TV-10/214

PART - A

WASHINGTON UTILITIES AIND TRANSPORTATION COMMISSION

1300 S Evergreer a Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 6:64-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excludi	ng Household (Goods	s and Co	mmon Ca	rrier Brokers)			_
	FOR OF FICE	AL US	E ONLY		1-	$\Omega \mathcal{L}$	
Reception Number 023260	Safety: 8/4/10			Carrier	ID#: (()	1/2)
111 0268 200 02 7757 07	Insurance: 8-4-	10 B	nder	Employ	yee: (\rightarrow	
	VEEDBARIRLIE	/(21₹V±	(check	0119)			
New Common Carrier Permit	Authority, or	Exte	nsion o	f Common	Carrier F	Permit A	uthority
Transfer of Existing Permi	t Number_						
\$275 GENERAL COMMODITIE	ES ONLY		\$100	GENERAL (COMMODIT	TES, includ	ling
\$275 GENERAL COMMODITIE ARMORDED CAR SERVICE	S, including		\$100	GENERAL (COMMODIT	IES, includ	ling
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS	S, including		\$100	GENERAL HAZARDOUS SERVICE	COMMODI	MES, includ	ling ED CAR
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS and SERVICE	S, including I ARMORED CAIR						
\$100 REINSTATEMENT OF CA	NCELLED CC)MMO	N CARF	RIER PER	RMIT	For Commis	olon Her Au	
	EOS 19YOUR	PAYMI	NT C				
☐ Check ☐ Money Order ☐ Amon		15. 5. 3. 3. A.	A Anna		- Eusisatia	n Dafe	
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CERTIFICATION: I the undereigned under an		· ·			Samuel Committee		
CERTIFICATION: I, the undersigned, under pe authorized to execute and file this document or	nally for talse's tatement behalf of the supplicat	nt, certify nt, and the	r that the fo at all inforr	ollowing inform nation on file is	ation is true : current and	and correct, valid	that I am
Name (printed): DANA BRA			oate: 6	7/09/	10		
•							_
Signature	The state of the s			9GENI			
	REIS RESEARCE						
CC#: ()'AUG US DOT#(i	f required)	7		IED BUSINE		IER (OBI)	#:
ADDITION TO A TO	32850			2286	1843	4	
APPLICANT NAME:	IMMER.			PHONE#:			
d/b/a: V				-3 <i>60</i>	410-	042	/
	ERARISES	~ 7			-u-	700	
BUSINESS (MAILING) ADDRESS:	JENET SE		M.	100-3	<u> </u>	210	
(street address, P.O. Box)	21838	844	5 A	15 5		•	
(city, state, zip)							
	KENT U	JA.	98	3032		·····	
PHYSICAL ADDRESS: (street addre	ess, if differ ent)	671	1-1	57.		•	
				N W.	A. 98	2/4	
	4 .	∼У/	ソルシ		. 10	~0 1	

Replacement 101214

			YPE OF BUSI	NESS S			Series and wife
	(ch	eck individ	ual or compleate	nartnersh	IRUCTURE	tion) COC	
D INDIVIDUA	AL 🗆 PA	RTNERSH	IIP 🗕 COIRPO	DRATION	- STATE OF INCOR	PORATION W	1
NAME		TITLE	<u>\$1</u>	OCK DIS	TRIBUTION OR PER		ARE
DARREIN	Tima	ER	OWNER		51%	50% P	eri
BRIAN	Timi	MER	OWNER		49%		7V19/2
KAREN		n 5/2	OWN E				
Complete this holder and pen of the permit no	miii numper t	i are transi o be transi	ferring an existing ferred. The courre	g permit to ent permit	o a new owner. List n holder must sign belo	ame of <u>current</u> per w to authorize the	mit transfer
NAME ON PER	RMIT:				PE RMIT N	UMBER:	
Signature of c	urrent nermi	t bolder	TEACI + iro	200 1	Zegitteme	iile —	
		INSUPA FIRM	MGE REO JIR	EMENT			n i
The application The Applicatio	cardous quantity operate an 10,000 reight j in Public operty nce is o not ne ed Safety	MOT HA materials \$750,000 and Prop Insuranc Complete Safety Fi Section 1	MUSE (VII	HAUL mater \$1 mi Liabili Dama subm Surve 2.	The applicant WILL hazardous ials requiring illion in Public ity and Property age Insurance and it the Safety Fitness by – Sections 1 and	The applica HAUL hazardous materials requiring million in Public and Property Dar Insurance. Compand submit the S. Fitness Survey — Sections 1 and 2.	ng \$5 Liability nage olete afety
UNIT#	LICEN		STA TE		V	'IN#	
32	2711	9RP	WA		IXP5 DB9XX	(6088293	2
operate and tha	at no operat and affirm t	ions may	be conducited t	until a pe	does not in itself con ermit is received fron this application is tru	n the Commissio	n. I
			5				

