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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

Telephone (360) 664-1222 - Fax (360) 586-1161

intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) Reception Number: 0025742 Safety: Carrier ID#: 111 0268 200 02 Insurance: Employee: New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number M \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, Including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commis (Must be filed within 10 months of cancellation) Auth ☐ 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 itle: Signatur APPENDING TON AND SECTION AS A SECTION AS CC#: APPLICANT NAME PHONE# d/b/a: FAX #: **BUSINESS (MAILING) ADDRE** (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

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		And the latest territories and the latest territ		A STATE OF THE STA		
INDIVIDUA	L PARTNERS		RATION (LP, LLP, LLC) OF INCORPORATION			
NAME	TITLE	ADDR	ESS ST	OCK DISTRIBUTION OR		
			<u> </u>	RCENTAGE OF SHARE		
	V					
holder a	ection if you are trains nd permit number to b of the permit number.	erring an existing p e transferred. The	ermit to a new owner. List no current permit holder must s	ign below to authorize the		
NAME ON PER	MIT:		PERMIT N	UMBER:		
Signature of cu	irrent permit holder			Date		
	17. The		The state of the s			
You will not he hezardous mate quantity. You will operate vehicles GVWR of less the pounds. You mus \$300,000 in Public and Property Dalinsurance. You need to complete	aul hazardor any quar operate of the control of the complete and properate of the complete and properate of the complete operate.	ill not hauf us materials in ntity. You will vehicles with a of 10,000 pounds You must obtain of in Public Liability perty Damage e, You must Part B.	thaui aterials in You will haul hazardous materials requiring \$1 million in les with a 200 pounds must obtain rublic Liability Damage u must B.			
UNIT#	LICENSE#	STATE				
26	LIGENSE	WA		VIN# R9X9X0469801		
			TAI JOS TATAL	1002 101010101		
op.						
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.						
Signature(s) 8/11/2010						
		5				

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) 838-1850.
- 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) 238-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

TV .	
Name: <u>Jenonica Guerra</u>	Position: Dung

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.

Table 1	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, 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.

Name: Lomnica Guerra	Position:OWNOY
Each company must maintain a complete Driver Qualificativehicles as required by FMCSR Part 391.51 and by the Wexclusively in Intrastate commerce within Washington have any interstate operations must maintain a complete file on	SP in WAC 446-65-010. Owner/operators that work e limited exemptions. Owners/operators that conduct
Name: Jeronico Guerra	Position:OUV
Each company must maintain true and accurate hours of sixehicle as required by the FMCSA in 49 CFR, Part 395.1(e)	ervice records for each Individual that drives a motor and by the WSP in WAC 446-65-010.
	And the second s
Name: LENDMICOL GUENTOL	Position: Owner
Each company must prepare a written "Driver Vehicle Inspereduired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each v FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 44 dentification of the vehicle. The nature and due date of various inspection A record of inspections, repairs and mainten	WSP in WAC 446-65-010. In addition, each rehicle that includes the following, as required by the 6-65-010:
All companies must conduct periodic inspections as require WSP in WAC 446-65-010.	
ngs and a contract of the cont	
My signature below certifies that I understand my location in the comply with all the safety requirements which applications in the comply with all the safety requirements which applications in the complex	responsibility as a motor cerrier and I will ly to my operations.
Signature of applicant	Date 2010
· ·	



CERTIFICATE OF LIABILITY INSURANCE

OPID JE

DATE (MM/DD/YYYY)

08/26/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

rkobocek	NAME:				
RIS Insurance Services PO Box 1059 Anacortes WA 98221	PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: TWIST-1				
Phone: 360-293-2135 Fax: 360-293-2385	INSURER(S) AFFORDING COVERAGE	NAIC #			
INSURED	INSURER A: CANAL INSURANCE COMPANY				
OMG TRUCKING VERONICA GUERRA DBA: 2269 W CUNNINGHAM RD OTHELLO WA 99344	INSURER B:				
	INSURER C:				
	INSURER D:	3			
	INSURER E:				
	INSURER F :				

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		DDL SU		POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMITS	S
	GENERAL LIABILITY		úi			EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	F
	CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$
						PERSONAL & ADV INJURY	\$
						GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER					PRODUCTS - COMP/OF AGG	f
	FOLICY PRO- JECT LOC		72				\$
	AUTOMOBILE LIABILITY		DT3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0	00/06/40	00/00/11	COMBINED SINGLE LIMIT (Ea accident)	£1,000,000
A	ANY AUTO		PIA06029901	08/06/10	08/06/11	BODILY INJURY (Per person)	1
	ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	X SCHEDULED AUTOS HIRED AUTOS					PROPERTY DAMAGE {Per accident}	4
	NON-OWNED AUTOS						\$
	Y I						\$
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$
	EXCESS LIAB CLAIM:S-MADE					AGGREGATE	\$
	DEDLICTIBLE						\$
	RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	/ A				E L EACH ACCIDENT	\$
	(Mandatory in NH)	1				EL DISEASE - EA EMPLOYES	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E L DISEASE - POLICY LIMIT	\$
A	PHYSICAL DAMAGE		PIA06029901	08/06/10	08/06/11	1,000 DED	COMP/COLL
A	CARGO		PIA06029901	08/06/10	08/06/11	1,000 DED	100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

fax: 360-586-1181

CERTIFICATE HOLDER

CANCELLATION

AUTHORIZED REPRESENTATIVE

WUTC001

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF. NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

WUTC PERMITS & INSURANCE DIVISION

P. O. BOX 47250 OLYMPIA WA 98504

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ACORD 25 (2009/09)

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