EDOM_HEDDEDA	ENVIRONMENTAL	CONCIL TANT
- FRUNITHERRERA	ENVIKUNNEN AL	CONSULTANT

	PARTA	4			TV# 10204	
WASHINGTON UTILITUS AND TRANSFORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47260, Olympia, WA 98504-7250						
Telepione (360) 664 (222 – Fax (360) 586-1181						
Intrasta	ite Common 💯	rier Op	erating	g Authority		
(excludi	APPLICATION ng Household Goods	l FUK and Com	mon Cai	VII I rrier Brokers)		
(Oxforda)	FOR OFFICIA	L USE	ONLY			
Reception Number: 0030758	Safety:	Safety:			Carrier ID#: 10294	
111 0268 200 02 \$ 275	Insurance:	.,			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 COMMODIT	ES ONLY	[ Table 1   1   1   1   1   1   1   1   1   1		OMMODITIES, including AR SERVICE		
\$275 GENERAL COMMODITION ARMORDED CAR SERVICE	ES, including E		\$100	GENERAL C HAZARDOUS	OMMODITIES, including MATERIALS	
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS	ES, including		\$100	GENERAL ( HAZARDOUS SERVICE	COMMODITIES, Including MATERIALS and ARMORED CAR	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)  For Commission Use Only: Auth #:						
	TVDE OF	DAVE	ENIT	7		
☐ Check ☐ Money Order	בא דייייייי אר	MIGISTE	calu u v	/IJU		
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):	nkikh		Date:	1-25	- 2011	
Aria 1			Title:	Owner		
Signature: MOTOR CARRIER IDENTIFICATION 603-094-449						
CC# US DOT			WA UI	NIFIED BUSINE	ESS IDENTIFIER (UBI) #:	
APPLICANT NAME: It Couriers, UCC Percallone#: 253-691-0258 253-797-6621						
d/b/a: FAX#:						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 31802 10 th PL SW						
(city, state, zip)  Federal Way, WA 98023						
PHYSICAL ADDRESS: (street address, if different)						
Same		4				

TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)				
(check individual of complete partnership/corporation (the line)  ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ CORPORATION (LP, LLP, LLC)  STATE OF INCORPORATION				
NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE				
lgor Tonk'il	Lh twiner			
NATALYATONKIKH wember 50%. Per Call-				
	TR		RMIT NUMBER	
holder ar	ection if you are transfe nd permit number to be of the permit number.	erring an existing pe e transferred. The o	ermit to a new owner. List current permit holder must	name of <u>current</u> permit sign below to authorize the
NAME ON PER	MIT: NA		PERMIT	NUMBER:
01-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	wront narmit holder			Date
Signature of cu	urrent permit holder INSURA	NCE REQUIREM	IENTS (must check on	<b>ė</b> )
	A permit will n	ot be issued until a vill not haul	cceptable insurance is rec	eived □ You will haul
You will not h hazardous mate quantity. You w operate vehicle GVWR of less t pounds. You m \$300,000 in Puland Property Dinsurance. You need to comple	erials in any ill only any quar operate of the first operate of the first operate operate or more. \$750,000 and Proplements of the Part B.	us materials in ntity. You will vehicles with a of 10,000 pounds. You must obtain 0 in Public Liability perty Damage ce. You must e Part B.	hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sectio 1 and 2.  h additional pages if ne	Sections 1 and 2.
UNIT#	LICENSE#	STATE		VIN#
	374931R	WA _	WDOPDUHY	7-10 59103449
<del></del>	01417112			
	<u> </u>			
		Signa	ature	
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.				
1-25-2011				
	Signature(s)			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.

Controlled	Substances and Alcohol Testing
Name: NA	Position:
<ul> <li>must have a valid CDL. The definition of a</li> <li>has a gross combined weight ratin weight rating of more than 10,000</li> <li>has a gross vehicle weight rating of the designed to transport 16 or more</li> </ul>	ets the definition of a commercial motor vehicle as described below commercial motor vehicle is a vehicle that; g of 26,001 pounds that includes a towed unit with a gross vehicle pounds; or f 26,001 pounds or more; or e passengers, including the driver; or or hazardous materials of an amount that requires placarding under
Any person who drives a commercial motor and alcohol testing program as required by in WAC 446-65-010.	or vehicle requiring a CDL must participate in a controlled substance y FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP
Commercial	Drivers License (CDL) Requirements
Name: NA	Position:
must have a valid CDL, as require a commercial motor vehicle is a ve	g 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

has a gross vehicle weight rating of 26,001 pounds or more; or

hazardous materials regulations.

is designed to transport 16 or more passengers, including the driver; or

Driver Qualification	on Requirements Malle		
Name: Igor Tonkikh	Position:Owner		
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			
Drivers Hour	s of Service		
Name: Igor Tonkikh	Position: Owne(		
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.	1(e) and by the WSP in WAC 446-65-010.		
Vehicle Inspection, Re			
Name: Igor Tonkikh	Position: DWMEC		
<ul> <li>A record of inspections, repairs and mair</li> </ul>	ch vehicle that includes the following, as required by the		
Sign	ature		
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.			
	1125/11		
Signature of applicant	Date		