

PART A

TV# 101130

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)

*Handwritten signature*

FOR OFFICIAL USE ONLY

Reception Number: 0025032

Safety: *bundle recd*

Carrier ID#: 6053

111 0268 200 02 21500

Insurance: *bundle recd*

Employee: *[Signature]*

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or 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 ARMORED 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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #: 104931de

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

Expiration Date

4 | 8 | 5 | 2 | 7 | 6 | 0 | 0 | 0 | 0 | 0 | 2 | 9 | 9 | 4 | 2 | 0 | 6 | 1 | 3

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): Robert M. Curl

Date: 6-28-10

Signature: *[Signature]*

Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 63967

US DOT#: 2043605

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-701-9020

APPLICANT NAME: Robert M. Curl

PHONE#: (360) 481-2164

d/b/a: RMC Trucking

FAX #: (360) 352-6784

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 12271

(city, state, zip) Olympia, Wa. 98508

PHYSICAL ADDRESS: (street address, if different) 261 SE Craig Rd

Shelton, WA 98508

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

- INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION \_\_\_\_\_

**NAME**                      **TITLE**                      **ADDRESS**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

**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)**

A permit will not be issued until acceptable insurance is received

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
01		wa	1XKWDK9X52R889822

**Signature**

*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.*

Signature(s)

6-28-10  
Date

**Driver Qualification Requirements**

Name: Robert M. Curl Position: owner/operator

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

**Drivers Hours of Service**

Name: Robert M. Curl Position: owner/operator

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

**Vehicle Inspection, Repair, and Maintenance**

Name: Robert M. Curl Position: owner/operator

Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:

- Identification of the vehicle.
- 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 conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.

**Signature**

**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

6-28-10

Date

<b>ACORD</b> <small>TM</small> <b>CERTIFICATE OF LIABILITY INSURANCE</b>	DATE (MM/DD/YYYY) 06/28/2010												
PRODUCER Phone (800) 262-0181 Fax (877) 206-0684 <b>MAPLE LEAF INSURANCE AGENCY, INC.</b> PO BOX 4550 6536 KITSAP WAY BREMERTON WA 98312	<b>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.</b>												
<b>INSURED</b> <b>CURL, ROBERT M</b> <b>DBA RMC TRUCKING</b> PO BOX 12271 OLYMPIA WA 98508	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURERS AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: <b>NORTHLAND INSURANCE CO</b></td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>	<b>INSURERS AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: <b>NORTHLAND INSURANCE CO</b>		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
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**COVERAGES**

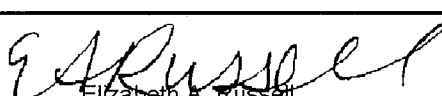
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES 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 INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <hr/> GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$								
A		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Includes Physical Damage <input checked="" type="checkbox"/> \$1,000 Deductible	WN039005	06/22/10	06/22/11	COMBINED SINGLE LIMIT (Ea accident) \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$								
		<b>EXCESS / UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <hr/> <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$								
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">WC STATUTORY LIMITS</td> <td style="width: 50%;">OTHER</td> </tr> <tr> <td>E. L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E. L. DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E. L. DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E. L. EACH ACCIDENT	\$	E. L. DISEASE-EA EMPLOYEE	\$	E. L. DISEASE-POLICY LIMIT	\$
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E. L. DISEASE-POLICY LIMIT	\$													
A		<b>OTHER: CARGO</b>	WN039005	06/22/10	06/22/11	<b>\$100,000 with \$1,000 Deductible</b>								

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS**

**CERTIFICATE HOLDER**

**CANCELLATION**

<b>WASHINGTON UTILITIES &amp; TRANSPORTATION</b> FAX- 360-586-1181 <b>TRANSPORTATION OPERATIONS</b> P.O. BOX 47250 OLYMPIA WA 98504  Attention:	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  AUTHORIZED REPRESENTATIVE <div style="text-align: right; margin-top: 20px;">                       Elizabeth A. Russell                 </div>
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