### PART A

TV# 101750

## 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)						
CORCLOS FOR OFFICIAL USE ONLY						
Reception Number: Safety:			Carrier I	D#: 6197		
111 0268 200 02 275.00 Insurance: Employee: <b>Ew</b> C						
TYPE OF APPLICATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number					hority	
\$275 GENERAL COMMODITIES ONLY	0	\$100	GENERAL C	COMMODITIES, includin	g	
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$276 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100		COMMODITIES, includin MATERIALS and ARMORED		
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	R					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)  For Commission Line Cont.  Auth #:						
TYPE DECLEY-						
☐ Check ☐ Money Order ☐ Amex	masier	raid M V	liga		_	
	-	<del>,</del>	<del></del>			
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): Robert Walde Date: 10/21/2010						
Signature: Title: Agent						
MOTOR CARRIER IDENTIFICATION						
CC#: (MO71 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
APPLICANT NAME: 1995795 601 1/3 064 -						
Marc L Springer 425-742-8979						
d/b/a: FAX #:						
Shorth Boar Transport   405-310-6278						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)  3807 Serene Way						
(city, state, zip)						
Lynnwood WA 98087						
PHYSICAL ADDRESS: (street address, if different)						

TYPE OF BUSINESS STRUCTURE						
(check individual or complete partnership/corporation information)						
☑ INDIVIDUAL 「: PARTNERSHIP □ CORPORATION (LP, LLC) STATE OF INCORPORATION						
NAME	TIT	<del>- ;</del>	ADDRE		PE	OCK DISTRIBUTION OR RCENTAGE OF SHARE
Marc L Sprine	der C	wner 38	07 Serene Way L	λμψι	wood WA 98087	100%
	TRANSFER OF PERMIT NUMBER					
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PER	RIVIET:			<del></del>	PERMIT N	UMBER:
Signature of c	urrent permit	holder				Date
			ICE REQUIRE	VE	NTS (must check one)	
	A pe	mait will no	ot be issued until a	cce	otable insurance is receiv	ved
You will not in hazardous mate quantity. You wo operate vehicle GVWR of less in pounds. You mend Property Downsurance. You need to complete UNIT#	erials in any in ill only swith a than 10,000 ust obtain blic Liability amage do not see Part B.	hazardou any quan operate v GVWR or or more. \$750,000 and Prop Insurance complete DR VEHI		ha red Pu Pr Ins co	You will hau! Izardous materials quiring \$1 million in Iblic Liability and operty Damage surance. You must implete Part C, Sections and 2.  Idditional pages if neces	Hou will hauf hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C. Sections 1 and 2.
Signature						
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.  20/21/2010  Date						

4053106278

#### 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:	Marc L Springer	Position:	Owner
•	iver who operates a vehicle that meets the definition have a valid CDL. The definition of a commercial mot has a gross combined weight rating of 26,001 poun weight rating of more than 10,000 pounds; or has a gross vehicle weight rating of 26,001 pounds is designed to transport 16 or more passengers, including its of any size and is used to transport hazardous materials regulations.	or vehicle is ads that incluor more; or cluding the d	a vehicle that: ides a towed unit with a gross vehicle river; or
and ale	erson who drives a commercial motor vehicle requiring cohol testing program as required by FMCSA in 49 0 C 446-65-010.		
	Commercial/Dirivers Licens	e((5D))/Re	equirements
Name:	Marc L Springer	Position: _	Owner
Any dr	iver who operates a vehicle that meets the definition	of a comme	ercial motor vehicle as described below

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

must have a valid CDL, as required by the Washington State Department of Licensing. The definition of

- 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: Marc I Springer	Position: Owner				
exclusively in intrastate commerce within Washi	r Qualification File for each employee authorized to drive motor d by the WSP in WAC 446-65-010. Owner/operators that work ington have limited exemptions. Owners/operators that conduct elete file on themselves and any other driver that they may use.				
Drive	rs Hours of Service				
Name: Marc 2 Springer	Position: Cwner				
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(a) and by the WSP in WAC 446-65-010.					
Vehicle Inspecti	ion, Repair, and Maintenance				
Name: Marc I Springer	Position: Owner				
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 448-65-010:  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.					
uAn The	10-21-2018				
Signature of applicant	Date				
	=				



#### MASTER LICENSE SERVICE

PO Box 9034 Olympia, WA 98507-9034 (360) 664-1400

#### REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 601 113 064

Business ID #: 1

Location: 2

MARC L SPRINGER LYNNE NADINE SPRINGER SPRINGER ENTERPRISES 3808 SERENE WAY LYNNWOOD WA 98087

TAX REGISTRATION

REGISTERED TRADE NAMES: SPRINGER SALVAGE SPRINGER ENTERPRISES SNORTN BOAR TRANSPORT



The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Director, Department of Licensing

6197 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 MARC L SPRINGER, SNORTN BOAR TRANSPORT of 3807 SERENE WAY, LYNNWOOD, WA 98087-0000 a policy or policies of insurance effective from 11/30/2010 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 November, 2010
Insurance Company File No. CA 04597520

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

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