PART	A manuscriptor and a second	TV# 110142	ك
WASHINGTON UTILITIES AND TO 1300 S Evergreen Park Dr SW, PO B Telephone (360) 664-123 Intrastate Common Carl APPLICATION (excluding Household Goods	lox 47250, Ol 22 – Fax (360 rier Operatin I FOR PERI and Common Ca	olympia, WA 98504-7250 0) 586-1181 ng Authority LMIT arrier Brokers)	
Reception Number: 0030638 Safety: (*)	iguse one	Carrier ID#:	<u> </u>
111 0268 200 02 \$275 - Insurance: (1)	A	Employee:	_
	dien ense		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension	of Common Carrier Permit Authority	ty
\$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)	N CARRIER PE	For Commission Use Only: Auth #: 1/10 0 1/10	,
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☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard 🛲 V	/Isa Expiration Date	
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid. Name (printed): ROMALD T, MAK	half of the applica	fy that the following information is true and correct, ant, and that all information on file is current and - 9 - Owwere	 : t.
THE STATE OF THE S	Title:	The second secon	odenia
APPLICANT NAME:	WA UNI	DHONE#	
d/b/a:		FAX #: (509)860-3156	7
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 5	GROV17	R PL.	
(city, state, zip) EAST WONATCHOSE	WASH	1. 98802	
PHYSICAL ADDRESS: (street address, if different)			
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Complete this s	ection if you	are transfe	erring an existing p	em	it to a new owner. List na ent permit holder-must si	ame of <u>current permit</u>
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Signature of cu	ırrent permit	holder			<u> </u>	Date
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l, 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.						
Roy	labol	5	. M.L	<u>.</u>		-19-11
	Signatu	re(s)				Date

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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.
- Williamette Traffic Bureau, 16303 NE Cameron Blvd, Fortland, 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.

FIRE VILLE BUTTON	That I shall be seen a second and shall be seen a second as a seco	
Name: Konahl	5 Makin	Position:

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:

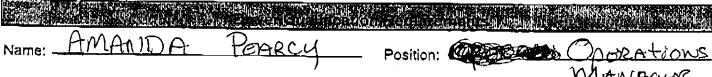
- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size 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.

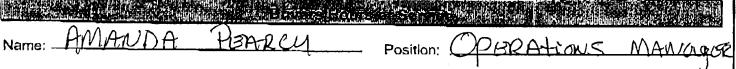
Name: Ronalel &	Mole	Position: <u>OUNUIR</u>

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:

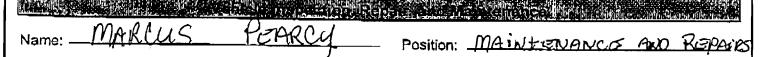
- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or
- is designed to transport 16 or more passengers, including the driver; or
- is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.



Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor 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 conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.



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.



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 the WSP in WAC 446-65-010.

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.

No. 6143

P. 2

. 0 143 F.

ACORD

CERTIFICATE OF LIABILITY INSURANCE

OPID LU

DATE (MM/DD/YYYY) 01/21/11

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(les) 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 HUB Transportation (OR) 19824 SW 72nd Ave. Suite 201 Tualatin OR 97062 Phone: 503-612-1440 Fax: 503-612-1441 INSURER(S) AFFORDING COVERAGE					
HUB Transportation (OR) 19824 SW 72nd Ave. Suite 201 Tualatin OR 97062 Phone: 503-612-1440 Fax: 503-612-1441 PHONE (ARC, No, Ext): [FAX (ARC, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: AMANDA1 INSURER(S) AFFORDING COVERAGE					
19824 SW 72nd Ave. Suite 201 Tualatin OR 97062 Phone: 503-612-1440 Fax: 503-612-1441 INSURER(S) AFFORDING COVERAGE					
Tualatin OR 97062 Phone: 503-612-1440 Fax: 503-612-1441 Phone: 503-612-1440 Fax: 503-612-1441 Phone: 503-612-1440 Fax: 503-612-1441 Propulcer Customer in #: AMANDA1 INSURER(S) AFFORDING COVERAGE					
Phone: 503-612-1440 Fax: 503-612-1441 INSURER(S) AFFORDING COVERAGE					
INSURED	NAIC#				
Depoil T Mohi	INSURER A: Zurich American Insurance Co. 16535				
DBA: Amanda Trucking	INSURER B:				
51 S. Grove PI. East Wenatchee WA 98802	INSURER C:				
INSURER D:					
INSURER E:					
INSURER F:					
COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:					
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED AROVE FOR THE POLICY PERIOD INDICATED AND DIVIDESTANDING AND REQUIREMENT. TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH REPRECT TO INVESTMENT.					
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.					
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PERSONAL & ADV INJURY S					
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ANY PROPRIETOR/PARTNER/EXECUTIVE N/A OFFICER/MEMBER EXCLUDED?					
(Mandatory in MH)					
If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT \$					
A Broad Form Cargo LC110121 01/21/11 01/21/12 Limit \$100,	000.				
Ded. \$1,00	0.				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)					
1995 Volvo Tractor Vin: 4V1JDBGF19R838357					
CERTIFICATE HOLDER CANCELLATION					
ONITION OF THE PROPERTY OF THE					
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE	•				
THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN	THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN				
Washington Utilities &					
Transportation Commission Authorized Representative					

Form "E" filing to follow

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