TV-100970

#### 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				norit.		
ANTHORIS COMMON CARRIES OPERATION FOR PERMIT						
(ex-luding Household Goods and Common Carrier Brokers)						
Reception Number: UUZ1177   Safety: 5/2/	(alaladabhaneanasasana)	ĐWH	Tallet A Super Control of		Angel Madera (1966) Angel Madera (1966)	
144 0000 000 00 00 00 00				arrier I	200	.4
111 0268 200 02 3-75100 Insurance: 5/26				mploy	ee: Vu	~
TYPE OF APPLIC				-2"		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number  Extension of Common Carrier Permit Authority						
\$275 GENERAL COMMODITIES ONLY		\$100	GENE	RAL C	OMMODIT AR SERVIC	TIES, including
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100	GENE	RAL C		IES, including
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100	GENE	RAL C	OMMODI	TIES, Including and ARMORED CAR
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Cancelled Common Carrier Permit						
(Must be filed within 10 months of cancellation)					Auth -	
(which do nied within 10 months of cancellation)					Auth	
(must be nied within 10 months of cancellation)					Auth	
(which do nied within 10 months of cancellation)				· · · · · · · · · · · · · · · · · · ·	Auth	Account to
CERTIFICATION: I, the undersigned, under penalty for false statemen	TANGE	that the	following			Action 1
(which do nied within 10 months of cancellation)	TANGE	that the	following	informa		and correct, that I am
CERTIFICATION: I, the undersigned, under penalty for false statemen	ent, certify int, and tha	that the	following	information file is		and correct, that I am I valid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applications.	ent, certify int, and tha	that the tall informate:	following	information file is		and correct, that I am I valid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant to the applicant of	ent, certify int, and tha	that the tall info	following mation of	information file is		and correct, that I am I valid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applications.  Name (printed): Applications of the applic	ent, certify int, and tha	that the tall informate:	following mation of	on file is	ation is true current and	I valid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  S:——————————————————————————————————	ent, certify int, and tha	that the tall informate:	following mation of	USINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed).  CC#: 63 929 US DOT# 1926485	ent, certify int, and tha	that the tall informate:	following mation of the control of t	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  CC#: 63 929 US DOT#  1926485  APPLICANT NAME:	ent, certify int, and tha	that the tall informate:	following mation of the control of t	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed).  CC#: 63 929 US DOT# 1926485	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed).  CC#: 63 929 US DOT# 1926485  APPLICANT NAME: Hancon 44 Face	ent, certify int, and tha	that the tall informate:	following mation of the control of t	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  CC#: 63 929 US DOT#  1926485  APPLICANT NAME:  Hanson YWFarm  d/b/a:  BUSINESS (MAILING) ADDRESS:	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  S:——  WOLF CAPRIER  CC#: 63 929 US DOT#	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	ralid.
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed).  CC#: 63 97 9 US DOT# 1926485  APPLICANT NAME: Hancon 440 Farm  d/b/a:  BUSINESS (MAILING) ADDRESS:	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	FIER (UBI) #:
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  S:——  WOLF CAPRIER  CC#: 63 929 US DOT#	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	FIER (UBI) #:
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed).  CC#: 63 929 US DOT# 1926485  APPLICANT NAME: Hanson YW) Farm d/b/a:  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 10290 Value (city, state, zip)  Elless Less (Mailing) Elless Less Less Less Less Less Less Less	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	FIER (UBI) #:
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applicant Name (printed):  S:——  WOLF CAPRIER  CC#: 63 929 US DOT#	ent, certify int, and tha	that the tall informate:	following mation of JAZ FIED BI 202 PHON	JSINES	ation is true current and	FIER (UBI) #:

