PART A

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 | | | | | ſ |
| (excluding Household Goods | | | 200 CO. | 1 h | z (|
| Reception Number 25233 Safety: | 1 - 03E | ONE | ≀ (Carrier II | D#: 112 | 0 |
| 111 0268 200 02 275, 00 Insurance | WIX | Hoc | Employ | | To he |
| Cash TYPE OF APPLICA | ATION (| check | | | |
| New Common Carrier Permit Authority, or | | | A STATE OF THE STA | Carrier Pe | rmit Authority |
| Transfer of Existing Permit Number | | | | | |
| \$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 CARR | IER PEI | RMIT | For Commission Auth #: | on Use Only: |
| TYPE OF | PAYME | NT | | | |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ | Masterca | ırd □ Vi | isa | Expiration I | Date |
| | | <u> </u> | | | |
| 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): DARIN BOGG Date: 10 -27-10 | | | | | |
| Name (printed): DARIN & OGG Date: 10 - 27 - 10 Signature: Title: owner | | | | | |
| A (MOTOR CARRIEF | 5 | | and a second | | |
| CC#:014 X US DOT# | | | FIED BUSINE | SS IDENTIFI | ER (UBI) #: |
| W 10 10 2087054 | | 60 | 2 194 | 097 | |
| APPLICANT NAME: PHONE#: PARIN OGG 360 791 6668 | | | | | |
| d/b/a: FAX #: | | | | | |
| OGG ENTERPRISED | | | | | |
| BUSINESS (MAILING) ADDRESS; (street address, P.O. Box) | | | | | |
| /aity atata min | | | | | |
| (city, state, zip) HODD SPORT IN A shine for 98548 | | | | | |
| 113 | | | | | |
| PHYSICAL ADDRESS: (street address, if different) 23820 North US HWY 101 | | | | | |
| HOODSPORT, WA, 98548 4 | | | | | |

| (chec | TYPE OF BUSINES k individual or complete partr | | on) | | | |
|--|---|--|--|--|--|--|
| | TNERSHIP CORPORA | ATION (LP, LLP, LLC) F INCORPORATION | | | | |
| NAME TITL | E ADDRE | | OCK DISTRIBUTION OR RCENTAGE OF SHARE | | | |
| | ner PoBox 1 | 1336 Hoodspat WA 78 | 584 501 | | | |
| (ISA CAGO OL | mer SAME | | 50/ | | | |
| TRANSFER OF PERMIT NUMBER | | | | | | |
| Complete this section if you a holder and permit num transfer of the permit r | nber to be transferred. The c | | | | | |
| NAME ON PERMIT: | | PERMIT N | JMBER: | | | |
| Circulation | 14 | · | Doto | | | |
| Signature of current permit h | noider ISURANCE REQUIREM | IENTS (must check one) | Date | | | |
| 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. MOTO UNIT# LICENS | | You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 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. | | | |
| 0001 B0028 | 7R WASH | 113536 | | | | |
| | | | | | | |
| | | | | | | |
| 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 | | | | | | |
| knowledge and belief | nat the information contain | | -27-10 | | | |

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 Alcoho | l Testing | | | |
|--|-------------|-----------|--|--|--|
| Name: DARIN G9 | Position: _ | Owacc | | | |
| 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: DARIN Cg1 | | 10 work | | | |

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 Qualif | ication Requireme | ents | | |
|---|--|---|---|--|--|
| Name: DHRIN | | Position: _ | | | |
| vehicles as required exclusively in intrasta | by FMCSR Part 391.51 and bate commerce within Washingt | y the WSP in WAC 4 ton have limited exer | ach employee authorized to drive motor 146-65-010. Owner/operators that work mptions. Owners/operators that conduct and any other driver that they may use. | | |
| | Drivers | Hours of Service | | | |
| Name: DALIN | Oqq | Position: | Owner | | |
| Each company must vehicle as required b | maintain true and accurate ho by the FMCSA in 49 CFR, Part | ours of service record 395.1(e) and by the | ds for each individual that drives a motor WSP in WAC 446-65-010. | | |
| | Vehicle Inspection | n, Repair, and Mai | ntenance | | |
| Name: DALIN | 097 | Position: | ornif | | |
| 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 WSP in WAC 446-65 | | s required by the FM | MCSA in 49 CFR, Part 396.17 and by the | | |
| | Sec. San Miller C. Males of point Assessed Land Section 19 Control (19 Control 19) | | | | |
| | Hardware Andrews (Proceedings of the Control of the | 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. | | | | | |
| | | | 10-77-10 | | |
| Signature of applicant | nt | | Date | | |
| | | | | | |

ALUKU

From: FAXmaker

To: 3605861181

Page: 1/2 Date: 11/1/2010 10:55:40 AM

DATE (MM/DD/YYYY)

