

original

PART A

TV# 101175

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)

Auth VI
032228

FOR OFFICIAL USE ONLY

Reception Number: 0025093	Safety: 7-7-10	Carrier ID#: 6003
111 0268 200 02 275.00	Insurance: 7-7-10 E+Bund	Employee: RWC

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" 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)	For Commission Use Only: Auth #:
---	-------------------------------------

Check Money Order Cash Credit Card Other _____

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): Doug Stuss Date: 6-30-10

Signature: _____ Title: Vice President, Secretary/Treasurer

MOTOR CARRIER IDENTIFICATION

CC#: 063980	US DOT# 913300	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 018 685
APPLICANT NAME: Gemini Motor Transport, LP		PHONE#: 405-751-9000
d/b/a:	FAX #:	
BUSINESS (MAILING) ADDRESS: PO Box 26210 (street address, P.O. Box) Oklahoma City, OK 73126 (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different) 10601 North Pennsylvania, Oklahoma City, OK73120		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

OK Per Call 7-1

NAME

TITLE

ADDRESS

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

See Attached List

see Attached

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.

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. *Per call 9-1*

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
101	2GM892	OK	1FUNA6CK87DW52721
102	2GM999	OK	1FUNA6CKX7DW52722
220	2MQ945	OK	1FUNA6DR99DAF0004
Continued On Attached List			

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)

Date

6-30-10

GEMINI MOTOR TRANSPORT, LP
 FEIN: 73-1597106
 10601 North Pennsylvania
 PO Box 26210
 Oklahoma City, OK 73126

OWNERS & OFFICERS

<u>NAME</u>	<u>SOCIAL SECURITY NUMBER</u>	<u>TITLE</u>	<u>HOME ADDRESS</u>	<u>% OF OWNERSHIP</u>
Gemini Holding Company, LLC	73-1597103	General Partner	10601 N Pennsylvania, Oklahoma City, OK 73120	1.00%
Frank C. Love, IV	443-78-4694	President / Limited Partner Executive Vice	7444 N Country Club Dr, Oklahoma City, OK 73116	24.75%
Gregory M. Love	448-56-1889	President / Limited Partner Vice President	7520 Nichols Road, Oklahoma City, OK 73120	24.75%
Doug Stussi	443-50-6302	Secretary & Treasurer	608 Deer View Crossing, Edmond, OK 73034	N/A
Brent Bergevin	389-48-0125	Vice President	14616 Fossil Creek Ln, Oklahoma City, OK 73134	N/A
Linda K. Tillinghast	444-68-1765	Assistant Secretary	10712 Ashford Drive, Yukon, OK 73099	N/A
Jenny Love Meyer	443-78-2949	Limited Partner	6919 Avondale Court, Oklahoma City, OK 73116	24.75%
Laura Love Cameron	443-78-7439	Limited Partner	2416 Grand Circle, Oklahoma City, OK 73116	24.75%

100.00%

Application Support Document
Common Carrier Operating Authority
Application for Permit
Motor Vehicle List (cont'd)

L

Gemini Motor Transport, LP
FEIN: 73-1597106
10601 North Pennsylvania
PO Box 26210
Oklahoma City, OK 73126

Unit #	License #	State	VIN #
272	2PH983	OK	1FUJGEDV1ASAR6080
273	2PH984	OK	1FUJGEDV3ASAR6081
274	2PH985	OK	1FUJGEDV5ASAR6082
683	2J0162	OK	1FUJF0CV67DW52711
691	2JO422	OK	1FUJA6CK67DW52716
100	2GM859	OK	1FUNA6CK67DW52720

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.jjkeller.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.

Controlled Substances and Alcohol Testing

Name: Mike Goldberg Position: Compliance Manager

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: Mike Goldberg Position: Compliance Manager

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 Requirements

Name: Mike Goldberg Position: Compliance Manager

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: Mike Goldberg Position: Compliance Manager

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: Mike Goldberg Position: Compliance Manager

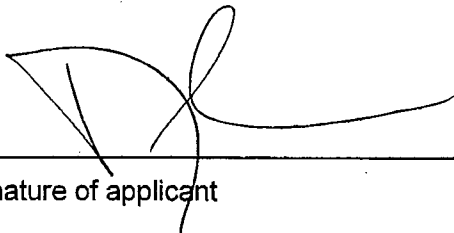
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required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

6-30-10

Date

PART C – SECTION 1

SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey.

- Name the person or position responsible for maintaining and understanding current hazardous material regulations.
Mike Goldberg
- Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No
- Are drivers trained in the use of Emergency Response Information? Yes No
- Is the Emergency Response Information carried in the vehicle? Yes No
- Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
Mike Goldberg
- Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes No
- Who is responsible for completing hazardous materials shipping papers?
The shipper.
- Where are hazardous material shipping papers located during transportation?
In Driver's Door
- If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
N/A
- If you have a permit to haul hazardous materials on an interstate level, please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

Signature

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.

