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

(excluding		is and Common Carrier	Brokers)	
Reception Number:	Safety:		Carrier ID#:	FOLOR
Reception Number:	· /	₩)		SHUT
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New Common Carrier Permit A Transfer of Existing Permit	₩ *	_		rrier Permit Authorit
\$275 GENERAL COMMODITIE		208-62		DITIES, including
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE	5, including	- Glen	C=//	ODITIES, including
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS	5, including		ι	MODITIES, including RIALS and ARMORED CAR
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS and SERVICE		Fax# (2x	\	
\$100 REINSTATEMENT OF CAN (Must be filed within 10 months of can		$/ (\propto 0$	For	Commission Use Only: h #
☐ Check ☐ Money Order ☐ ^~~~		448-05	7/0	
CERTIFICATION: I, the undersigned, under pen authorized to execute and file this document on	alty for false stateme	nt, certify that the rono	nation i	s true and correct, that i am
Name (printed): Glas Wil		Date:		The state of the s
Signature:		Title:	d or	Uxer
CC#: 63699 US DOT#	du 10,00	WA UNIFIED B		ENTIFIER (UBI) #:
APPLICANT NAME:			NE#: OS-44	P. 0510
d/b/a: Willy Transpo	7/00	EAV		-0510
BUSINESS (MAILING) ADDRESS:		1	20	
street address, P.O. Box)	1612 6	EMETERY	KI),	
city, state, zip) RTEST RTUST IN	5. 838	6		
PHYSICAL ADDRESS: (street addres	ss, if different)			
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NAME		RTNERS			– STATE OF INCO TRIBUTION OR PE	RPORATION
Sun M	Villig	TITLE	nex.			
	ermit number t	are trans		g permit to	a new owner. List	name of <u>current</u> permit low to authorize the transfe
NAME ON PE	ERMIT:	·			PERMIT	NUMBER:
	current permit	NET FA	Morassveceniik	EMENTS Teseptelole	nijarengaran (elogia) Negologia	Date 1
1	cant <u>WILL</u> izardous iy quantity operate nan 10,000 weight 00 in Public operty ance is do not need Safety	The NOT HAI materials \$750,000 and Propinsurance Complete Safety Fit Section 1.	applicant WILL UL hazardous in any quantity - in Public Liability erty Damage is required. and submit the ness Survey—	The HAUL is material stability Damage submit to Survey 2.	e applicant WILL nazardous Is requiring on in Public and Property e Insurance and the Safety Fitness - Sections 1 and	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.
UNIT#	LICENS	A PART COMPANY OF THE PARTY OF	STATE	adolijona		IN# (1,3)
	7BEDTO	3	ID.	16.	NCU OGD 1	MT/30358
operate and tha	at no operatio and affirm th	ns may b	e conducted un	til a permi	s not in itself cons it is received from application is true	stitute authority to the Commission. I to the best of my
	Signature	(s)				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 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

Name: 66n Williag Position:
Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance a 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 Elcense (CDL) Requirements (Part 383)
Name: Glen William Position:
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
Processor recessors Driver Qualification Requirements (Part 391) or Doctor
Name: Glen Willia Position:
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

ehicle. If company's operator of duty status is acceptable the 100 air-mile radius or he 49 CFR, Part 395.1(e) and the state of the sta		e "100 air mile radius r's daily log book whe all the second which are second with the second website and the second website of this report.
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Refer to Part 396.11 for a d r must maintain certain rec	written "Driver Vehicle Inspection i description of the required content	of this report.
Refer to Part 396.11 for a d r must maintain certain rec	description of the required content	of this report.
		at includes the followi
ns to be performed.	d due date of various inspection ar	
	dealing with Periodic inspections. hicles subject to its control at least	
		or carrier and I will
	ns. v certifies that I understa	ve inspected, all motor vehicles subject to its control at least is. vertifies that I understand my responsibility as a motor safety requirements which apply to my operations. Date

CITY PARCEL DELIVERY

3023 E TRENT P.O. BOX 40117 SPOKANE, WA 99220 PHONE (509) 534-0511 FAX (509) 534-0527

COMPANY: W	UTC
TO:	FAX: 360-586-118
FROM: JIMHIL	DATE: 4/28/10
NUMBER OF PAGES INCL	UDING COVER PAGE 5
COMMENTS:	301 Z ·

IF YOU HAVE ANY QUESTIONS OR PROBLEMS RECEIVING THIS FAX, PLEASE CONTACT THE ABOVE INDIVIDUAL, THANK YOU.

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 GLEN A WILLIG of 1612 CEMETARY RD, PRIEST RIVER, ID 83856 a policy or policies of insurance effective from 04/26/2010 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 20th day of May, 2010

Insurance Company File No. CA 04550119

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B