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PART A	TV# 110026			
	DANEBORTATION COMMISSION			
WASHINGTON UTILITIES AND TE 1300 S Evergreen Park Dr SW, PO Bo	ox 47250, Olympia, WA 98504-7250			
Telephone (360) 664-122	22 - Fax (360) 586-1181			
Intrastate Common Carr APPLICATION				
VISA (excluding Household Goods a	and Common Carrier Brokers)			
Reception Number: (1) (1) Safety:	Carrier ID#:			
111 0268 200 02 \$275, Insurance: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	All (LC) Employee:			
A STATE OF THE STA				
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			
7	ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	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 COMMOI (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use on PA			
☐ Check ☐ Money Order ☐ Arnex ☐ Discover ☐	Mastercard Visa Expiration Date			
CEPTIFICATION I AL	e statement, certify that the following information is true and correct,			
that I am authorized to execute and file this document on be	s statement, centry that the tollowing information is true and correct, shalf of the applicant, and that all information on file is current and			
valid.	Date: 1-3-11			
Name (printed): PAUL PUTT	Title: Prestident			
Signature: PAULA, HINTZ Title: President				
CC#- / / / / / IIS DOT#	WA UNIFIED BUSINESS IDENTIFIER (VBI) #:			
09115 1804 157	602 - 389 - 689 M			
P. HINTZ TRUCKING INCO 360-340-6957				
d/b/a:	FAX #: 360-692-4318			
BUSINESS (MAILING) ADDRESS: P.O. Box)				
(city, state, zip) Seabeek WA	98380			
PHYSICAL ADDRESS: (street address, if different)				
L	Secheak LUA 98380			

EXCENSING SERVICES

INDIVIDUA			CORPOR	IOITA	V (LP, LLP, LLC) ORPORATION	WA
NAME Paul A. Hint	TITLE Z Presi	dat Po	ADDRE) Box 1036		48850	PERCENTAGE OF SHARE
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:						
Signature of cu		lder				Date
You will not he hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You mus \$300,000 in Published Property Dalinsurance. You need to complet	rials in any hail only ar with a or	more. You	aterials in You will cles with a .000 pounds must obtain Public Liability Damage ou must	haza requ Publ Prop Insur	ou will haul rdous materials iring \$1 million in ic Liability and erty Damage rance. You must blete Part C, Section	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICENSE	#	STATE		Section Control Spatial Deep Forms and anti-	VIN#
3	A23210 A16790 B34554 B169021 A7495	u l E l	WA WA WA WA	2	5548684 G 2H5FBX bR3 NPFDBEX5	3JC012972
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.						
	\$ignature	(\$)				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, 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.

Name PAUL A. HINTZ	Position: Presidet

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described belowmust 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 vehicleweight 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: PAUL A HINTZ	Position: President

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.

Jan 03 11 04:51p STEPHEN COFFEY

Name: PAUL A. HINTZ	- Position: _	President
Each company must maintain a complete Driver Qualifice vehicles as required by FMCSR Part 391.51 and by the exclusively in intrastate commerce within Washington hany interstate operations must maintain a complete file	: WSP in WAC lave limited exe	446-65-010. Owner/operators that work emptions. Owners/operators that conduct
Name: PAUL A. HINTZ	- Position:	President
Each company must maintain true and accurate hours whicle as required by the FMCSA in 49 CFR, Part 395	of service recor .1(e) and by the	rds for each individual that drives a motor e WSP in WAC 446-65-010.
Name Paul A. Hintz	Position:	Presidut
Each company must prepare a written "Driver Vehicle In required by the FMCSA in 49 CFR, Part 396.11 and by company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC lidentification of the vehicle. The nature and due date of various inspections, repairs and main	nspection Repo the WSP in W/ ch vehicle that 0 446-65-010: ection and main ntenance indica	AC 446-65-010, In addition, each includes the following, as required by the ntenance operations to be performed. ating their date and nature.
All companies must conduct periodic inspections as rec WSP in WAC 446-65-010.	Constant	MCSA in 49 CFR, Pait 396.17 and by the
My signature below certifies that I understand to comply with all the safety requirements which a	my responsit apply to my o	pility as a motor carrier and I will operations.
Parton		1-3-//
Signature of applicant -		Date

7

Client#: 103935

ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

01/04/201

HINTPAUL1

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.

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 PHONE (A/C, No, Ext): 800 499-0933 E-MAIL ADDRESS: **Propel Insurance** FAX (A/C, No): 866.577.1326 **Bremerton Commercial Insurance** PRODUCER P.O. Box 711 CUSTOMER ID # Bremerton, WA 98337 INSURER(S) AFFORDING COVERAGE INSURER A: Progressive Northern Ins Co INSURED INSURER B P. Hintz Trucking, Inc. INSURER C P O Box 1036 INSURER D Seabeck, WA 98380 INSURER E INSURER F REVISION NUMBER: CERTIFICATE NUMBER: **COVERAGES** 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS ADDL SUBR TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY \$ CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ s GENERAL AGGREGATE PRODUCTS - COMP/OP AGG \$ GEN'L AGGREGATE LIMIT APPLIES PER PRO-POLICY LOC 10/02/2010 10/02/2011 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 046824009 ^{\$}750<u>,000</u> (Ea accident) ANY AUTO BODILY INJURY (Per person) S ALL OWNED AUTOS BODILY INJURY (Per accident) S X SCHEDULED AUTOS PROPERTY DAMAGE \$ (Per accident) HIRED AUTOS \$ NON-OWNED AUTOS S UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE S DEDUCTIBLE c RETENTION WORKERS COMPENSATION WC STATU-TORY LIMITS OTH-AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE \$ lf yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | S DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION 10 Days for Non-Payment SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. WA Utilities & Transportation Commission AUTHORIZED REPRESENTATIVE P.O. Box 47250 Olympia, WA 98504-7250