credit
info
To get it
done*

Holder of Permit CC- 59787 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>Harold E Buell</u> <u>594</u>		Phone #: <u>509-750-8038 (Harold)</u>
Trade Name: <u>Janelle Buell</u>		Fax #: <u>509-764-5095</u>
Mailing Address: <u>H.E Buell Farm</u>		Physical Address: (if different)
Street/P.O. Box: <u>5725 Rd 12, N.E</u>		Street
City, State Zip: <u>Moses Lake, Wa 98837</u>		City, State Zip
USDOT # <u>652364</u> (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)		
Unified Business Identifier Number (UBID): <u>602-213-597</u>		
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____ (LP, LLP, LLC)		
NAME	TITLE	PERCENTAGE OF SHARES
<u>Harold E Buell</u>	<u>Owner</u>	<u>100%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>Janelle Buell</u> <u>M37610</u>		Phone #: <u>509-765-8585</u>
Trade Name: <u>Harold Buell, Ronald Buell</u>		Fax #:
Mailing Address: <u>H.E Buell Farm</u>		Physical Address: <u>Same</u>
Street/P.O. Box: <u>2114 N. Frontage Rd W</u>		Street
City, State Zip: <u>Moses Lake, Wa 98837</u>		City, State Zip
<input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation - State of Incorporation _____		
NAME	TITLE	PERCENTAGE OF SHARES
<u>Harold Buell</u>		<u>99%</u>
<u>Ronald Buell</u>		<u>1%</u>
<u>Janelle Buell</u>		<u>0%</u>

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Harold Buell 4/14/10
 Signature(s) Date

Our insurance is Non Neg. and is over \$750,000.00

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, 830 S. 336th St, Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
- J. J. Kellar & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54956 (877) 564-2333
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 239-1183
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Name: Harold Buell Position: Owner

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).

Name: Harold Buell Position: Owner

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.

Name: Harold Buell Position: Owner

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: Harold Buell 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: Harold Buell 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.

Harold Buell
Signature of applicant

4/14/10
Date

B

H. E. Buell
5725 Road K NE
Moses Lake, WA 98837

509-750-8038

H. E. BUELL

Fax

To: UTC From: HE Buell Farms - Harold
 Fax: 360-586-1181 Pages: Cover + 4
 Phone: _____ Date: 4/14/10
 Re: Name changes CC: _____

Urgent For Review Please Comment Please Reply Please Recycle

• Comments:

REFILE
CC59787

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMM** (hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **HAROLD E BUELL**
DBA H E BUELL FARM
5725 RD K NE
MOSES LAKE WA 98837

a policy or policies of insurance effective from **4/16/10** 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 **1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776**

this **22ND** day of **APRIL**, 2010

Insurance Company File No. **CLP93514A**
0375 (Policy Number)



Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)). IRB 3539B