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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S Evergreen Park Dr SW. PO Box 47250, Olympia, WA 985047250

Telephone (360) 664-1222 – Fax (360) 586-1181						
Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT						
(excluding	Household Goods					
Reception Number OOF AFF	■F@R:OFFICIA afety:	AL USE	UNLI	Салтier I	D#: //) (/)	
00k3733	isurance:	3			Employee:	
11 0200 200 02		ATION				
TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Transfer of Existing Permit Number						
			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODITIES 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 #:						
	TYPE OF	PAYM	ENT	Same and the same of the same		
☐ Check ☐ Money Order ☐ Arnex	□ Discover M	Masterr	erd □ Vi	i c a	Evniration 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): X Elias Rodviguez Date: 07/27/2010						
Signature:		7	itle: 0	wner		
MOTOR CARRIER IDENTIFICATION						
CC#: 6406 US DOT# PACKY WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
APPLICANT NAMÉ:		<u> </u>		PHONE#:		
Elias Lavios Rodrigues 509-969-0901						
d/b/a: FAX#: N/A						
BUSINESS (MAILING) ADDRESS:						
(street address, P.O. Box) PO BOX 2012						
(city, state, zip) Maffawa, WA 99349						
PHYSICAL ADDRESS: (street address, if different) 26012 Rd. KSW Mattawa, WA 99349						

NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE		íche c	TYP k individua	E OF BUSINES	SS S	STRUCTURE hip/corporation information	(חכ
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Signature(s) Date	7/M	poo	ny	<u></u>			1/27/2010
	~	Signat	ure(s)				Date

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 Carner 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.

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— Position: Dwner

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: X Elias L. Rodviairez Dwner Position: _

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 Requ	iremants
Name: X Elias L. Rodriguez Positi	
Each company must maintain a complete Driver Qualification File vehicles as required by FMCSR Part 391.51 and by the WSP in exclusively in intrastate commerce within Washington have limited any interstate operations must maintain a complete file on thems	ed exemptions. Owners/operators that work
Drivers Hours of Se	rvica
Name: X Elias L. Rodriquez Positi	tion: <u>Owner</u>
Each company must maintain true and accurate hours of service vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and	e records for each individual that drives a motor by the WSP in WAC 446-65-010.
Vehicle Inspection, Repair, ar	nd Maintenance
Name: * Elias L. Rodriguez Posi	tion: <u>Uwner</u>
Each company must prepare a written "Driver Vehicle Inspection required by the FMCSA in 49 CFR, Part 396.11 and by the WSF company must maintain certain required records for each vehicle FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65 Identification of the vehicle.	P in WAC 446-65-010. In addition, each le that includes the following, as required by the -010:
 The nature and due date of various inspection ar A record of inspections, repairs and maintenance 	
All companies must conduct periodic inspections as required by WSP in WAC 446-65-010.	the FMCSA in 49 CFR, Part 396.17 and by the
Signature	
My signature below certifies that I understand my responders to comply with all the safety requirements which apply to	
x Elia Ladrina	0712712010
Signature of applicant	Date

2106 pendings

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ELIAS LARIOS RODRIGUEZ, GALLEROS TRUCKING of PO BOX 2012, MATTAWA, WA 99349-0000 a policy or policies of insurance effective from 08/19/2010 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 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 this 24th day of August, 2010 Insurance Company File No. CA 07589761

(Policy Number)

MC1633a(08/99)

Company Representative)

1RB3539B