#### PART A

TV# 102036

## 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) Title in the first subject. FOR OFFICIAL USE ONLY Reception Number: 0029573 Safety: Carrier ID# 111 0268 200 02 Insurance: Employee: YPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrler Permit Authority Transfer of Existing Permit Number Ø \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including ARMORDED CAR SERVICE HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, including GENERAL COMMODITIES, including \$100 HAZARDOUS MATERIALS HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only. (Must be filed within 10 months of cancellation) Auth #: TYPE OF DOVMENT ☐ Check ☐ Money Orde CERTIFICATION: I, the undersigned, under periory for lease statement, certify that the following information is transpired, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and Name (printed): Date: Title: MOTOR CARRIER DENTIFICATION CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: APPLICANT PHONE#: Underaroun d/b/a: FAX #: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. BOX 100 (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

#### 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)
- 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.

€CO	ntrolled Substances and Aicoh	W. O. F. C. F.
Name: Kendall Miller /	CDL Construm Position:	OFFice Manage
Any driver who approton a wall to		Office manager

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

# Commercial Drivers License (COL) Requirements Name: I am du (1

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.

Priver Qualification in						
Priver Qualification Requirements						
Name: Andall Miller Position: Africa Manager						
Each company must maintain a complete Driver Qualification File for each employee authorized to drive moto vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 448 85 049.						
exclusively in intrastate commerce within Weaking the VVOI in VVA 440-00-010. Owner/operators that work						
exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that work any interstate operations must maintain a complete file on themselves and any other driver that they may use.						
and on themselves and any other driver that they may use.						
Drivers Flours of Service						
Name: _ / MAN Miller Position: DETE Manager						
Each company must maintain true and accurate hours of service records for each individual that drives a moto vehicle as required by the FMCSA in 49 CFR. Part 395 1(e) and by the WSB in 140 2 ft and the moto						
vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.						
Vehicle Inspection Burney 1						
Vehicle Inspection, Repair, and Maintenauce						
Name: Shawn Mourc Position: President						
Each company must prepare a written "Debase V. L. L.						
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 CO. In addition, each						
company must maintain certain required records for						
FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:  Identification of the vehicle.						
The nature and the date of various increases.						
<ul> <li>The nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>						
All companies severe 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 : The Property of t						
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 constitution.						
comply with all the safety requirements which apply to my operations.						
<b>5</b> .						
Mandan. In. (h.						
12.16.18						
Signature of applicant Date						
Date						

	(of	T neck indivi	YPE OF BUSIN	ESS STRUCT	URE		
☐ INDIVID	UAL 🗆 P	ARTNERS	SHIP 💥 CORPO	DRATION (LP, LLI OF INCORPOR	P. LLC)	Reg ov	y v
NAME J. Shaw	in Moor	e Pr	regident po	RESS 1BOX 2009 FZ OR 971024	si Winten	TOCK DISTRIBUTION ERCENTAGE OF SH	N OR ARE
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 PE	RMIT:	<del></del>			PERMIT N	UMBER:	
Signature of c			The substitute of the substitu		<del></del>	Date	
You will not hazardous mat quantity. You wo operate vehicle GVWR of less to pounds. You m \$300,000 in Pul and Property Dainsurance. You need to complete UNIT#	haul erials in any vill only s with a chan 10,000 ust obtain blic Liability amage do not te Part B.	You whazardou any quar operate of the complete complete RYEHK	STATE	You will hau hazardous mate requiring \$1 mill Public Liability a Property Damag Insurance. You complete Part C 1 and 2.	ide is reception	Hou will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You mus complete Part C, Sections 1 and 2.	in
	70 0 7	209	Signati	1-FNYY	CYB	JH321351	
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 be received and affirm that the information contained in this application is true to the best of my smowledge and belief.							
Van	Signature	(s)	Un			Date	

# RECEIVED

JAN 04 2011

## Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE WASH. UT. & TP. COMM

Filed with Washington Utilities & Transportation Commission	Abanain - Han III I I
(Name of Agency)	(herein after called Agency)
This is to certify that the Ohio Casualty Insurance Company (Name of Company)	
(herein after called Company) of 9450 Seward Rd , Hamilton ,OH ,45014  (Home Address of Company)	
has issued to MOORE UNDERGROUND INC (Name of Motor Carrier) of PO BOX 2009 FAIRFIEW OR 99 (Address of Motor Carrier)	7024-1810
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Cacovering the obligations imposed upon such motor carrier by the provisions of the motor carrier aw of the State in regulations promulgated in accordance therewith.	arrier Bodily Injury and Proporty
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policie. This certificate and the endorsement described herein may not be cancelled without cancellation of the policies cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Accommence to run from the date notice is actually received in the office of the Agency.	es and all endorsements thereon.
9450 Seward Rd Countersigned at Fairfield	day of Dec 20 10 (Month) (Year)
Insurance Company File No. BAO 53021005  (Policy No)  Brenda Magill  (Authorized Co	Brende Mague ( ompany Representative)
ying Limit :0.00 Liability Limit :1.000.000	