

VENDOR NAME AND ADDRESS CHRIS CARNAHAN C.O.C. HAULING 2654 SPARROW LOOP POST FALLS, ID 83854-4938	AGENCY NUMBER 2150	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND - Carrier withdrew Common Carrier application and requested a refund.

RECEPTION OR FIELD RECEIPT NO. 21966 DATED 6/10/10 \$275.00

PREPARED BY Tina Leipski <i>Tika</i>			TELEPHONE NUMBER 664-1170			DATE 8/12/10			AGENCY APPROVAL <i>Colleen Smith</i>			DATE 8/12/10				
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.		REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER		
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER
	198		111			02	68								\$275.00	REFUND
ACCOUNTING APPROVAL FOR PAYMENT										DATE			WARRANT TOTAL \$275.00		WARRANT NUMBER	

I Chris Carnahan would like to
Withdraw the Pending Application

TV 100990
Reception#
0021966

Chris Carnahan

Att

Tina

FAX#

360-586-1181

PART - A

FY-100990

8/12/10
Withdrew
APP

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1900 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)

Reception Number: 0021966	Safety:	Carrier ID#: 604
111 0268 200 02 275.00	Insurance:	Employee: WEC

New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority, or Transfer of Existing Permit Number

<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

V514210

For Commission Use Only:
Auth #:

Check Money Order AMEX Discover

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): Chris Carnahan Date: 5/21/10
 Signature: [Signature] Title: owner / driver

CC#: 063945	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 509 748 902
-------------	---------	---

APPLICANT NAME: Chris Carnahan	PHONE#: 208 277-5945
--------------------------------	----------------------

d/b/a: C.O.C. Hauling	FAX #: 0
-----------------------	----------

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2654 Sparrow loop

(city, state, zip) Post Falls IDaho

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE
(Check one, unless sole proprietorship/corporation/limited liability)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
X Chris Carnahan

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: N/A PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS

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 if still necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>WMC</u>	<u>B67057H</u>	<u>WA</u>	<u>1FTFE2YCXVHB69706</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.

Chris Carnahan
Signature(s)

5-21-10
Date

Name: CHRIS Carnahan Position: Driver/owner

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 if 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

Name: CHRIS Carnahan Position: Driver/owner

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.

Chris Carnahan
Signature of applicant

5/21/10
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) 835-1111
- 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 Substance Testing Requirements (Part 382)

Name: Charles Position: Driver/owner

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance 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: Charles Position: Driver/owner

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: Charles Position: Driver/owner

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.

**CITY PARCEL DELIVERY
P.O. BOX 40117
3023 E.TRENT
SPOKANE, WA 99220**

**FAX TRANSMITTAL SHEET
PHONE # (509) 534-0511
FAX # (509) 534-0527**

TO: *Wa Utilities Commission*

FAX: *360 586 1181*

FROM: *Jim Hill / City Parcel*

DATE: *5/24/10*

NO. OF PAGES(INCLUDING COVER PAGE) *5*

COMMENTS:

**IF YOU HAVE ANY PROBLEMS OR QUESTIONS RECEIVING THIS FAX,
PLEASE CALL. THANKYOU**