

PART A

TV# 10955

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

State Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

None

FOR OFFICIAL USE ONLY

Reception Number: 0028742	Safety: <i>CS</i>	Carrier ID#: <i>0236</i>
111 0268 200 02 <i>274 (D)</i>	Insurance: <i>CS</i>	Employee: <i>CS</i>

TYPE OF APPLICATION

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	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #:
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<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Amex <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa	Expiration Date
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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): KARANWIR SINGH Date: 12/2/10

Signature: _____ Title: CEO

MOTOR CARRIER IDENTIFICATION

CC#: <u>64892</u>	USDOT#: <u>1303760</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603-036-386-1-1</u> <i>OK</i>
APPLICANT NAME: <u>SUNRAX LOGISTICS INC</u>		PHONE#: <u>206-74-5868</u>
d/b/a:	FAX #:	
BUSINESS (MAILING) ADDRESS: <u>PO BOX-1026-KENT WA 98035</u>		
(street address, P.O. Box)		
(city, state, zip) <u>KENT WA 98035</u>		
PHYSICAL ADDRESS: (street address, if different) <u>20462-84 AVE S</u>		
<u>KENT WA 98032</u>		

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

NAME KARAMVIR SINGH **TITLE** CEO **ADDRESS** 10710-NE 10th St Bellevue WA 98004 **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE** 100%

TRANSFER OF PERMIT NUMBER

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: _____ **PERMIT NUMBER:** _____
 Signature of current permit holder _____ Date _____

HAZARDOUS MATERIALS REVIEW

<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.
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UNIT#	LICENSE#	STATE	VIN#
41	B93026P	Washington	1HTMMAMG4H677870
42	B76780P	Washington	3FRNFG5324V620317
43	B97154R	Washington	1FUA CWDC14HN18777
51	B93027P	Washington	1HTMMAMX4HC001634

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.

K. Singh Signature(s) _____ 12/2/10 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, 6303 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: KARAMVIR SINGH Position: CEO

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: KARAMVIR SINGH Position: CEO

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: KARAMVIR SINGH Position: CEO

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSA 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.

Hours of Service

Name: KARAMVIR SINGH Position: CEO

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: KARAMVIR SINGH Position: CEO

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 396.13 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.

K Singh
Signature of applicant

12/2/10
Date

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

10226-
pending

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Continental Western Insurance
(Name of Company)
(herein after called Company) of 11201 Douglas Avenue, PO BOX 1594, Des Moines, IA, 50306
(Home Address of Company)

has issued to Sun Trax Logistics Inc of PO BOX 1026, Kent, WA, 98035
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 12/03/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 3320 E Goldstone Way ID 83642 This 03rd day of Dec 20 10
Boise (Address) (Day) (Month) (Year)

Insurance Company File No. CWP2896273BNPG
(Policy No)

Kassian Chavez
(Authorized Company Representative)

Underlying Limit : 0.00 Liability Limit : 1,000,000.00