PART - A

YUNI

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# Reception Number 0020476 Safety: 5/19/10 Insurance: 5719110 111 0268 200 02 275(07) **Employee Extension of Common Carrier Permit Autho** New Common Carrier Permit Authority, or Transfer of Existing Permit Number 凶 GENERAL COMMODITIES, including **GENERAL COMMODITIES ONLY** \$100 ARMORED CAR SERVICE П \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** ARMORDED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAI HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: Auth #: (Must be filed within 10 months of cancellation) T Discover ☐ Money Order □ Amex □ Check CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I as authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. N. Shirobo Name (printed): Y Title: Signature: WA UNIFIED BUSINESS IDENTIFIER (UBI) #: CC#: US DOT# 602-769-525 PHONE#: APPLICANT NAME: NATALYA FAX #: d/b/a: SHINA BUSINESS (MAILING) ADDRESS: Mr Vernon st (street address, P.O. Box) (city, state, zip) SPOKANE WA *9922* 3 PHYSICAL ADDRESS: (street address, if different)

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13 INC	DIVIDUAL	PARTNE	RSHIP COR	PORATIO	N – STATE OF INC	CORPORATION
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NATA	1/4 St.	irobokov	ra Other			
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The state of the state of	1000					
holder a	e this section nd permit num rmit number.	if you are tra	insferring an existing insferred. The cur	ng permit t rent permit	o a new owner. Li holder must sign l	st name of <u>current</u> permit below to authorize the trans
NAME O	N PERMIT: _				PERMI	NUMBER:
					·	
Signatur	e of current p	· INGUE		a a wawa	America 4	Date
NOT HAU materials i and WILL of vehicles les pounds grorating\$30 Liability and Damage Ins	0,000 in Publication of the Property Surance is ou do not nee the Safety of the Safety	NOT H materia \$750,00 and Pro Insurance Comple Safety F Section	ne applicant <u>WILL</u> AUL hazardous als in any quantity 00 in Public Liabilion perty Damage ce is required. te and submit the itness Survey—	The HAUL material sty \$1 mill Liability Damag submit Survey 2.	ne applicant <u>WILL</u> hazardous als requiring ion in Public and Property e Insurance and the Safety Fitness – Sections 1 and	The applicant WIL 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#		ENSE#	STATE	Taggarian a		/ VIN#
/	× A26	416T	× WA	JA	ILB4B1433	701/028
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operate and in hereby declar knowledge ar	that no opera re and affirm	ations may t that the inf	pe conducted un prmation contain	til a permi	t is received from application is tru	stitute authority to the Commission. I e to the best of my
	Signatu	ıre(s)		· · · · · · · · · · · · · · · · · · ·		29/10 Date
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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).

Co	pies of the	e FMCSR's are	available from	several vendor	s, these include,	but are not limited	to:
J. J. Willi	. Keller & As amette Trafi	ssociates, Inc. 3003 ic Bureau, 16303 N	W. Breezewood E Cameron Blvd	d Lane, Neenah, W d, Portland, OR 972	1 54966 (877) 564 230-5030, (503) 236	800) 732-9019 or (253) -2333 8-1183 512-1800 or (202) 512-	
4	an a	2011160		ra net Zitelii			
Nam	e:			Position:	·		
						a Controlled Substar d 49 CFR Part 40.	ice an
		ny will have in pla esting requiremen				g alcohol and control	led
		Commercia	PPRIVITE HARE	31864(SDB)4890	urements (Pa	(383)	
Name:				Position			
must ha < //> < //> < i	ave a valid has a gros weight ratii nas a gros: s designed	CDL. The definit s combined weight ag of more than 10 s vehicle weight rail to transport 16 o te and is used to the	ion of a comm nt rating of 26,0 0,000 pounds; ating of 26,001 r more passen	ercial motor vehic 001 pounds that in or pounds or more; gers, including th	ele is: ncludes a towed u or e driver; or	chicle <u>as described b</u> unit with a gross vehic requires placarding un	cle
		tional information				ntact local Department of	
	and the second					10	
Name:	N-	Shil aboke	<u></u>	_Position:	ovher.		
casual		ittent) authorized				e (whether permaner ation is required, revi	
Owner	onerators	that work exclusiv	velv in intrastat	e commerce with	in Washington ha	ve limited exemption	

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.

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		Market 1				
Name:	Furl	Vlad		_Position:	Drevo	~
drives a mot driver," a rec he/she excee	or vehicle. If ord of duty si eds the 100 a	ntain true and acc company's opera tatus is acceptabl ir-mile radius or t , Part 395.1(e) an	ations meet all r le. A driver mus ne/she exceeds	requirements st complete a 12 hours.	s of the "100 air r	nile radiu
			inell'antin			
Name:	Ymri	Vlad	Po	osition:	Driver	
Each motor ca (see Part 396.3 < Ident < A me opera < A reco	rrier must ma 3(b)). ification of th ans to indica itions to be p ord of inspec- nust comply v have inspect	te the nature and	uired records for due date of va maintenance if	or each vehic rious inspec indicating the	cle that includes tion and mainten eir date and natu tions. Each mot	the follow ance re. or carrier
v signature be	low certifies	s that I understa	nd my respons	sibility as a	motor carrier a	nd I will
omply with all t	he safety re	quirements whi	ch apply to my	operations (5.	
N.S.	hordsor	201e			04/29/10	·

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On Your Side

5972 pendu.

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

	(Name of Agency)									
This is to certify that the Victor			urano	e Compa	ny					
50451	(Name of Company									
(herein after called Company) of 5915 La	(Home Address of	Company)	na ,Oi	1,44124						
	(Fibrille Address of	Obnipany /								
(DBA) SHINA EI	NTERPRISES									
			3124 \$	з моинт	VERNON	STAP	T 82 ,S	POKAN	E .W	Α
has issued to NATALYA SHIRC		- of	99223			<u> </u>				
,	Motor Carrier)			•	dress of Moto	,				
A policy or policies of insurance effective policy or policies and continuing until car Damage Liability Insurance Endorseme covering the obligations imposed upon regulations promulgated in accordance	ent, has or have been such motor carrier by	amended	to prov	ide automo	bile bodily inj	ury and p	roperty d	lamage lial	bility ir	nsura
Whenever requested, the Compa This certificate and the endorsem cancellation may be effective by the Co commence to run from the date notice in	ent described herein impany or the insured	may not b giving th	e canc irty (30)	elled withou days' notic	t cancellation	of the po	licy to wh	nich it is at	tached	d. Sı
5915 Landerbro Countersigned at <u>Cleveland</u>			он	44124	This	<u>19th</u>	day of	<u>May</u>	_ 20	1
	(Addres	s)				(Day)		(Month)		(Ye
00000	a									
Insurance Company File No. 906228	87 (Policy No	<u> </u>			<u>Debra S</u>		Company	/ Represer	atativa	
	(POlicy No	1			(Au	u ionzea v	~ompany	/ Lentegei	nanve	:]