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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) 586-1181 Thirastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)							
	FOR OFFICIA	The second second second	SALARINA SERVICE DI SECURIORI INCIDENTI INCIDE				
Reception Number: 0025878	Safety:	10	. 0	Carrier ID#:			
111 0268 200 02 275,00	Insurance:	YU	10 10	Employee:			
	YEE OF APPUC	TION	(check	kione) = 2			
New Common Carrier Permit Transfer of Existing Pe		Exte	nsion o	of Common Carrier Permit Authority			
\$275 GENERAL COMMODITE	ES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COMMODITI ARMORDED CAR SERVIC			\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS			
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS AI SERVICE							
\$100 REINSTATEMENT OF C. (Must be filed within 10 months of		N CAR	RIER PE	For Cr Autn #:			
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CERTIFICATION: I, the undersigne	d/under penalty for fals	e slatem	nent, certif	fy that the following information is true and correct,			
that I am authorized to execute and valid.	THE THIS document on be	enair or r	ne applica	ant, and that all information on file is current and			
Name (printed): Laura Comez			Date: 8	3/23/10			
Signatur			Title:_Ac	aont			
Market Market State Control of the C	NOTICI RESERVED	RIDEN	TIFICA	ATTION			
CC#: US DOT# 2064834			WA UNIFIED BUSINESS IDENTIFIER (UBI) #:				
APPLICANT NAME: Pastrana Trucking LLC	3) VI			PHONE#;			
d/b/a:				FAX #:			
BUSINESS (MAILING) ADDRES	S: L Emovald Od			-0.			
(street address, P.O. Box) 874, (city, state, zip)							
Sunny:	sido IVA 98944	/					
PHYSICAL ADDRESS: (street ad	dress, if different)						
1208 S. 14th Ave Yakın	10 WA 98902	4					

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(check individual or complete partnership/corporation information)							
☐ INDIVIDUAL ☐ PARTNERSHIP ☑ CORPORATION (LP, LLP (LLC)) STATE OF INCORPORATION							
NAME	OCK DISTRIBUTION OR						
Moisos Pastrana Memaber 1208 S. 14th Ave Yakima WA 98902 PERCENTAGE OF SHAR							
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	And the second s	The State of the S	ERMINIMETER				
holder ar		o be transferred. The	emit to a new owner. List na current permit holder must si				
NAME ON PERI	MIT:		PERMIT N	UMBER:			
Cianatura of au	ment permit halde			Date			
		KANGEREGUIRE	VIEN (String terrende de la cine)				
		ill not be issued until a	cceptable insurance is recell	/ed :- 1 You will haul			
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.			hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must				
UNIT#	LICENSE#	STATE		VI N #			
i i	+629826	WA	IFWAPCB63DK48	083			
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.							
Yaura Yomes 8/23/10 Signature(s) Date							

* # 11 (11)	PART A	A			TV#
Intrast		Box 47 222 – F rier O N FOF and Co	250, Oly ax (360) perating R PERM mmon Car	ympia, WA 586-1181 Authority //IT rier Brokers)	
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☐ Check ☐ Money Order ☐ Am	ex	Master 1	rcard X Vi	sa / 2 /	Expiration Date (1)
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Signature: Your Amer			Title: Ao	ont	
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d/b/a:				FAX #:	
BUSINESS (MAILING) ADDRES (street address, P.O. Box) 874		ķ.			
(city, state, zip)	sido WA 98944				
PHYSICAL ADDRESS: (street ad	ddress, if different)			
1208 S. 14th Ave Yakin	na WA 98902	4			

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holder ar	ection if you are transfe nd permit number to be of the permit number.	erring an existing pe e transferred. The o	emit to a new owner. List no current permit holder must si	ame of <u>current</u> permit ign below to authorize the				
NAME ON PERI	MIT:		PERMIT N	UMBER:				
Signature of cu			VENTS (injust check one) oceotable insurance (sire ca					
☐ 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 materials requiring \$1 million in Public Liability and Property Damage Insurance. You must ☐ You will haul hazardous materials requiring \$5 million Public Liability and Property Damage Insurance. You must					
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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.								
Yama 2	omeo Signature(s)	5		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 Testing

Name: Moisos Postiona

Position: Momobor

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: Moisos Poistraina

Position: Mamaba

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.

6

Processing the state of the sta	1 Requirements					
Name: Moisos Postraho	Position: Memober					
Each company must maintain a complete Driver Qualification vehicles 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 or	VSP in WAC 446-65-010. Owner/operators that work /e limited exemptions. Owners/operators that conduct					
Davers Hou	of Service					
Name: Moisos Postrono	Position: Nemober					
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	service records for each individual that drives a motor (e) and by the WSP in WAC 446-65-010.					
Ventels inspection Re	air and Maintenances of the same and the					
Name: MOISOS POSITIONO	Position: Mimphy					
Each company must prepare a written "Driver Vehicle Instruction of the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC Identification of the vehicle. The nature and due date of various inspections, repairs and maintain.	ne WSP in WAC 446-65-010. In addition, each no vehicle that includes the following, as required by the 446-65-010:					
All companies must conduct periodic inspections as requ WSP in WAC 446-65-010.	aired by the FMCSA in 49 CFR, Part 396.17 and by the					
Signa	(ure like the second se					
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						
Oignature of appriorit	2 3.00					



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/24/2010

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).

	rtificate holder in lieu of such endors								
	UCER			CONTAC NAME:	Chrisci	e Montero			
Wilson-Heirgood Associates 2930 Chad Drive			PHONE (A/C, No.	Ext): 800-8	52-6140	FAX (A/C, No): ⁵	541-342-3	786	
	Box 1421			E-MAIL			urance.com		
	ene OR 97440-1421			PRODUC	ER MERID#: 2809			3	
			l)	COSTON			DING COVERAGE	, NA	AIC#
INSUI	RED.			INCLIDE			cance Company	2401	
	trana Trucking LLC					and madi	ance company	2901.	
120	3 S 14th Avenue			INSURE			1011		
Yak	ima WA 98902			INSURE					
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	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$	
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							GENERAL AGGREGATE	\$	
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7	AUTOMOBILE LIABILITY	-	WN046651	-	8/13/2010	8/13/2011	COMBINED SINGLE LIMIT		
A			Williams		D/ 13/ 2010	071372011	(Ea accident)	\$1,000,000	
	ANY AUTO						BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS						PROPERTY DAMAGE	\$	
	HIRED AUTOS						(Per accident)		
	NON OWNED AUTOS							\$	
								\$	
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	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$							\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT		
A	Cargo Liability		WN046651		8/13/2010	8/13/2011	Limit	\$100,000	
	Broad Form						Deductible Theft Deductible	\$1,000 \$2,000	
DEC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	IES (A	stach ACORD 101 Additional Remarks	Schedule	if more space	is required)	THE DOGGOOD A	, ,	==:
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CE	RTIFICATE HOLDER			CANO	CELLATION				
	WAUTC PO Box 47250			BEFO	RE THE EXPI	RATION DATE	SCRIBED POLICIES BE CA THEREOF, NOTICE WILL B ICY PROVISIONS.	NCELLED E DELIVERED	
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