

TV-101558

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Drive SW, P.O. Box 47250
Olympia, WA 98504-7250
Telephone (360) 753-3111 - FAX (360) 586-1172

RECEIVED

SEP 20 2018

WASH. UT. & TP. COMM

Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

OL# 1095

(For Commission Use Only)

Reception number: 0026061	Safety: <i>OK</i>	Carrier ID #: 6159
111 0268 205 02 275.00	Insurance: <i>OK</i>	Employee: <i>[Signature]</i>

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"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

MOTOR CARRIER IDENTIFICATION

CC#: 64054	US DOT #: (if required) 2073477	WA UNIFIED BUSINESS IDENTIFIER (UBI)#: 602-856-752
APPLICANT NAME: Noelio Guerra		PHONE #: 509-331-5201
TRADE NAME: MORONGO TRUCKING		FAX #: 509-331-5201
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box): PO-BOX -271-		
(city, state, zip): Othello - WA - 99344		
PHYSICAL ADDRESS: (street address, if different) 2173-June St. Othello WA 99344		

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
 NAME TITLE STOCK DISTRIBUTION or PERCENTAGE OF SHARE

Noelio Guerra OWNER

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: N/A PERMIT NUMBER: _____

Signature of current permit holder

Date

INSURANCE REQUIREMENTS (must check one)
(permit will not be issued until acceptable insurance is received)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating - \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity - \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN #
35	B41432L	WA	1XKED29X1EJ364246
R1	B42764P	WA	CA513HP0475990322

OPTIONAL PROVISIONS - SEE: WAC 480-14-420 (check yes or no for each)

<input type="checkbox"/> YES <input type="checkbox"/> NO Uniform Bill of Lading	<input type="checkbox"/> YES <input type="checkbox"/> NO Uniform Freight Classification	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Standard Mileage Guide
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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.

(X) Noelio Guerra
Signature(s)

9-16-2010
Date

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 and Training (Part 382)

Name: Noelio Guerra Position: OWNER

All persons who drive commercial vehicles must be involved in a Controlled Substance and Alcohol testing and training program. Merely having a physician conduct a drug test is not adequate. (See the definition of a commercial vehicle in the Commercial Driver's License Requirements Section of this form.) An employer who employs only himself/herself as a driver (owner/operator) must be involved in a testing program that administers a random drug testing pool. If you occasionally hire another individual to drive your truck, that driver must also be included in a drug testing program. In the area provided below, all applicants for authority must:

- List the consortium that provides the required Controlled Substance and Alcohol testing, its address and telephone number; or
- Check the statement affirming that your company operates under a program that is in full compliance with FMCSR Part 382 and Part 40; or

Put an X in the appropriate box below	
<input checked="" type="checkbox"/>	We contract with the following consortium to provide the required program: Name: <u>LOURDES - Occupational - Health center</u> Address: <u>9915 SANDITON PARKWAY - PASCO, WA 99301</u> Telephone Number, including area code: <u>509-546-2202</u> Contact Person: <u>LORA</u>
<input type="checkbox"/>	We either maintain a program or are members of a program that meets all of the minimum requirements of Parts 382 & 40;

Common Carrier permits will not be issued without this information.

Commercial Drivers License (CDL) Requirements (Part 383)

Name: Noelio Guerra 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: Noelio Guerra Position: Owner

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive a 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). Owner/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: Noelio Guerra 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: Noelio Guerra 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 include 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.

Noelio Guerra
Signature of applicant

9-16-2010
Date

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

6159.
pending

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 NORELIA GUERRA, DBA: MORONGO TRUCKING of P.O. BOX 271, OTHELLO, WA 99344-0000 a policy or policies of insurance effective from 09/16/2010 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.

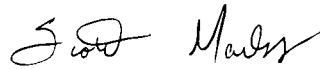
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 30th day of September, 2010

Insurance Company File No. CA 07641106
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B