

TV-101237

PART - A

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)

amt 152999

FOR OFFICIAL USE ONLY

Reception Number: <u>055343</u>	Safety: <u>OK</u>	Carrier ID#: <u>6091</u>
111 0268 200 02 <u>275.00</u>	Insurance:	Employee: <u>rw</u>

TYPE OF APPLICATION

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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 type="checkbox"/> \$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 #:

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): Gerald Vrieling Date: 7/2/10

Signature: [Signature] Title: Owner

NOTICE OF CARRIER IDENTIFICATION

CC#: <u>63994</u>	US DOT# <u>2049581</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) # <u>603026721</u>
APPLICANT NAME: <u>Gerald Vrieling</u>		PHONE#: <u>509-840-0363</u>
d/b/a: <u>Vrieling Transport</u>		FAX #: <u>509-837-2300</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>113 Harrison St</u>		
(city, state, zip) <u>Grandview, WA 98930</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

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

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Gerald Vierling owner 113 Harrison St Grandview, WA 98730

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

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

EQUIPMENT LIST (Each additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B41254P	WA	1XPCD69XG6SD374823

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.

Gerald Vierling
Signature(s) 7/2/10
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 Substance and Alcohol Testing (Part 382)

Name: Gerald Vrieling Position: owner

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 Driver License (CDL) Requirements (Part 393)

Name: Gerald Vrieling 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. 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: Gerald Vrieling Position: owner

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.

Driver's Hours of Service (Part 395)

Name: Gerald Vrieling Position: Owner

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: Gerald Vrieling Position: Owner

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)).

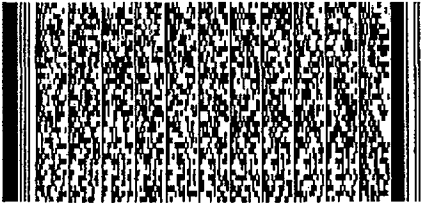
- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

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.

Gerald Vrieling
Signature of applicant

7/2/10
Date



STATE OF WASHINGTON
DEPARTMENT OF LICENSING
PO Box 9038 • Olympia, Washington 98507-9038

Carrier Responsible for Safety: HISPANGLO ENTERPRISES LLC

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

07/06/2010

1018739120141319

B41254P

Lic/Plt B41254P	Issue-Date 07/2010	Tab-No A856240	Reg-Exp 07/06/2011	Value-Code/Yr 4500/2010	Depre 4	Mo-Reg 12	Mo-Gwt 01	
Power D	Use CMB	Mod-Yr 1995	Make PETER	Ser/Body TRACT	Model/BT 377/DS	VIN or Serial No 1XPCD69X6SD374823	Res-Co 39	Prev-Pit
ScLwt 16100	Seats 00	Gwt 42000	Gwt-Strt 07/06/2010	Gwt-Exp 08/06/2010	Fleet	Equip	Prev Title 20061008	Prev St CA

BRANDS:

COMMENT:

DOT 2049581 MCS150 LAST UPDATED 06/25/2010 - COLOR-GREEN - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE NOT PAID - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

MILEAGE

E

REGISTERED OWNER

LEGAL OWNER

HISPANGLO ENTERPRISES LLC
VRIELING TRANSPORTION LLC
113 HARRISON ST
GRANDVIEW WA 98930

VEHICLE DRIVER AND OWNER SUBJECT TO FEDERAL DRUG PROGRAM TITLE 49 CFR PART 382

I certify that the information contained hereon is accurate and complete.

Herold Vuelting

x1 *Herold Vuelting*

Signature of Registered Owner(s)

Brad Vuelting

Signature of Registered Owner(s)

Subscribed and sworn to before
BATCH NO 0864

This Day of

FILING	\$ 7.00	TBD FEE 3901	\$	CHECK	\$
SUBAGENT	\$ 12.00	RTA EXCISE	\$	CASH	\$
LOCAL FEE	\$	USE TAX 3961	\$ 355.50	TOTAL FEES	\$ 457.92
LICENSE SRVC	\$	OTHER	\$ 34.50		
GWT/VWT FEE	\$ 48.92	DONOR AWARENESS	\$		
		STATE PARKS	\$		

VALIDATION CODE 03391201101870706100061014131

ORIGINAL

RPT ID: ATITPR-1

THIS DOCUMENT IS NOT PROOF OF OWNERSHIP

FPD: ATITPR:2008/10/12.00003(2)

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION
(hereinafter called Commission)

This is to certify, that the GREAT WEST CASUALTY COMPANY (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: GERALD VRIELING
DBA VRIELING TRANSPORT
113 HARRISON ST
GRANDVIEW WASHINGTON 98930

a policy or policies of insurance effective from 7/16/10 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 2950 E GOLDSTONE DR MERIDIAN ID 836421512
this 26 TH day of JULY 2010
Insurance Company File No. GWP80583A
0375 (Policy Number)


Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

FE 00 01 07 07

ORIGINAL