PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1200 September Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181			
Intractate Common Carrier Operating Authority			
AUG 20 2010 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT			
ANGH LIT & TD COMMexcluding Household Goo			
	CIAL USE ONLY		
Reception Number: 0025823 Safety: 11-5			
111 0268 200 02 275 (a) Insurance: Fo	Employee: X		
	ICATION (check one)		
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority		
Transfer of Existing Permit Number			
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, including ARMORDED 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 COM (Must be filed within 10 months of cancellation)	MON CARRIER PERMIT For Commission Use Only: Auth #:		
TYPE	OF PAYMENT		
☐ Check ☐ Money Order ☐ Amex ☐ Discover	☐ Mastercard ☐ Visa Expiration Date		
	false statement, certify that the following information is true and correct, n behalf of the applicant, and that all information on file is current and		
Name (printed): TAMES E VAUSHA	Date: 8/4/10		
116			
Signature: MOTOR CARRI	Title: Co. My.		
	ER IDENTIFICATION		
CC#: (04028 US DOT# 17765 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602421846			
APPLICANT NAME: PHONE#: 516 - 937-3950			
d/b/a: FAX #:			
BUSINESS (MAILING) ADDRESS:			
(street address, P.O. Box) 600 W. John S+.			
(city, state, zip)			
Hicks ville, NY 11801			
PHYSICAL ADDRESS: (street address, if different)			
c.c			

Replacement

TYRE OF BUSINESS STRUCTURE: 1. The state of						
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION NEW YORK						
NAME JOHN ELLIT FOSEPH EUF ROBERT ELE LINDASKU	TO V.P. TO V.P. ANS SECRETA	SAME AS A SAME AS A	ABOUE - S ABOUE	NA NESA E	DCK DISTRIBUTION OF RCENTAGE OF SHARI 150 SHARES -100 SHARES 100 SHARES 100 SHARES	₹
holder a	ection if you are tr	ansferring an existing to be transferred. Th	permit to a nev	w owner. List n	ame of <u>current</u> permit gn below to authorize th	ie
NAME ON PER	RMIT:			PERMIT N	UMBER:	
	STATE OF A PERMIT	ĬŖ ŶŶŊ ĠĔŊŖĠĦŴIJĬŖ ŴĬĬĬijŎijĠŎĸĠĸĸĸij	दरापुत्र <u>ीवीवाल</u> ्डियाचा	Misinger(s)(ecel)	/s@psecient browns, a	-
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 haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.						
UNIT#	MOTOR V LICENSE#	EHICEELISTIATI	chadditional 		sary): [[]	
	B116281	VWA	4741	mcque6	3N340009	
	B00520		IXPF	Dugx1x	D479536	
	B70324 B34273		1 FUYSZ YB2WL804209			<u>'</u>
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.						
hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
Signature(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 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.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Controlled Substances and Alcohol Testin

Name:	JAMES	VAUSTAN	Position: 6 eneal Man	ine a
			, 555	

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.

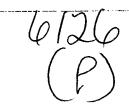
	ense (CDL) Requirements
Name: JAmes VAughan	Position: 6

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 Qualificat	tion Requireme	ents		
Name: TAMES	VAUSLAN	_ Position: _	beñ	My.	
vehicles as required by FM exclusively in intrastate co	tain a complete Driver Qualifut (1997) and by the merce within Washington Inust maintain a complete file	e WSP in WAC 4 have limited exe	146-65-010. C mptions. Own	Owner/operators that coners/operators that coners/operators	work onduct
	Drivers Hou	urs of Service	260		
Name: JAMES	VAUSHAN	_ Position: _	Gen	Mgr.	
	tain true and accurate hours FMCSA in 49 CFR, Part 395				a motor
	Vehicle Inspection, R	epair, and Mai	intenance		
Name: TAMES	VAUSLAN	<pre>Position: _</pre>	Gen	mer.	
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 includes 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.					
	THE WEST SIGN	nature		i i	
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. Signature of applicant Date					

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



Filed with. WASHINGTON UTILITIES & TRANSPOR (Name of Commission)	TATION COMMISSION (here	inafter called Commission)
This is to certify, that the VANLINER INSURANCE CON	//PANY	
(hereinafter called Company) of ONE PREMIER DRIVE; ST LC (Home Office JOSEPH ELETTO TRANSFER INC 6 (Name of Motor Carrier)	00 W JOHN ST; HICKSVILLE, N' (Address of Motor Carrier)	Y 11801
a policy or policies of insurance effective from, 01/20/2010 12:01 A.M. and continuing until cancelled as provided herein, which, by attachment insurance Endorsement, has or have been amended to provide automobiligations imposed upon such motor carrier by the provisions of the m regulations promulgated in accordance therewith.	standard time at the address of the ins of the Uniform Motor Carrier Bodily in obile bodily injury and property dama	sured stated in said policy or policie njury and Property Damage Liabilit age Ilability insurance covering the
Whenever requested, the Company agrees to furnish the Company thereon,	nission a duplicate original of said poli	icy or policies and all endorsement
This certificate and the endorsement described herein may not be cancellation may be effected by the Company or the insured giving thirty notice to commence to run from the date notice is actually received in the o	(30) days' notice in writing to the State	policy to which it is attached. Suci a Commission, such thirty (30) days
Countersigned at . ONE PREMIER DRIVE ST LOUIS (Street Address)	MO 63026 (City) (SI	tate) (Zip Code)
this 10TH day of SEPTEMBER 20,10	111	Blower
Insurance Company File No. TRV5392400 (Policy Number)	(Authorized Company	Representative)

IRB 3539B