

PART - A

TV 101387

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

Statewide Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: <b>0025770</b>	Safety: <b>9-9-10</b>	Carrier ID#: <b>443199</b>
111 0268 200 02 <b>715.00</b>	Insurance: <b>9-8-10</b>	Employee: <b>[Signature]</b>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<input checked="" type="checkbox"/> \$275 <b>GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> \$100 <b>GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> \$275 <b>GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	
<input checked="" type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT</b> (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:

TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	Expiration Date
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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): Denise Alto Date: July 15, 2010

Signature: [Signature] Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: <u>611662</u>	US DOT# (if required): <u>1327769</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>6024693150</u>
APPLICANT NAME: <u>Rigoberto Garcia</u>		PHONE#: <u>(509) 453-2476</u>
d/b/a:	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>3601 W. Washington Ave Sult #2</u> (city, state, zip) <u>Yakima, WA 98903</u>		
PHYSICAL ADDRESS: (street address, if different) <u>6 N. Elm St Toppenish WA 98948</u>		



# 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 Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

### Controlled Substances and Alcohol Testing (Part 382)

Name: Rigoberto Garcia 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 Drivers License (CDL) Requirements (Part 383)

Name: Rigoberto Garcia 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: Rigoberto Garcia 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.

**Drivers Hours of Service (Part 395)**

Name: Rigoberto Garcia 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: Rigoberto Garcia Position: Owner

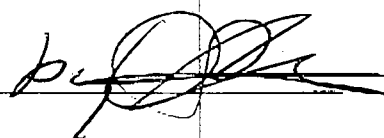
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.***

Rigoberto Garcia  7/15/10  
Signature of applicant Date

Please ask for technical assistance if you require information on any of these safety issues.

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pend

WK004147

1327769 US

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

Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY  
(hereinafter called Company) of 385 Washington Street, Saint Paul, MN 55102  
(Name of Company)

has issued to RIGOBERTO GARCIA dba RGT  
(Name of Motor Carrier)

of 6 N ELM ST TOPPENISH WA 98948  
(Address of Motor Carrier)

a policy or policies of insurance effective from 07/30/2010 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 385 Washington Street, Saint Paul, MN 55102 this 7th day of September, 2010  
(Address)

Insurance Company File No. WK004147  
(Policy Number)

*[Signature]*  
Authorized Agent - Commissioner