

PART - A

TV-100778

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)

FOR OFFICIAL USE ONLY

Reception Number: 20581 Safety: Carrier ID#: 5401
111 0268 200 02 Insurance: Under Sec'd Employee:

TYPE OF APPLICATION (check one)

Grid for application type: New Common Carrier Permit Authority, or Transfer of Existing Permit Number vs Extension of Common Carrier Permit Authority. Includes options for General Commodities Only, Armored Car Service, Hazardous Materials, and Reinstatement of Cancelled Permit.

TYPE OF PAYMENT: Check, Money Order, Amex, Discover, Mastercard, Visa. Expiration Date: 7/12

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): Denise A Ho Date: 5/5/10
Sign: Title: Agent

COMMON CARRIER IDENTIFICATION

Carrier identification fields: CC#: 63915, US DOT#: 2013481, WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603002368, Applicant Name: Darin M Yoeger & Aimee D Yoeger, Phone#: 509-949-1480, d/b/a: Yakima Transport, Business (Mailing) Address: 201 Observation Dr, Yakima, WA 98901, Physical Address: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
 (LP, LLP, LLC)
husband & wife

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<i>Darin McGoerger</i>		<i>201 Observator Dr.</i>	<i>50%</i>
<i>Aimee Goerger</i>		<i>201 Observator Dr.</i>	<i>50%</i>

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> 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. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> 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. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> 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#
<i>1</i>	<i>613351</i>	<i>WA</i>	<i>4V4ND2RHXYN257877</i>

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.

Darin McGoerger + Aimee Goerger

 Signature(s)

5/5/00

 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

Controlled Substances and Alcohol Testing (Part 382)

Name: Aimee Goerger
Devin M. Goerger Position: partners

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: Aimee Goerger
Devin M. Goerger Position: partners

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: Aimee Goerger
Devin M. Goerger Position: partners

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: Alma George
Daria M George Position: Partner

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: Alma George
Daria M George Position: Partner

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)).

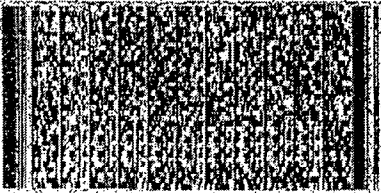
- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

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.

Daria M George & Alma George
Signature of applicant

5/5/10
Date



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
20 Box 3636 • Olympia, Washington 98507-2636

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

04/15/2010 T010539T30499253 +613351

Lic/Plt +613351	Issue Date 04/2010	Tab-No	Reg-Exp 04/30/2010	Value-Code/Yr 10500/2010	Depre 4	Mo-Reg 12	Mo-Gwt 12	
Power D	Use CMB	Mod-Yr 2000	Make VOLVO	Ser/Body TRAC	Model/BT VUN/DS	VIN or Serial No 4V4ND2RHXYN257877	Res-Co 39	Prev-Plt 13011RP
Selwt 16150	Seats	Gwt 88000	Gwt-Sirt 05/01/2009	Gwt-Exp 04/30/2010	Fleet	Equip	Prev Title 0711305405	Prev St WA

BRANDS:

COMMENT:

TITLE PURPOSE ONLY - PL-F VN-C VN-L - USE TAX WAIVED (A) - COLOR-BLACK - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

DARIN M. YOERGER AND
AIMEE D. YOERGER, DBA
YAKIMA TRANSPORT
201 OBSERVATION DR
YAKIMA WA 98901

THIS IS YOUR REGISTRATION
SIGNATURE IN YOUR VEHICLE
CARRIES LICENSE AGENCY
UNIFORM WA 98903
5-11-08-2149

VEHICLE DRIVER AND OWNER SUBJECT TO FEDERAL DRUG PROGRAM TITLE 49 CFR PART 382

I certify that the information contained hereon is accurate and complete.

[Signature]
Signature of Registered Owner(s)

[Signature]
Signature of Registered Owner(s)

Subscribed and sworn to before *[Signature]* This 15 Day of April 2010
BATCH NO 9150

FILING	\$ 4.00	TBD FEE 3900	\$	CHECK	\$
SUBAGENT	\$ 10.00	RTA EXCISE	\$	CASH	\$
LOCAL FEE	\$	USE TAX	\$	TOTAL FEES	\$ 25.50
LICENSE SRVC	\$	OTHER	\$ 11.50		
GWT/VMT FEE	\$	DONOR AWARENESS	\$		
		STATE PARKS	\$		

VALIDATION CODE 27391304101050415100053049925 TRANSFER

RPT ID: ATITPR-1 THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/10/2010

PRODUCER 509.965.2090 FAX 509.966.3454
Conover Insurance, Transportation Division LLC
P.O. Box 10088
Yakima, WA 98909

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED Darin M Yoerger & Aimee D Yoerger
DBA: Yakima Transport
201 Observation Drive
Yakima, WA 98901

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A: Great West Casualty Co.
INSURER B:
INSURER C:
INSURER D:
INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY	GWP78146A	04/23/2010	04/23/2011	EACH OCCURRENCE \$ 1,000,000
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
A		AUTOMOBILE LIABILITY	GWP78146A	04/23/2010	04/23/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
		<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
		<input checked="" type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
		<input checked="" type="checkbox"/> HIRED AUTOS				
<input checked="" type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
		<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
						AUTO ONLY: AGG \$
		EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
		<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
		<input type="checkbox"/> DEDUCTIBLE				\$
		<input type="checkbox"/> RETENTION \$				\$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS OTHER
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
		If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A		OTHER CARGO LIABILITY	GWP78146A	04/23/2010	04/23/2011	PER AUTO: \$50,000 DEDUCTIBLE: \$1,000 BROAD FORM COVERAGE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
FORM E SOON TO FOLLOW FROM INSURANCE COMPANY
CC# 63915

CERTIFICATE HOLDER

W U T C
P O BOX 47250
OLYMPIA, WA 98504

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 0 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE
Edward Chadwick/LESLIE

