

PART A

TV# 101558

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
Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Amex
162 157

Note
OK

FOR OFFICIAL USE ONLY

Reception Number: 0026050 111 0268 200 02	Safety: OK	Carrier ID#: 6158
275.0	Insurance: OK	Employee: OK

TYPE OF APPLICATION (check one)

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

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: _____

CERTIFICATION: I, the undersigned, under penalty for perjury 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. information is true and correct.

Name (printed): William Cluver Date: Aug 7, 2010

Signature: _____ Title: VP Risk Management

MOTOR CARRIER IDENTIFICATION

CC#: <u>104053</u>	US DOT# <u>189169</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>Pending 603043466</u> ✓
APPLICANT NAME: <u>Keystone Freight Corp</u>	PHONE#: <u>201-330-1900</u> Ext. <u>2772</u>	
d/b/a:	FAX#: <u>201-288-1195</u>	

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2820 16th St.

(city, state, zip) North Bergen, NJ 07047

Let new
owner
comp

PHYSICAL ADDRESS: (street address, if different)

Freight

TYPE OF BUSINESS STRUCTURE
(check individual, complete name of corporation on information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
 STATE OF INCORPORATION PA

skt
←

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

NAME	TITLE	ADDRESS	PERCENTAGE
Donna Walsh		2820 16 th St. N. Berwyn	70%
Fabricia Wisniewski		" " " " "	30%

← 0

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS

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 complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

MOTOR VEHICLE LIST

UNIT#	LICENSE#	STATE	VIN#
596434	1213921	Indiana	4V4NC9EJ0B0297493

extra page

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) [Signature] Date Aug 7, 2010

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.wtbttraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Controlled Substance and Alcohol Testing

Name: William Clurr Position: VP Risk Management

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 Driver License (CDL) Requirements

Name: [Signature] Position: VP Risk Management

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 Qualification Requirements

Name: _____ Position: _____

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.

Driver Hours of Service

Name: Walter Ch Position: VP Risk Management

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Vehicle Inspection, Repair, and Maintenance

Name: Walter Ch Position: VP Risk Management

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.

Signature

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.

Walter Ch
Signature of applicant

Aug. 7, 2010
Date



www.pensketruckleasing.com

Driver Trip Record Required

Failure to complete and return the DTR will result in a charge for the determined tax liability.

LOCAL COMMERCIAL RENTAL AGREEMENT

CHECK OUT LOCATION

PENSKE SEATTLE (0693-10)
12840 48TH AVE SOUTH
TUKWILA, WA 98168-3302 USA
Voice (206) 246-7600 Fax (206) 243-5924
24 Hr Emergency Service. (800) 526-0798

AGREEMENT INFORMATION

Agreement 24548526
Check-out 08/13/10 08:56 AM
Due-In 08/20/10 08:56 AM

CUSTOMER INFORMATION

Bill To 3 0 K 1 7 9 0 0 0 6 9 3

KEYSTONE FREIGHT CORP.

Day (201) 330-3642

Attn: JASON TUNE

2820 16TH STREET

NORTH BERGEN, NJ 07047 USA

Unit Rented with Damage NO

NRA # 1171
USDOT # 189169

DRIVERS

Name

RANDY FERGUSON

NO HAZARDOUS MATERIAL BEING TRANSPORTED

UNITS / OPTIONAL COVERAGES / MISCELLANEOUS ITEMS

US \$

Description	Quant	Unit of meas	Rate	Subtotal
5002 - TADC TRACTOR Fuel Out FULL				
Unit #595484 Plate # 1213758 St IN Exp 07/31/11 Owner 0693-10				
Max. Payload 64,093lbs. GVW 80,000lbs. Height 0 ft. 0 in.				
Mileage Out 666	150	MILE	0.08	12.00
Weekly Charges	1	WEEK	417.50	417.50
Days Used 7	0	DAY	83.50	
LIMITED DAMAGE WAIVER / LDW \$1000 Responsibility *ACCEPTED*	1	WEEK	70.00	70.00
Rates \$303.33 / month \$70.00 / week \$14.00 / day \$0.00 / overdue hour				
LIMITED DAMAGE WAIVER / LDW \$5000 Responsibility *DECLINED*				
environmental fee	5.0	DY	2.00	10.00

PAYMENTS & REFUNDS

Type	Tran	Date	Details	Amount
Terms DIRECT BILL				

CHECK OUT LOCATION

PENSKE SEATTLE (0693-10)
12840 48TH AVE SOUTH
TUKWILA, WA 98168-3302 USA
Voice (206) 246-7600 Fax (206) 243-5924

RENTAL STATUS

Created by Q.ZHANG
Completed by Q.ZHANG
Entered at 0693-10
Status OPEN
P.O tukwila

By signing below, Customer agrees that he/she received, read, understands and agrees with all terms, conditions and obligations shown on the rental folder and appropriate User's Guide. Penske makes no warranties, express, implied or statutory, including but not limited to, the implied warranties of merchantability and fitness for a particular purpose. In addition, if Customer is entering into this Agreement in FL, HI, MI or MN, Customer acknowledges that he/she has read, understands and agrees with the terms of the state's required language as set forth in Paragraph A, Sections 1-4 of the rental folder. Minimum driver's age is 21 years old.

Customer agrees that truck is clean. Additional fees may be charged if truck is not returned clean.

Customer's Signature _____

\$0.10/mile penalty with missing DTR

32238257

1/1

MAILING INSTRUCTIONS: MAIL FIRST THREE PARTS TO THE STATE COMMISSION. RETAIN FOURTH PART FOR YOUR FILE.

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

(Executed in Triplicate)

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

This is to certify, that the ACE American Insurance Company
(Name of Company)

(hereinafter called Company) of 436 Walnut Street, Philadelphia, PA 19106
(Home Office Address of Company)

has issued to Keystone Freight Corp. of 2820 16th Street, North Bergen, NJ 07047
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 02/09/2010 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 1 Beaver Valley Road Wilmington DE 19803
(Street Address) (City) (State) (Zip Code)

this 23rd day of September 2010

Insurance Company File No. ISA H08583833
(Policy Number)


(Authorized Company Representative)