P'ART - B

SAFETY FITNESS SURVEY - SECTION 1 GENIERAL 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 se veral vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Stuite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650 J. J. Keller & Associates, Inc. 3003 W. Breezewood Laine, Neenah, WI 54966 (877) 564-2333 Willamette Traffic Bureau, 16303 NE Cameron Blvd, P ortland, 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

	<u>(</u>	eanideáidÉ belloaine	seinel Aleon	ol leating (Parks	92)
Nam	e: DARRELL	Timmer	Position:	owner	percall
A	any person who drives alcohol Testing progra	s a commercial motor ve im that complies with the	shicle requiring s FMCSR in 49	a CDL must be in a CFR Part 382 and	a Controlled Substance and 49 CFR Part 40
E si	ach company will havubstances testing req	ve in place a system for uirements (49 CFR Par	complying with t 382 and 49 C	n FMCSR governing FR Part 40).	alcohol and controlled
	Gorii	indioku ปฏิกั _{ชสิเร} Lies	059 (CDÉ) Ř	ទីវិញសេស្ត្រាមិល្ខា (ស្វា	43 <u>8</u> 3)
Name	Dragell	TIMMER		n. Owner	Per Call
Any d must l < < <	has a gross combin weight rating of mol has a gross vehicle is designed to trans	ne definition of a comme led weight rating of 26,0 re than 10,000 pounds; weight rating of 26,001 port 16 or more passen	ercial motor ve 001 pounds that or pounds or mo igers, including	hicle is: t includes a towed u re; or the driver: or	ehicle as described below unit with a gross vehicle requires placarding under
(Definiti Licensir	on shown above applies ing office for additional info	n reference to this section au	nd that of controlle	d substance testing.) C	contact local Department of
		្សាក់ខ្មែរ ថ្មិរគ្នាកើតតំប	on Requirem		
Name:	DARRELL	TIMMER	Position: <i>L</i>	owner P	per Call
cas	ch company must ma sual, or intermittent) a CSR Part 391.51	nintain a complete Drive outhorized to drive moto	er Qualification or vehicle. To d	File for each emplo letermine what infor	yee (whether permanent, rmation is required, review

Owner/operators that work exclusively in intras tate 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.

Signature of applicant

		Diversitor is ors	invice (Pair 395)						
Name:_	DARREIL	TIMMER	Position: 0 u	vuon p	Dev Ce U				
drives a driver," he/she	motor vehicle. If co a record of duty state exceeds the 100 air-	in true and accur ate hour mpany's operations meet us is acceptable. A driver mile radius or he /she excart 395.1(e) and WAC 48	: all requirements o · must complete a c eeds 12 hours.	of the "100 a	air mile radius				
	y j5jel	a leagasion, Regain- in	ន) (ទេក្រាន៖មេក្រទេ) (ទ	ar: 39.8)					
Name:_		TIMMER			Per Call				
Part 396 used ead	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 de scription of the required content of this report.								
Each mo (see Par	tor carrier must mair t 396.3(b)).	ntain certain required reco	ords for each vehic	le that inclu	udes the following:				
< <	operations to be pe	e the nature and due date							
must insp	anies must comply wect, or have inspect 12 months.	rith Part 396,17 (dealing w ed, all motor vehicles sub	rith Periodic inspec oject to its control a	ctions. Eac at least onc	h motor carrier e during the				
My signature below certifies that I underst and my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.									

No. 8474

CERTIFICATE OF LIABILITY INSURANCE

OPID JG

08/03/10

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(les) 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 certificate holder in lieu of such endorsement(s).

PRO	DÚC	ER						NAME:	91.		· · · · · · · · · · · · · · · · · · ·			
RIS Insurance Services						PHONE (A/C, No, Exi): (A/G, No):								
		Box 1059	'					6-MAIL ADDRESS:						
Anacortes WA 98221						PRODUCER CUSTOMER ID #: TIMME - 2								
Phone: 360-293-2135 Fax: 360-293-2385							293-2385					NAIC #		
INSL	IRED							INSURER A: GREAT WEST CASUALTY INSURANCE 113					11371	
		TIMMER	EN7	TERPRISE EET RD	s I	₹C		INSURER B:						
		LYNDEN	WA	98264				INSURER C:						
								INSURE					,	
								INSURER E :						
								INSURER F:						
COVERAGES CERTIFICATE NUMBER:										REVISION NUMBER:				
	THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD													
CE	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.													
NER LTR		TYPE OF IN	BURA	NČE	ADD	USUBF WVD	POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) LIMITS						
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											PERSONAL & ADV INJURY	\$		
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	GEN	N'L AGGREGATE LIM		LIES PER:			* * * *				PRODUCTS - COMP/OP AGG	3		
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									BODILY INJURY (Per accident) \$					
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	OFF	PROPRIETOR/PARTICER/MEMBER EXCI	LUDED	7	N/A				ı	}	E,L. EACH ACCIDENT	\$		
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