

PART - A

TV 100663

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)

one 5/21/10

FOR OFFICIAL USE ONLY

Reception Number: 0020175

Safety: [initials]

Carrier ID#: 5950

111 0268 200 02

275.00

Insurance: [initials]

Employee: [initials]

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 #: V236968

TYPE OF PAYMENT

Check Money Order Amex

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): Susan A Garlock

Date: 5/5/08

Signature: Susan A Garlock

Title: Vice President

MOTOR CARRIER IDENTIFICATION

CC#: 59499

US DOT# (if required)

2025830

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

602 756 4620

APPLICANT NAME:

Garlock Distribution Inc.

PHONE#:

206-931-5599

d/b/a:

Distribution Systems NW

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

24402 147th Ave SE

(city, state, zip)

Kent WA 98042

PHYSICAL ADDRESS: (street address, if different)

1119 Central Ave S.

Kent WA 98032

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Rick L. Garlock President 50%

Susan A. Garlock Vice President 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: Robert E. Garlock PERMIT NUMBER: CC 594/99

Robert E. Garlock
Signature of current permit holder

M 36644
5/6/08
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#
<u>see attached</u>			

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.

Susan A. Garlock
Signature(s)

4/21/10
Date

<u>Truck #</u>	<u>VIN#</u>	<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>Plate #</u>
D01	JL6BBG1S36K000963	2006	Mitsubishi	FE145	B63483A
D02	JL6BBG1S65K007906	2005	Mitsubishi	FE145	A83799X
D03	JLSBBH1S57K002559	2007	Sterling	360 COE45	
D04	JL6BBH1S06K001185	2006	Mitsubishi	FE145	B04349A
D05	JL6BBG1S27K009221	2007	Mitsubishi	FE140	B98863E
D06	JL6BBG1S47K018762	2007	Mitsubishi	FE140	B98862E
D07	JLSBBH1S67K002568	2007	Sterling	360 COE45	
D08	4KLC4B1U67J804273	2007	Isuzu	NPRHD	B31601F

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)

Name: Rick Garlock Position: President

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: n/a non CDL Position: n/a non CDL

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: Susan Garlock Position: V.P. / Secretary

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: Susan Gurbok Position: V.P. / Secretary

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: Jordan Parks Position: Dispatcher

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.

Susan Gurbok

Signature of applicant

4-21-10

Date



Susan Garlock
Vice President / Secretary
1119 Central Avenue South
Suite 102
Kent, Washington 98032-7461
253-854-3022
Email: sgarlock@qqgroupsp.com

April 21, 2010

Washington Utilities & Transportation Commission
1300 S. Evergreen Park Dr SW
PO Box 47250
Olympia, WA 98504-7250

RE: Transfer of Permit # 59499

In May of 2008, the attached paperwork was sent in to the WUTC. It appears that it was not ever received or processed. I spoke with a representative from your office this afternoon, and he suggested that I resign some of the docs and send in right away.

As you can see, the transfer from my father-in-law, Bob Garlock, is dated May 5, 2008. He is retired and no longer in the area. Getting a current signature could be difficult. I hope that we can use the attached forms without issue. If not, please let me know right away.

The issue was discovered by my insurance agent. He contacted us saying our WUTC permit was still registered under Robert Garlock.

I appreciate any help you can give us in this matter. If you need additional information, please contact me at the above office phone #, or by my cell # which is 206-931-5599. My e-mail is also listed above for your reference.

Thank you.

A handwritten signature in cursive script that reads 'Susan Garlock'.

Susan Garlock

5952.
pending

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

RECEIVED

(EXECUTED IN TRIPLICATE)

MAY 21 2010

Filed with **WASHINGTON STATE DEPT OF TRANSPORTATION** (hereinafter called Commission)

WASH. UT. & TP. COMM

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**
(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to **GARLOCK DISTRIBUTION INC** of **1119 CENTRAL AVE S #102 KENT WA 98032**

a policy or policies of insurance effective from **02/18/10 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 affected 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 **1460 Wells St, Enumclaw WA 98022**

this **6TH** day of **MAY** 2010.

Insurance Company File No: **CP80042888**


(Authorized Company Representative)