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TV# 101586

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 Carl APPLICATION	rier Operating Authority			
(excluding Household Goods	- · · · · · · · · · · · · · · · · · · ·			
FOR OFFICIA				
Reception Number CC25089 Safety:	On one of Carrier ID#			
111 0268 200 02 <i>3 75.0</i> 0 Insurance: NA	LUL IUC (3 Employee)			
TYPE OF APPLICA	COURS .			
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority			
\$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 COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #:			
TYPE OF				
Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard □ Visa Expiration Date			
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 be valid.	half of the applicant, and that all information on file is current and			
Name (neighbor) Khonya SKAG-KINC	Date: 4121110			
Name (printed): [1110]	Munap			
Signature: Whele Title: Whele				
MOTOR CARRIES	The state of the s			
cc#: 64059 US 79735171 01	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:			
APPLICANT NAME: LOGGINGO Rhonda Sta	slund 425-314-7(doZ			
Sand R Logging and Cutting	percept FAX#360-403-8114			
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 21229 Entsminger Rd.				
(city, state, zip) History Un. 98223				
PHYSICAL ADDRESS: (street address, if different)				

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				<u></u>		
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holder ar	ection if you nd permit nu of the permit	mber to be	erring an existing po transferred. The	ermit to current	a new owner. List na permit holder must si	ame of <u>current</u> permit gn below to authorize the
NAME ON PERI	MIT:				PERMIT N	UMBER:
Signature of cu	rrent nermit	holder			· .	Date
	l A pe	NSURAN ermit will no	ot be issued until a	cceptat	S (must check one) ble insurance is receiv	/ed
☐ You will not he hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You mu \$300,000 in Publicand Property Dallnsurance. You oneed to complet	rials in any Il only with a nan 10,000 est obtain lic Liability mage do not e Part B.	hazardou any quan operate v GVWR of or more. \$750,000 and Prop Insurance complete	ill not haul us materials in hity. You will vehicles with a f 10,000 pounds You must obtain in Public Liability herty Damage e. You must Part B. CLE LIST (Attac	hazar requir Public Prope Insura comp 1 and	ou will haul dous materials ring \$1 million in c Liability and erty Damage ance. You must lete Part C, Sections 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.
UNIT#	LICEN		STATE			VIN#
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	Signati	ure(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 Testing
Name: Rhonda Skaglund	Position: OUNCE
And driver who experts a vahiala that mosts the definition	on of a commercial motor vehicle as described below

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 Licer	nse (CDL) Requirements
Name: Ahanda Skaglynd	Position: aunel
rvanic.	

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: Rhonda SkaGILId Position: QUILL
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.
Drivers Hours of Service
Name: Phonda Stablund Position: Owner
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: Phonda Skaclynd Position: OWER
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.
JAN 3/21/10
Signature of applicant Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/15/2010

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). PRODUCER CONTACT Jennifer Howard PHONE (A/C, No, Ext): (425)740-5200 E-MAIL ADDRESS: jennifer@DMAinsurance.com Degginger McIntosh and Associates FAX (A/C, No): (425) 740-5201 3977 Harbour Pointe Blvd SW CUSTOMER ID # 00016166 Mukilteo WA 98275 INSURER(S) AFFORDING COVERAGE INSURED INSURERA: Liberty Northwest Rhonda Skaglund INSURER B: S. & R. Logging aka Skaglund Construction INSURER C : 21229 Entsminger Rd. INSURER D : INSURER E : Arlington WA 98223 INSURER F COVERAGES CERTIFICATE NUMBER:CL10111206466 REVISION NUMBER: THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDE SUBR TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY 500,000 EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY 500,000 CLAIMS-MADE X OCCUR 010133166710 2/15/2010 2/15/2011 MED EXP (Any one person) 10,000 \$ 500,000 PERSONAL & ADV INJURY 1,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG \$ 1,000,000 X POLICY PRO-JECT \$ AUTOMOBILE LIABILITY 01CI337887-1 2/15/2010 2/15/2011 COMBINED SINGLE LIMIT \$ 1,000,000 (Ea accident) X ANY AUTO BODILY INJURY (Per person) \$ ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE S HIRED AUTOS (Per accident) NON-OWNED AUTOS \$ OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ DEDUCTIBLE RETENTION WORKERS COMPENSATION AND EMPLOYERS: LIABILITY 2/15/2010 2/15/2011 01CI33166710 WC STATU-ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? STOP GAP EIL EACH ACCIDENT 1,000,000 (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ 500,000 lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$ 1,000,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Certificate is for Evidence of Insurance Only. CERTIFICATE HOLDER CANCELLATION (360)586-1181SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Washington Utilities and Transportation Commission AUTHORIZED REPRESENTATIVE P.O. Box 47250 Olympia, WA 98504-7250 Keith Degginger/JH

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