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and a second sec	PART A	\		TV#
WASHINGTON UTI 1300 S Evergreen P	LITIES AND T	RANSPORTA	ATION COM	EDA 70ED
Teleph	one (360) 664-12	22 - Fax (360)	11 61, 117, 30 0 586-1181	10/1/0
Intracta	te Common Car	rier Operating	Authority	Injet 10
	APPLICATION			000
	ng Household Goods			
0000444	FOR OFFICIA	L-USE ONLY		
Reception Number, Co. Co. L. R. L.	Safety:		Carrier ID#:	6169
111 0268 200 02 375.00	Insurance:		Employee:	MIC
T	YRE OF APPEIG	VEION/(checkid		
New Common Carrier Permit Transfer of Existing Pe	Authority, or		2 T 2 X T 2	rier Permit Authority
\$275 GENERAL COMMODITI	ES ONLY	\$100 6	SENERAL COMM	MODITIES, including
\$275 GENERAL COMMODITIE ARMORDED CAR SERVICE			SENERAL COMM	MODITIES, including
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS	S, Including		GENERAL COMI HAZARDOUS MATE SERVICE	MODITIES, including RIALS and ARMORED CAR
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS BIT SERVICE	S, including d armored car			
\$100 REINSTATEMENT OF CA	NCELLED COMMO	N CARRIER PERM	AIT For	Com-1 (1)
	TYPE OF	PAYMENT		
☐ Check ☐ Money Order		<u> </u>		· · · · · · · · · · · · · · · · · · ·
CERTIFICATION: I, the undersigned that I am authorized to execute and fivalid.	, under penalty for false file this document on be	statement, certify th half of the applicant,	at the following info and that all informa	or
Name (printed): Towy BE	NNETT	Date:	ept 28,	2010
Signatur		Title:	RESIDEN.	<u></u>
<u> </u>	OTOR CARRIER	IDENTIFICATI	ON	
CC#:64 062 US DOT#	9690		=D BUSINESS IC -380-3	DENTIFIER (UBI) #:
APPLICANT NAME: RAINIER WOOD RECY		F	PHONE#:	\bigcirc
d/b/a:	7.00			22.0008
				2.0556
BUSINESS (MAILING) ADDRESS (street address, P.O. Box)	332165ERE	EDMOND-	FALL CIT	y ROAD
(city, state, zip) FALL C(TY	, wa	98024		
PHYSICAL ADDRESS: (street add	ress, if different)	5AMP	- AS AB	NE

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)					
☐ INDIVIDUA		SHIP \$ CORPOR	RATION (LP, LLP, LLC)	AMINGTON	
NAME	TITLE	ADDR		OCK DISTRIBUTION OR RECENTAGE OF SHARE	
			. 6.	RCENTAGE OF SHARE	
TOUY BENI	IFIT DOEC	1840 373/C	REDMOND-FALL LITY	10	
10-1 DENA	JEH TICKES		CITY WA 98024	(120)	
	transcription and production of the contract o	TRANSFER OF P	ERMIT NUMBER :		
holder ar	ection if you are tran ad permit number to of the permit numbe	be transferred. The	ermit to a new owner. List n current permit holder must s	ame of <u>current</u> permit ign below to authorize the	
NAME ON PERI	MIT:		PERMIT N	UMBER:	
Signature of cu	rrent permit holder			D-1-	
Oignature or ou		ANCEREQUIRE	MENTS (musticheck one)	Date	
	A permit wil	I not be issued until a	cceptable insurance is recei	ved	
quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You must 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 C, Sections 1 and 2. Insurance. You must complete Part B.				hazardous materials requiring \$5 million in Public Liability and Property Darnage Insurance. You must complete Part C, Sections 1 and 2.	
			h additional pages if neces	the state of the s	
CO# UNIT# JUS	LICENSE#	STATE		VIN#	
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			n die Julius von 1885 begegen der der werde der der der der der der der der der	Market of the State of the Stat	
		Signa	ture::::		
l, 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.					
Jay B.	Signaturo(s)		9/2	28/2010	
1	oignature(s)	c		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.

