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 FOR PERMIT							
(excludi	APPLICATION ng Household Goods					<i>f</i>	
FOR OFFICIAL USE ONLY							
Reception Numbe 0028943 Safety: 2-16-		-10		Carrier I	D#: <i>U 0</i>		
111 0268 200 02 275 (a) Insurance: [2-7		4-10		Employ	Employee:		
TYPE OF APPLICATION (check one)							
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority							
\$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 COMMODITIE HAZARDOUS MATERIALS ar SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMON (Must be filed within 10 months of cancellation)			For Commission Use Only: Auth # 0.3581			on Use Only: 03581	
TYPE OF PAYMENT							
☐ Check ☐ Money Order ☐ Ame	x Discover D	Mastero	ard □ Vis	sa T	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):			Date:				
Signature:Title:							
MOTOR CARRIER IDENTIFICATION							
CC#: (14101 US DOT# 602831 653 (1) 1.							
APPLICANT NAME: JAMIE WILLIAM PHONE#: 360-553-079)							
TWH TRUCKING FAX#: C=4 580-5540							
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 915 W 2nd ST							
(city, state, zip) ABERDEEN WA. 98520-5841							
PHYSICAL ADDRESS: (street address, if different)							
SAMA							

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.

Controlled Substances and Alcohol Testing

US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Name: Amier Jasura 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.
Commercial Drivers License (CDL) Requirements
Name: Position: Dume/ 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

is of any size and is used to transport hazardous materials of an amount that requires placarding under

weight rating of more than 10,000 pounds; or

hazardous materials regulations.

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

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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 JAIME HAGARA of 915 W 2ND ST, ABERDEEN, WA 98520 a policy or policies of insurance effective from 12/13/2010 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 13th day of December, 2010

Insurance Company File No. CA 06466255

(Policy Number)

(Authorized Company Representative

MC1633a(08/99)

IRB3539B