PART A

TV#110090

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

	222 Fax (360) 586-1181
	arrier Operating Authority
APPLICATIO	N FOR PERMIT
	s and Common Carrier Brokers) IAL USE ONLY
ويسوران والمستقل	der 1-18-11 Employee: Evil
TYPE OF APPLIC	CATION (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 COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission USe Only: Auth #:
	DAVMENT
☐ Check ☐ Money Order ☐ Amex	- moore and
CERTIFICATION: I, the undersigned, under penalty for fals that I am authorized to execute and file this document on bivalid.	se statement, certify that the following information is true and correct, pehalf of the applicant, and that all information on file is current and
Name (printed): Lourg Comez	Date://0 ///
Signature: Jama Homes	Title: Agent
	R IDENTIFICATION
CC#: 64121 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
20/34/	603-074-780
APPLICANT NAME:	PHONE#:
DIAZ Trucking LC	(509) 572-7597
d/b/a:	FAX #:
DUCINECC (MAIL INC) ADDDDOO	(509) 837-8229
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 9784 Figure 1-1 C	<u> </u>

PHYSICAL ADDRESS: (street address, if different) 4/2 Wisconsin Avo Tieton, WA 98947

12098378229

Sunnyside, WA 98944

(city, state, zip)

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)									
□ INDIVIDUAL □ PARTNERSHIP X CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION 人上(
NAME	NAME TITLE ADDRESS STOCK DISTRIBUTION OR								
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			Tioton, W	A	98947				
		TR	ANSEER OF D	EDI	MIT NIMBED				
holder a	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 PER	MIT:				PERMIT N	JMBER:			
					 				
Signature of cu			NCE DECITION	AE.	NTS (must check one)	Date			
					N I S (must check one) ptable insurance is receiv	red			
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. hazarde any quantity operate GVWR of less than 10,000 pounds. You must obtain \$750,000 and Property Damage Insurance. You do not need to complete Part B.			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. R VEHICLE LIST (Attack		You will haul azardous materials quiring \$1 million in ublic Liability and roperty Damage surance. You must omplete Part C, Sections 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.			
UNIT#	LICEN		STATE			/IN#			
5	+64787	8	WA		IFUPCSZB4YI)B88740				
					<u> </u>				
Signature									
operate and the	at no opera and affirm	tions may	v be conducted un	ntil a	on does not in itself con a permit is received from I in this application is tru	n the Commission. I ue to the best of my			
			5						

S.q

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	ol Testing
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Name: Custodio Diaz	Position: S. Mombor	

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 L	icense (CDL)	Rec	uirements

- · · · · · · · · · · · · · · · · · · ·		
Name: Custodio Diaz	Position: S-Mombor	

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.

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Driver Qualification Requirements	\neg
Name: Custodio Diaz Position: S-Mombar	
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 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conducting any interstate operations must maintain a complete file on themselves and any other driver that they may use	(~+
Drivers Hours of Service	7
Name: Custodio Diaz Position: S-Mombor	 -
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 WSP in WAC 446-65-010.	or
Vehicle Inspection, Repair, and Maintenance	7
Name: Custoclo Diaz Position: S-Mombor	7
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 conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by th WSP in WAC 446-65-010.	9
Signature	7
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.	
Laura Domez 1/10/11	•
Signature of applicant Date	

Date: 1/17/2011 Time: 4:38 PM To: 13605861181



Wilson-Heirgood Associates

PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/17/2011

FAX (A/C, No):541-342-3786

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). CONTACT NAME: Lorena VanBuren PHONE

293 PO	Lson-Heirgood Associates 30 Chad Drive Box 1421 gene OR 97440-1421				PHONE (A/C, No, Ext): 800-8 E-MAIL ADDRESS: 1vanbu: PRODUCER CUSTOMER ID #: 2831	ren@whain		41-342-3786
							DING COVERAGE	NAIC #
INSL	JRED				INSURER A : Canal	Insurance	Company	
	az Trucking LLC				INSURER B :			
	Box 697				INSURER C :		 	
1116	eton WA 98947				INSURER D :			
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					INSURER E			·····
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	GENERAL LIABILITY							\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR	.						\$
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	GEN'L AGGREGATE LIMIT APPLIES PER PRO- LOC							\$ \$
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	ANY AUTO						· · · · · · · · · · · · · · · · · · ·	\$
	ALL OWNED AUTOS							\$
	X SCHEDULED AUTOS							· · · · · · · · · · · · · · · · · · ·
	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS	l						\$
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	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	ļ					WCSTATU OTH-	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	Cargo Broad Form Reefer Breakdown Inc			PIA06450401	1/13/2011	1/13/2012	Deductible	\$100.000 \$1.000 \$2.500
DES	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	LES /A	ttach	ACORD 101 Additional Remarks	Schedule if more space is	s required\	WOOLGE DIK DAM DEG	¥2, J00
	ling to follow CC# 064121	LES (A	.ccaciii	ACORD TOT, AUGINOTIA Remains	Schedule, il more space i	s required;		
CE	RTIFICATE HOLDER				CANCELLATION			
	WUTC PO Box 47250				SHOULD ANY OF TH	ATION DATE	SCRIBED POLICIES BE CAN THEREOF, NOTICE WILL BE CY PROVISIONS.	CELLED DELIVERED
	Olympia WA 98504				AUTHORIZED REPRESE	ENTATIVE (ruig Ti	tedar	