Signature of applicant

Date

6-30-10

PART C – SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:

- Petroleum or petroleum products in bulk in tank-type vehicles Yes No
- Radioactive substances Yes No
- Explosives Yes No
- Corrosives Yes No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No

- If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No
- If yes, which governmental agency will issue the permit? _____
- If yes, please explain what you intend to build: _____

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:

- a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?
 Yes No
- b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?
 Yes No
- c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?
 Yes No
- If your answer to a, b, or c is no, please explain: _____

**UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION**



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2010-2013**

Registrant: GEMINI MOTOR TRANSPORT LP
Attn: MIKE GOLDBERG
10601 N PENNSYLVANIA AVE
OKLAHOMA CITY, OK 73120

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 050510 550 027SU Issued: 05/05/2010 Expires: 06/30/2013

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

Pending

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the National Union Fire Ins. Co. of Pittsburgh PA
(Name of Company)
(herein after called Company) of 70 Pine Street, New York, NY, 10270
(Home Address of Company)

GEMINI MOTOR TRANSPORT,
has issued to L.P. (Name of Motor Carrier) of P.O. BOX 26210 OKLAHOMA CITY, OK, 73126
(Address of Motor Carrier)

A policy or policies of insurance effective from 12/01/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 8144 Walnut Hill Lane, 16th Floor
Dallas TX 75231 This 06th day of Jul 20 10
(Address) (Day) (Month) (Year)

Insurance Company File No. CA 146-79-52
(Policy No)

Paul Stoker
Paul Stoker
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :2,000,000.00

6063
Perd

ACORD™ CERTIFICATE OF LIABILITY INSURANCE DATE (MM/DD/YYYY)
6/29/2010


PRODUCER Willis of Oklahoma, Inc. One Leadership Sq. 211 N. Robinson, Ste 1100 Oklahoma City, OK 73102-7105	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 Gemini Motor Transport, L.P. Attn. Carl Martincich P. O. Box 26210 Oklahoma City, OK 73126	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Ironshore Specialty Insurance Co.</td> <td>25445</td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C: Nat'l Union Fire Ins. Co. Pittsburgh</td> <td>19445</td> </tr> <tr> <td>INSURER D: New Hampshire Insurance Company</td> <td>23841</td> </tr> <tr> <td>INSURER E: American International Specialty Lin</td> <td>26883</td> </tr> </table>	INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Ironshore Specialty Insurance Co.	25445	INSURER B:		INSURER C: Nat'l Union Fire Ins. Co. Pittsburgh	19445	INSURER D: New Hampshire Insurance Company	23841	INSURER E: American International Specialty Lin	26883
INSURERS AFFORDING COVERAGE	NAIC #												
INSURER A: Ironshore Specialty Insurance Co.	25445												
INSURER B:													
INSURER C: Nat'l Union Fire Ins. Co. Pittsburgh	19445												
INSURER D: New Hampshire Insurance Company	23841												
INSURER E: American International Specialty Lin	26883												

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 ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A B	GENERAL LIABILITY	0162H0906001	12/01/09	12/01/10	EACH OCCURRENCE \$4,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$None MED EXP (Any one person) \$None PERSONAL & ADV INJURY \$4,000,000 GENERAL AGGREGATE \$8,000,000 PRODUCTS - COMP/OP AGG \$8,000,000
C C	AUTOMOBILE LIABILITY	CA1467952 CA4576106	12/01/09 12/01/09	12/01/10 12/01/10	COMBINED SINGLE LIMIT (Ea accident) \$2,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS 90 Included				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC AGG \$
C C	EXCESS/UMBRELLA LIABILITY	27471556	12/01/09	12/01/10	EACH OCCURRENCE \$5,000,000
	<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION \$ 25000				AGGREGATE \$5,000,000 \$ \$
D C D C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	WC004884101	12/01/09	12/01/10	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	WC009844830	12/01/09	12/01/10	E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under SPECIAL PROVISIONS below	WC009844831 WC004553422	12/01/09	12/01/10	E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
E	OTHER Pollution Legal Liability - Cov I-Pollution	PLS5430822 Conditions from Transport Cargo	12/01/09	12/01/12	\$25,000,000 Ea Incident \$25,000,000 Aggregate \$250,000 Deductible

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
General Liability - Self Insured \$1,000,000 Limit
Hired Car Physical Damage - Self Insured

CERTIFICATE HOLDER Washington Utilities and Transportation Commission 1300 S Evergreen Park Drive SW P O Box 47250 Olympia, WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> 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 
--	--