

PART A

TV# 101728

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)

Handwritten: 10/24/10

Reception Number: <u>0026192</u>	Safety: <u>[Signature]</u>	Carrier ID#: <u>2196</u>
111 0268 200 02 <u>875.00</u>	Insurance: <u>[Signature]</u>	Employee: <u>[Signature]</u>

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Com Auth #

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 behalf of the applicant, and that all information on file is current and valid.

Name (printed): Ruthy, Kancilia Date: 10-21-10

Signature: [Redacted] Title: Agent

CC#: 64069 US DOT# 20197910 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602594123

APPLICANT NAME: Kevin D. Bergstresser PHONE#: 509-496-4161

d/b/a: Kevin's Hauling Services FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 7016 N Colton St. Apt. D204

(city, state, zip) Spokane WA 99208

PHYSICAL ADDRESS: (street address, if different)

same

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Kevin D Bergstresser	owner	7016 N Colton St Spokane WA 99208	

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 _____

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> 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#	LICENSE#	STATE	VIN#
16	B39454N	WA	1XP5069X7WD455909

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.

Atty Kouiceo Agent
Signature(s)

10-21-2010
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.

Name: Kevin D Bergstresser 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 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.

Name: Kevin D. Bergstresser 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, 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.



Name: Kevin D. Bergstresser Position: owner

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.



Name: Kevin D. Bergstresser 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.



Name: Kevin D. Bergstresser Position: owner

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.



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.

Cathy Kowalik Agent

Signature of applicant

10-21-10

Date

LIMITED POWER OF ATTORNEY

STATE OF WASHINGTON COUNTY OF SPOKANE

Be it acknowledged that:

KEVIN'S HAULING SERVICE
(Name of individual, partnership, LLC or corporation)

having an office at:

7016 N. COLTON DR SPOKANE, WA. 99208
(physical address)

acting through the undersigned does hereby designate and appoint:

OWNER OPERATOR SERVICES, INC.
1 NW GOIDA DR., Grain Valley, MO 64029

Business Services Department and the authorized employees listed below:

Cathy Koncilia Scott O'Dell Doreen Weakley Marla Rukavina Deborah Winkler

OOSI Agent signature Cathy Koncilia

The above named for the following limited and special purposes:

-To obtain and file applications for registration for the above listed carrier. To file applications to secure permits, pay fees and discuss relative matters with various state agencies. To sign for certified mail or registered mail on behalf of the above named. To file applications for changes to business information such as name, address, equipment, etc.

This limited Power of Attorney is restricted and limited to the matters specifically set forth herein and for the term beginning 7-15, 2010 and continuing until canceled.

In witness whereof KEVIN BERBSTRESSER has caused these presents to be executed by a duly authorized officer or owner hereto this 15 day of JULY, 2010
(print name of owner, officer, member or partner)

SIGNATURE: Kevin Berbstresser TITLE: OWNER

Sworn and subscribed before me this 15 day of July, 2010

NOTARY PUBLIC: Brianna M L Kaufman

BRIANNA M L KAUFMAN
Notary Public, State of Washington
Commission Expires
May 9, 2014

This form MUST be notarized before returning to OOSI or the filing process WILL be delayed



BUSINESS SERVICES DEPT

Grain Valley, MO 64029-0712
Tel: (816) 229-5791
Toll-free: (800) 444-5791
Fax: (816) 427-4470

Member Operator: Independent Drivers Association

To: Washington UTC **Fax No:** 360-586-1181

From: Cathy Koncilia **Date:** October 21, 2010

RE: Intrastate **Pages:** 6

Please call with any questions.

Thank you!

Cathy Koncilia

Cathy Koncilia
Business Services
800-444-5791, ext 1136
816-427-4470, fax

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RECEIVED

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(P)

Form E
Uniform Motor Carrier Bodily Injury and Property Damage
Liability Certificate of Insurance (Executed in quadruplicate)

WASH. UT. & TR. CO.



FARMERS

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
(Name of Commission)

This is to certify, that the MID-CENTURY INSURANCE COMPANY
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010
(Home Office, Address of Company)

has issued to KEVIN BERGSTRESSER DBA KEVIN'S HAULING SERVICE
(Name of Motor Carrier)

of 7016 N COLTON #D204 SPOKANE WA 99207
(Address of Motor Carrier)

a policy or policies of insurance effective from 11/19/10, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled without cancellation of the policy to which it is attached. Such cancellation may be effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124
(Street Address) (City) (State) (ZIP Code)

this 22ND day of NOVEMBER year 2010.

Insurance Company File No. 60481-34-02
(Policy No.)

[Signature]
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).