11/01/2010

CERTIFICATE OF LIABILITY INSURANCE

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 NAME: | Linda Bethke | | | | |
|--|---|--|---------------------|----------------------|------------------------------|--|--|
| WCLA Insurance Agency, Inc. | | PHONE (A/C, No, Ext): 360.352.5033 FAX (A/C, N | | FAX (A/C, No): 360.3 | (, No): 360.352.1689 | | |
| P O Box 2168 | E-MAIL ADDRESS: | | | • | | | |
| Olympia, WA 98507-2168 Linda Bethke | | PRODUCER CUSTOMER ID #: | | | | | |
| | | , | NAIC # | | | | |
| INSURED | | INSURER A : | American Alternativ | e Ins Corp | | | |
| Darin Ogg DBA: | Darin Ogg DBA: Ogg Enterprise PO Box 1336 Hoodsport, WA 98584 | INSURER B : | American Southern H | ome Ins Co | | | |
| PO Box 1336 | | INSURER C : | | | | | |
| Hoodsport, WA 98 | | INSURER D : | | | STORY SECTION A LOSS OF LAND | | |
| | | INSURER E : | | W. College | | | |
| | | INSURER F : | | | | | |
| COVERAGES | CERTIFICATE NUMBER: 2010 | | REVISION N | JMBER: | | | |

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 THAT SHOWN HAVE BEEN REDUCED BY DATE OF ALL THE TERMS,

| INSR LTR | 1 | TYPE OF INSURANCE | ADDL SUBR | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYY) | LIMIT | \$ | |
|-------------|---------|---|---------------|---|----------------------------|---------------------------|--|------|-----------|
| | GEI | NERAL LIABILITY | | B6A2GL0000517-00 | 10/27/2010 | 10/27/2011 | EACH OCCURRENCE | \$ | 1,000,000 |
| | X | COMMERCIAL GENERAL LIABILITY | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ | 100,000 |
| | | CLAIMS-MADE X OCCUR | | | | | MED EXP (Any one person) | \$ | 5,000 |
| Α | | · | | | | | FERSONAL & ADVINJURY | \$ | 1,000,000 |
| | | | | | | | GENERAL AGGREGATE | \$ | 2,000,000 |
| | GEN | NL AGGREGATE LIMIT APPLIES PER | | | | | PRODUCTS - COMP/OF AGG | \$ | 2,000,000 |
| | | POLICY JECT LOC | | | | | | \$ | |
| | ΑU٦ | TOMOBILE LIABILITY | | B6A2CA0001416-00 | 10/27/2010 | 10/27/2011 | COMBINED SINGLE LIMIT (Ea accident) | \$ | 1,000,000 |
| | ļ | ANY AUTO | | | | | BODILY INJURY (Per person) | \$ | 2,000,000 |
| _ | \ | ALL OWNED AUTOS | | | | | BODILY INJURY (Per accident) | \$ | |
| В | X | SCHEDULED AUTOS | | | | | PROPERTY DAMAGE | \$ | |
| | | HIRED AUTOS | | | | | (Per accident) | · | ······ |
| | | NON-OWNED AUTOS | | | | | | \$ | |
| | | | | | | | | \$ | |
| | | UMBRELLA LIAB OCCUR | | | | | EACH OCCURRENCE | \$ | |
| | <u></u> | EXCESS LIAB CLAIMS-MADE | | | | | AGGREGATE | \$ | |
| | | DEDUCTIBLE | | | | | | \$ | |
| | | RETENTION \$ | | | | | | \$ | |
| | | RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N | | B6A2GL0000517-00 | 10/27/2010 | 10/27/2011 | WC STATU: X OTH- TORY LIMITS X ER | | |
| Α | | PROPRIETOR/PARTNER/EXECUTIVE | N/A | WA STOP GAP | | | E.L. EACH ACCIDENT | \$ | 1,000,000 |
| | (Mai | ndatory in NH) | | | | | E.L. DISEASE - EA EMPLOYEE | \$ | 1,000,000 |
| | | s, describe under SCRIPTION OF OPERATIONS below | | | | | E.L. DISEASE - POLICY LIMIT | \$ | 1,000,000 |
| Α | Mo | tor Truck Cargo | | B6A2IM2000229-00 | 10/27/2010 | 10/27/2011 | Limit: \$ | 100, | 000 |
| ^ | | | | | | • | Ded: \$1 | 1,00 | 00 |
| DES Pro | of | tion of operations / Locations / vehicle of Liability Coverage | S (Attach ACO | ORD 101, Additional Remarks Schedule, if mo | re space is requi | red) | | | |

| CERTII | FICATE HOLDER | CANCELLATION | | | |
|--------|--|--|--|--|--|
| FAX: | 360.586.1181 | SHOULD 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 P.O. Box 47250 Olympia, WA 98504 | AUTHORIZED REPRESENTATIVE Amila Bothke / I TNDA | | | |

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