# PARTA

TV# 10099

## ISPORTATION COMMISSION

RECE1300-35 vergreen D Dr SW, PO Box 47250, Olympia, WA 98504,7250 (360) 664 1222 - Fax (360) 586-1181

JUN 1 0 2010

**Operating Authority** 

JUN 1 5 2010

| WASH IIT & TO COMM (excluding Household Good  | ds and Common Carrier Brokers)  WASH, UT, & TP. COMM                             |  |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|--|
|   | IAL USE UNLT   |  |  |  |  |  |  |  |
| Reception Number: 1112,1812 Safety:   | Carrier ID#: 6029  |  |  |  |  |  |  |  |
| 111 0268 200 02 275, °° Insurance:  | Employee: KWC  |  |  |  |  |  |  |  |
|   | CATION (check one)   |  |  |  |  |  |  |  |
| New Common Carrier Permit Authority, or<br>Transfer of Existing Permit Number   | Extension of Common Carrier Permit Authority                                     |  |  |  |  |  |  |  |
| \$275 GENERAL COMMODITIES ONLY  | \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE                         |  |  |  |  |  |  |  |
| \$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE   | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                         |  |  |  |  |  |  |  |
| \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |  |  |  |  |  |  |  |
| \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE  |  |  |  |  |  |  |  |  |
| \$100 REINSTATEMENT OF CANCELLED COMM (Must be filed within 10 months of cancellation)  | For Commission Use Only: Auth #:   |  |  |  |  |  |  |  |
| TYPE OI   | FPAYMENT   |  |  |  |  |  |  |  |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover I   | □ Mastercard □ Visa Expiration Date  |  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |  |  |
| 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):   | Date:  |  |  |  |  |  |  |  |
| Signature:  | Title:   |  |  |  |  |  |  |  |
|   | ER IDENTIFICATION  |  |  |  |  |  |  |  |
| CC#:063946 US DOT# 1917308  | WA UNIFIED BUSINESS IDENTIFIER (UBI) #:  |  |  |  |  |  |  |  |
| APPLICANT NAME,   | PHONE#:  |  |  |  |  |  |  |  |
| Servando Villicana  | 360-374-6321   |  |  |  |  |  |  |  |
| d/b/a: FAX#: FAX#:  |  |  |  |  |  |  |  |  |
| BUSINESS (MAILING) ADDRESS:<br>(street address, P.O. Box) <i>多の ス</i>   |  |  |  |  |  |  |  |  |
| (city, state, zip)  |  |  |  |  |  |  |  |  |
| Sorks wa  | 98331  |  |  |  |  |  |  |  |
| PHYSICAL ADDRESS: (street address, if different)  |  |  |  |  |  |  |  |  |
| 2/2/ (a/awaH W  | ay Sorks wa 98331  |  |  |  |  |  |  |  |

### **PART B**

## SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

#### Companies applying to transport any commodity must complete this survey.

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

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, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ijkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

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|                        | <i>!</i>   |                  |  |
|------------------------|------------|------------------|--|
| Name: Sernando         | 100/05     | _                |  |
| NI POVIN MY MCM        | Villi Cana | Position: CNOREC |  |
| Name. Z CI // CI // CO | VIII CONT  | POSITION: LAVITA |  |
| 1101110.               |            |                  |  |

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 a vehicle that:

- 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 hazardous materials regulations.

Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.

### Commercial Drivers License (CDL) Requirements

Name: Fernon Lo Villicom or Position: Owner

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. The definition of a commercial motor vehicle is a vehicle that:

- 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 hazardous materials regulations.

|  | Driver Qualification  | n Requiremen   | ts   |  |  |  |
|--|---|--|--|--|--|--|
| Name: Ferhando   |   |  |  |  |  |  |
| vehicles as required by FMCSR Pa   | art 391.51 and by the W<br>within Washington hav  | /SP in WAC 446<br>e limited exemp  | h employee authorized to drive motor 6-65-010. Owner/operators that work otions. Owners/operators that conduct d any other driver that they may use. |  |  |  |
|  | Drivers Hours   | of Service   |  |  |  |  |
| Name: Servere de   | 11111 (011)   | Position:  | DW ner   |  |  |  |
| Each company must maintain true vehicle as required by the FMCSA   | and accurate hours of in 49 CFR, Part 395.1(  | service records<br>(e) and by the W  | for each individual that drives a motor<br>VSP in WAC 446-65-010.  |  |  |  |
| Vehi   | cle Inspection, Rep   | air, and Maint   | tenance  |  |  |  |
| Name: FEYNOWN VA   | Villi cana  | Position:  | where  |  |  |  |
| required by the FMCSA in 49 CFR company must maintain certain rec FMCSA in 49 CFR, Part 396.3 and Identification of the The nature and due                           | , Part 396.11 and by th<br>quired records for each<br>I by the WSP in WAC 4<br>vehicle.<br>date of various inspec | e WSP in WAC vehicle that included the that included the that included the | on each vehicle used each day as 446-65-010. In addition, each cludes the following, as required by the enance operations to be performed.           |  |  |  |
| All companies must conduct period WSP in WAC 446-65-010.   | dic inspections as requ   | ired by the FMC  | CSA in 49 CFR, Part 396.17 and by the  |  |  |  |
|  | Signat  | ture   |  |  |  |  |
| 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. |   |  |  |  |  |  |
| Cornondo VI  | illi com or   |  | 6-3-10   |  |  |  |
| Signature of applicant   | -11 (-7/6)  | ·····  | Date   |  |  |  |