TYPE OF BUSINESS STRUCTURE  (chest individual of complete partites implication unwindation)						
□ INDIVIDUA	AL 🗆 PA	RTNERSI	HIP ()XI) CORPOR (LP, LLR)	RATION	N - STATE OF INCO	RPORATION
NAME	<u>T1</u> 7	<u>rle</u>	ADDR	ESS	ST	OCK DISTRIBUTION OR
William	Hanso	n N	addr Jember 11	229	O Var byetter	RCENTAGE OF SHARE
				O MAN TO A TO		
Complete this s holder and perm of the permit nu	inc ilgilinger of	are transf	erring on evicting o	omit to		ame of <u>current</u> permit ow to authorize the transfer
NAME ON PER	MIT:			· · · · · · · · · · · · · · · · · · ·	PERMIT N	UMBER:
Signature of cu	THE PROPERTY OF THE PROPERTY O	The second second				Date
	ne e	NEW PA	Vetavalereniniste		Stinust phack one)	
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. Complete and submit the Safety Fitness Survey—Section 1.  The applicant WILL The applicant WILL hazardous materials requiring \$5 materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey—Section 1.						
UNIT#	LICEN	8101/19/11/22 ISE#	NT LIST (Attach STATE	aleleitys I	nel for it necessary	A STATE OF THE PROPERTY OF THE
75	B1014		IN P	lλ	KDO69×1T	S670520
		•				
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.						
William 5/18/10						
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
Controlled Substances and Alcohol Testing (Part 382)
Name: William Haron Position: prember
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 Orivers License (GDL) Requirements (Part 183)
Name: William Han Jon Position: perbe
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.</li> </ul>
(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: Willyan Handon Position: manha
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.

Proversitions of Service (Part 395)	
Name: () All m / Position: Manbe	
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	ì
Vehicle Inspection Repair and Maintenance (Part 396)	
Name: Willian Hanvan Position: member	_
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicused each day. Refer to Part 396.11 for a description of the required content of this report.	le
Each motor carrier must maintain certain required records for each vehicle that includes the following (see Part 396.3(b)).	ng:
<ul> <li>Identification of the vehicle</li> <li>A means to indicate the nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>	
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.	
Signature of applicant  Date	/

#### CERTIFICATE OF LIABILITY INSURANCE

6004 Verdige: 002

DATE (MM/DD/YYYY)

5/25/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

cer tilicate floider in fled of such endorsement(s).							
ODUCER (425)643-5200	CONTACT NAME:						
UPERIOR UNDERWRITERS	PHONE FAX (A/C, No, Ext): (A/C, No):						
O. BOX 97024 EDMOND, WA 98073	E-MAIL ADDRESS: PRODUCER						
	CUSTOMER ID #:						
	INSURER(S) AFFORDING COVERAGE	NAIC#					
SURED HANSON 4W FARMS LLC 10290 VANTAGE HWY ELLENSBURG, WA 98926	INSURER A: CAROLINA CASUALTY INSURANCE COMPANY						
	INSURER B :						
	INSURER C:						
	INSURER D:	INSURER D :					
	INSURER E :						
	INSURER F:						
OVERAGES CERTIFICATE NUMBE	ER: REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LIST	ED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY F	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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

POLICY EFF (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER INSR WVI GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG POLICY AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1.000.000 (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) SCHEDULED AUTOS CBP347372 05/26/10 05/26/11 PROPERTY DAMAGE HIRED ALITOS (Per accident) NON-OWNED AUTOS UMBRELLA LIAB OCCUR EACH OCCURRENCE **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ DEDUCTIBLE RETENTION WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. EACH ACCIDENT N / A E.L. DISEASE - EA EMPLOYE E.L. DISEASE - POLICY LIMIT

ESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

PER SCHEDULE OF VEHICLES ON FILE WITH THE COMPANY

ENTIFICATE HOLDEN	CANCELLATION
WUTC P.O. BOX 47250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
OLYMPIA, WA 98504-7250	
ı	AUTHORIZED REPRESENTATIVE Communication of the second seco

OANOELL ATION

EDTIEICATE HOLDED