C	ontr	olled S	Substance	es and Alo	cohol Testing
Ø. –			id no idi spi	22 and Wit	onion heating

Name: CURTIS BEWNETT

Position: MANACRA

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

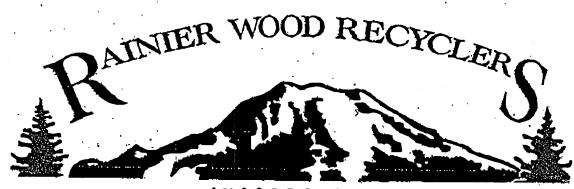
Name: LUR TIS BRUNRTT

Position: MANACOLA

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 Qualificatio	on Requirements				
Name: CURTIS BELINETT	Position: MAWAELA				
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the Vexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	WSP in WAC 446-65-010. Owner/operators that work we limited exemptions. Owners/operators that conduct				
Drivers Hours	s of/Service				
Name: LATIS BRUNETT	Position: MMN4eau				
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	f service records for each individual that drives a motor (e) and by the WSP in WAC 446-65-010.				
Vehicle Inspection, Rep	pair and Maintenance				
Name: CURTIS BENNETT	Position: MAAAAAA				
Each company must prepare a written "Driver Vehicle Instrequired by 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 4 ldentification of the vehicle. The nature and due date of various inspections, repairs and mainted All companies must conduct periodic inspections as requived with the work of the vehicle. All companies must conduct periodic inspections as requived with the work of the vehicle.	the WSP in WAC 446-65-010. In addition, each in vehicle that includes the following, as required by the 446-65-010: etion and maintenance operations to be performed, enance indicating their date and nature.				
Signat	tures				
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.					
Day Day	9(28(2010				
Signature ^l of applicant	Date				



INCORPORATED

FAX COVER SHEET:

TO: WHOM TMAY CONCERD
OF: WUTC - LICENSING SERVICES
FAX#: 360 - 586-1(8(
PHONE #: 360-664-1222
FROM: ROBERT SARGERT
DATE: 9/28/2010
PHONE: (425) 222-0008 FAX: (425) 222-0556
NO. OF PAGES: 5 - (NOLJOING THIS OVE
RE:
CC PERMIT APPCICATION

09/30/2010 10:24 FAX 3605861181 LICENSING SERVICES

3 14:23 4252220555

RAINIER WOOD RECYCLE

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NAME		$\overline{\mathbf{m}}$	<u>LE</u>	ADDR		TOCK DISTRIBUTION OR ERCENTAGE OF SHARE
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623					ERMINUMEER	
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NAME	ON PER	MIT:		···	PERMIT	NUMBER:
				•		
Signet	ure of ct	ment pennit				Date
			NSUEM	JOE REDUIRE	JENNSTIMMACHEER one	
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	You wi			is matenais in tity, Yo⊔ will	hazardous materials requiring \$1 million in	hazardous materials
operate	vehicles	with a		vehicles with a	Public Liability and	requiring \$5 million in Public Liability and
GVWR	of less th	10,000	GVWR of	110,000 pounds	Property Damage	Property Damage
bonuds	You mu	ist obtain	or more.	You must obtain	Insurance. You must	Insurance. You must
and Pro	perty Da	lic Liability	\$750,000	In Public Liability	complete Part C, Sections	
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need to	complet	e Part B.	complete	Part B.		
		MOR	EVEN	LE DESTAGRACIA		
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l, 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.						
hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
2 Mars						
Signature(s)						
	-	Strantft	, - (-)			Date
				5	•	

RAINIER WOOD RECYCLERS, INC.

33216 SE Redmond Fall City Road, Fall City, WA 98024 (425) 222-0008 (425) 222-0556 FAX

FACSIMILE TRANSMITTAL CONTROL SHEET

COMPANY:

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

FAX NUMBER:

360 586-1181

FROM:

ED STRAUSER

DATE:

9/30/2010

NUMBER OF PAGES, INCLUDING THIS PAGE: 3

COMMENTS:

RE: Notice of Deficient Application - TV101623

Enclosed is the Application for Permit for CC# 64062 with the stock ownership information completed.

According to our insurance agent, you should be receiving the Uniform Motor Carrier Certificate of Insurance (Form E) from our insurance company today.

If anything else is needed, please do not hesitate to let us know.

Thanks for your assistance with this.

O169

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

Filed with Washington Utilities and Transportation Commission(hereinafter called Commission)

This is to certify, that the Oregon Automobile Insurance Company (hereinafter called Company)

of 650 NE Holladay Street, Portland, OR 97232-2045

has issued to Rainier Wood Recyclers, Inc. of PO Box 1010, Ravensdale, WA 98051

a policy or policies of insurance effective from 10/04/2010 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 1191 Second Ave, Suite 900, Seattle, WA 98101 this 1st day of October, 2010.

Insurance Company File No.

C17 154668 (Policy Number) Thomas D. Becker (Authorized Company Representative)