

PART A

TV# 101327

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Br

FOR OFFICIAL USE ONLY

Reception Number: 0025482

Safety:

Carrier ID#: m41045

111 0268 200 02 275.00

Insurance:

Employee: KOC

TYPE OF APPLICATION (check one)

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 Comm Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

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): Curt Meenderinck Date: 7/30/10

Signature: _____ Title: owner (member)

MOTOR CARRIER IDENTIFICATION

CC#: 64009	US DOT#: 990255	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-963-219
APPLICANT NAME: Meenderinck, LLC		PHONE#: 360-966-2800
d/b/a: per 903-		FAX#: 360-966-2810
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 4305		
(city, state, zip) Nooksack wa 98276		
PHYSICAL ADDRESS: (street address, if different) 506 Nooksack Ave		
Nooksack wa 98276		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS
Curt Meenderinck	member	Everson, WA
Dalene Meenderinck	member	Everson, WA

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

SD 9%
SO 9%

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

List name of current permit must sign below to authorize the

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 material 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.

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
15	81959 PR	Wash	1XKAD29 XLS536780
10		Wash	1FVXDM DB5VP770283

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.

Curt Meenderinck
Signature(s)

7/30/10
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 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.wtbttraffic.com, (503) 236-1183.
 - US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20411, www.gpo.gov, (866) 512-1800.

Controlled Substances and Alcohol Testing

Name: Mary Lou Coppinger Position: Bookkeeper

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: Mary Lou Coppinger Position: Bookkeeper

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: Marylou Coppinger Position: Bookkeeper

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: Marylou Coppinger Position: Bookkeeper

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: Marylou Coppinger Position: Bookkeeper

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 include 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.

Curt Meenderinck

Signature of applicant

7/30/10

Date

FAX - MESSAGE

Date: 7/31/10

Attention: New CC Application

Fax To: 360-586-1181

MEENDERINCK LLC

P.O. Box 4305 • Nooksack, WA 98276

(360) 966-2810 FAX (360) 966-2810

5 pages are being transmitted, including this one. If you do not receive all the pages, or the transmission is not legible, please call 360-966-2800 ask for _____.

Message:

please process this new CC
Application.

Call me if you have any
questions

thanks,
Marylou Coppinger
360-966-2800

RECEIVED

MAR 25 2010

WASH. UT. & TP. COMM

Form E

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

M-411045
NR
(e)

Filed with **Washington Utilities and Transportation Commission**(hereinafter called Commission)

This is to certify, that the **North Pacific Insurance Company** (hereinafter called Company)

of **650 NE Holladay Street, Portland, OR 97232-2045**

has issued to **Meenderinck LLC of PO Box 4305, Nooksack, WA 98276-0305**

a policy or policies of insurance effective from **10-24-2009 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 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 **1191 Second Ave, Suite 900, Seattle, WA 98101**

this **18th** day of **March, 2010**

Insurance Company File No. **C08 154793**
(Policy Number)

Thomas D. Becker
Thomas D. Becker
(Authorized Company Representative)

RECEIVED

AUG 05 2010

WASH. UT. & TP. COMM