

**DISMISSED**  
PART - A  
10-13-10

TV-101236

**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)

**FOR OFFICIAL USE ONLY**

Reception Number: <u>0025307</u>	Safety:	Carrier ID#: <u>6090</u>
111 0268 200 02 <u>275.00</u>	Insurance:	Employee: <u>lwe</u>

**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 type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input checked="" 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 #:
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**TYPE OF PAYMENT**

Check  Money Order

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): Todd Hayataka Date: 7-15-10  
Sig. \_\_\_\_\_ Title: Safety

**MOTOR CARRIER IDENTIFICATION**

CC#: <u>63993</u>	US DOT# <u>1972867</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI)#: <u>603025410 per call</u>
APPLICANT NAME: <u>GTS Transportation, LLC</u>		PHONE#: <u>616-530-3551</u>
d/b/a:		FAX #: <u>616-261-4951</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>6000 Clay Avenue, S.W.</u> (city/state, zip) <u>Grand Rapids, MI 49548</u>		
PHYSICAL ADDRESS: (street address, if different)		

**TYPE OF BUSINESS STRUCTURE**

*(check individual or complete partnership/corporation information)*

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Michigan Trucking LLC	Member	6000 Clay Avenue, S.W. Grand Rapids, MI 49548	100%

**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)**

*(permit will not be issued until acceptable insurance is received)*

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity — <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input checked="" type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|---|--|--|---|

**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
700070	00694688	IN	1XKTDB9XX7J151580
600117	00694434	IN	LFUJA6CK46LV04083

*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.*

*Larry Comi*

Signature(s)

*6/28/10*

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) 838-1650  
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 Substances and Alcohol Testing (Part 382)

Name: Cheryl Lathwell Position: Safety Manager

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and 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: Cheryl Lathwell Position: Safety 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:

- < 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: Cheryl Lathwell Position: Safety Manager

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.

**Drivers Hours of Service (Part 395)**

Name: Cheryl Lathwell

Position: Safety Manager

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 when 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

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

Name: Cheryl Lathwell

Position: Safety Manager

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.***

Cheryl Lathwell

6/28/10

Signature of applicant

Cheryl Lathwell

Date

## PART - B

### SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must  
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.

Cheryl Lathwell, Safety Manager

2.  Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?

3.  Y N Are drivers trained in the use of Emergency Response Information?

4.  Y N Is the Emergency Response Information carried in the vehicle?

5. 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.

Cheryl Lathwell, Safety Manager

6.  Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?

7. Who is responsible for completing hazardous materials shipping papers?

Shipper

8. Where are hazardous material shipping papers located during transportation?

In the truck in the possession of the driver.

9. 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.

Not Applicable

10.  Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application. 061708 551 0570S