

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)

RECEIVED

CL# 3168 AUG 03 2010

WASH. UT. & TP. COMM

*[Handwritten signature]*

FOR OFFICIAL USE ONLY

Reception Number: 0025486

Safety: *[initials]*

Carrier ID#: 6112

111 0268 200 02 275.00

Insurance: *[initials]*

Employee: *[initials]*

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including 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 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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: 64012 US DOT# (if required) 1886753

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 852 735

APPLICANT NAME: Robert E. Bond II

PHONE#: 360-651-1826

d/b/a: R.E. Bond & Son Trucking

FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 3792 Arlington, WA 98223 (city, state, zip)

2610 116th St. N.E. Marysville, WA 98270

PHYSICAL ADDRESS: (street address, if different)

# 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: Robert E. Bond II Position: owner / Driver

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: Robert E. Bond II Position: owner / operator

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: Robert E. Bond II Position: owner / operator

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.

6112  
pend  
RECEIVED  
AUG 16 2010  
WASH. UT. & TP. COMM

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
*(Executed in Triplicate)*

Filed with Washington UTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Everest National Insurance Company  
(Name of Company)  
(hereinafter called Company) of 477 Martinsville Road, P.O. Box 830, Liberty Corner, NJ 07938-0830  
(Home Office Address of Company)

has issued to ROBERT E BOND II of 2610 116TH STREET NE, MARYSVILLE, WA 98271

(Name of Motor Carrier) (Address of Motor Carrier)  
a policy or policies of insurance effective from 7/31/2010 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 600 University Street, Suite 300 Seattle WA 98101-4195  
(Street Address) (City) (State) (Zip Code)

this 13 day of August 2010

Insurance Company File No. 72FP001541101  
(Policy Number)

  
Authorized Company Representative

Underlying Limit :0.00 Liability Limit :750,000.00



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

Bond, Robert E. II  
PO Box 3792  
Arlington WA 98223

August 5, 2010

**Notice of Deficient Application – TV-101339**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X There is some confusion regarding your Unified Business Identifier (UBI) number and the name listed on it. The UBI number reads Robert E. Bond **III**, but your application states Robert E Bond **II**. This needs to be corrected. You can reach the Department of Licensing at 360-664-1400 for correcting.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as registered under your UBI number.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transport@wta.wa.gov](mailto:transport@wta.wa.gov) is 360-586-1181.

Thank You.

*Per phone call, it should be II the other is a typo. Also taking care of DOH*

*Do Not Scan*

*8-1-10. Time to expire - it said a typo when DOH called.*