509 773 5485

	PART	A			TV# 1950	
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION						
1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA√ 98504-7250 🦯 🖊						
	one (360) 664-12		•	•	S ENV	
Intrastate Common Carrier Operating Authority  APPLICATION FOR PERMIT  (available Heurabeld Condo and Common Carrier Brakers)						
(excluding Household Goods and Common Carrier Brokers)  FOR OFFICIAL USE ONLY						
Reception Number: CO25046					ID#: 10	
111 0268 200 02 * 275.00	Insurance: /	10	-	Employ	rea: / / (/)	
	YPE OF APPLIC	ATION	l (chec	k one)	$\mathcal{I}$	
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit Authority			
S275 GENERAL COMMODITI	ES ONLY		\$100	COMMODITIES, including SAR SERVICE		
	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE			GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS			\$100		COMMODITIES, including MATERIALS and ARMORED CAR	
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS an SERVICE						
	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)  For Commission Use Only Auth 103532					
	TYPE OF	PAYM	ENT			
☐ Check ☐ Money Order		· · · · · ·	<del></del>		——————————————————————————————————————	
	· <del>**</del> - · · · · · · · · · · · · · · · · · ·	-			11	
back code 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): Fredrick A.	Woolsey		Date:	9-15-201	10	
Signature: Tree) Woo	brug		Title:	Owner		
	OTOR CARRIES			· · · · · · · · · · · · · · · · · · ·	The second secon	
CC#: (CH()5) US DOT#	2064107		WA UNI		SS IDENTIFIER (UBI) #:	
APPLICANT NAME:		<u>~</u>		PHONE#:		
Fredric	k A. Woolsey				(509) 637-4499	
d/b/a: Bad Bo Tru	k'n			FAX #:	(509) 773-5485	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)  P. O. Box 113						
(city, state, zip)  Glenwood, Washington 98619						
PHYSICAL ADDRESS: (street address, if different) 43 Mt. Adams Highway						
	. 4	l				

<u>,</u>								
	(che		PE OF BUS  all or complete			-, -, -, -, -, -,	rmati	on)
☑ INDIVIDU			HP COR			<del></del>		
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<u>NAME</u>	TIT	<u>ADDRESS</u>			STOCK DISTRIBUTION O			
Fredrick	A. Wools	sey Ow	mer P.O	. Во	x 113		PE	RCENTAGE OF SHARE
			Gle	nwoo	od, WA	98619		100%
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		T.F	RANSFER O	F PE	RMIT N	JMBER		
holder a	section if you and permit nu of the permit	mber to be	erring an existi e transferred.	ng pe The c	ermit to a n current perr	ew owner. L nit holder mu	ist na ust sig	ime of <u>current</u> permit gn below to authorize the
NAME ON PER	RMIT:					PERM	IT NU	JMBER:
Signature of c	urrent permit	holder		_				Date
			NCE REQUI ot be issued ur					ed
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 hat hazardous mater any quantity. You operate vehicles GVWR of 10,000 or more. You mu \$750,000 in Public and Property Damage Insurance. You mu complete Part B.		ill not haul us materials in ntity. You will vehicles with a of 10,000 pound You must obta of in Public Liab perty Damage e. You must e Part B.	Is in hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sec 1 and 2.		II haul s materials 51 million in bility and Damage . You must Part C, Section	ons	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
UNIT#	LICEN		STATE					IN#
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operate and the hereby declare knowledge and	eat no operate e and affirm : d belief.	tions may that the in	filing of this a to be conducted information co.	pplic d uni	ation does til a permit	t is received	fron	stitute authority to In the Commission. I Be to the best of my
The Woolsy Signature(s)					9-1	5-2010		
	Signatu	re(s)						Date
				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) 838-1650.
- 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 Substan	ces and Alcohol	Testing
Name: —	Fredrick A. Woolsey	Position:	Owner
must have     has     wei     has     is o     is o	who operates a vehicle that meets the defear a valid CDL. The definition of a commercial a gross combined weight rating of 26,001 ight rating of more than 10,000 pounds; or a gross vehicle weight rating of 26,001 podesigned to transport 16 or more passenge of any size and is used to transport hazardous materials regulations.	al motor vehicle is a l pounds that includ ounds or more; or ers, including the dri	a vehicle that: les a towed unit with a gross vehicle ver; or
Any person and alcoho in WAC 44	n who drives a commercial motor vehicle roll testing program as required by FMCSA if 46-65-010.	equiring a CDL mu n 49 CFR Part 382	st participate in a controlled substance and 49 CFR Part 40, and by the WSP
	Commercial Drivers Li	icense (CDL) Red	quirements
Name: —	Fredrick A. Woolsey	Position:	Owner
	who operates a vehicle that meets the def		

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.

The State of the	declared to the second			
w.ling	Driver Qualifica	tion Requiremen	ıts	
Name: —	Fredrick A. Woolsey	Position:	Owner	
exclusively	pany must maintain a complete Driver Qual s required by FMCSR Part 391.51 and by th r in intrastate commerce within Washington ate operations must maintain a complete file	ne WSP in WAC 44 have limited exemi	6-65-010. Owner/operators	rs that work
	Drivers Ho	urs of Service		
Name: —	Fredrick A. Woolsey	Position:	Owner	
Each comp vehicle as	pany must maintain true and accurate hours required by the FMCSA in 49 CFR, Part 39	s of service records 5.1(e) and by the W	for each individual that d ISP in WAC 446-65-010.	rives a motor
	Vehicle Inspection, R	epair, and Maint	enance	
Name: —	Fredrick A. Woolsey	Position:	Owner	
company m FMCSA in • • All compan	pany must prepare a written "Driver Vehicle the FMCSA in 49 CFR, Part 396.11 and by must maintain certain required records for eact 49 CFR, Part 396.3 and by the WSP in WAI Identification of the vehicle.  The nature and due date of various inspand record of inspections, repairs and maintenance ies must conduct periodic inspections as respective to the conduct periodic inspections and the conduct periodic inspections as respective to the conduct periodic inspections as respective to the conduct periodic inspections as respective to the conduct periodic inspections are respectively.	y the WSP in WAC ach vehicle that incled 446-65-010: bection and mainter intenance indicating	446-65-010. In addition, endes the following, as reconstructed as the following as reconstructed and pattern descriptions to be persented their date and nature.	each quired by the erformed.
<u> </u>				
	Sigr	nature		
My signat comply w	ure below certifies that I understand ith all the safety requirements which	my responsibílity apply to my opei	y as a motor carrier ai rations.	nd I will
	red Woolng		9-15-2010	
Signature of	applicant		Date	<del></del> _

E156 Finding

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to FREDRICK A WOOLSEY, BAD BO TRUK'N of P O BOX 113, GLENWOOD, WA 98619 a policy or policies of insurance effective from 10/15/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 this 18th day of October, 2010

Insurance Company File No. CA 07675004

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative

IRB3539B