PART A

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

APPLICATION FOR PERMIT						
(excluding Household Goods a	and Common Carrier Brokers)					
Reception Number: (1) 2002 Safety: 2	LUSE ONLY Carrier ID#: /27/					
Reception Number: 0030900 Safety: 2-15	-11 (0)					
TYPE OF APPLICA						
New Common Carrier Permit Authority, or / Transfer of Existing Permit Number						
\$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 (Muet be filed within 10 months of cancellation)	N CARRIER PERMIT					
TYRE OF	PAYMENT					
☐ Check ☐ Money Orde	- 1 ;					
-	La property and the second sec					
that I am authorized to execute and file this document on be	e statement, certify that the following intormation is true and correct, half of the applicant, and that all information on file is current and					
valid. Name (printed): ARN MASSIMALO	2/11/24/1					
Name (printed): ARIN MASSINGALO	Date: 2/11/2011					
Signature: Title: OWNER						
MOTOR CARRIER	THE TRANSPORT OF THE PROPERTY					
CC#: 64169 US DOT# 211755/ V 60308436/ V						
APPLICANT NAME: PHONE# PHONE# (360) 826-3770 1						
d/b/a: LORIN MASSINGALE TRUCKING V FAX#: (360) 826-3770 1						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 39681 BAKER LAKE ROAD V						
(city, state, zip) Concrete, WA. 98237						
PHYSICAL ADDRESS: (street address, if different)	SAME					
a a						

TYPE OF BUSINESS STRUCTURE (check individual of complete partnership/comparation information).						
INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION						
NAME	TITLE	ADDRE		PER	CK DISTRIBUTION OR CENTAGE OF SHARE	
LORIN MASSIN	gale Trucking	OWNER 39	168/ Baker DNCRete.	LAKE RI	AD /	
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: DATE PERMIT NUMBER:						
Signature of cur	rrent permit holder				Date	
	<u>Arpelmil-wille</u>	NCEREO JIREN of the issued unusal	cceptable insucan			
☐ You will not hat hazardous mater quantity. You will operate vehicles GVWR of less the pounds. You mu \$300,000 in Publand Property Dallnsurance. You coneed to complete	rials in any hazardo any qua with a operate GVWR or more. \$750,00 and Prodo not e Part B.	vill not haul 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.	You will haul hazardous mate requiring \$1 milli Public Liability a Property Damag Insurance. You complete Part C 1 and 2.	ion in ind je must , Sections	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#	ŞTATE			/IN#	
	73053N	I WA.	2HSFE	SX6RC	KC028662	

Signature						
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.						
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.

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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 License (CDL) Requirements

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.

Driver Qualification Requirements:				
Name: LORIN MASSINGALE Position: DUNER				
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: Hours: of Service				
Name: WRIN MASSINGALE Position: DWNER T				
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.				
Name: LORIN MASSINGS Le Position: OLJNER				
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.				
Signature				
My signature below certifles that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.				
Signature of applicant Z/11/Z0// Date				

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Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilitles & Transportation Commission	(horein after called Agency)
Filed with (Name of Agency)	
This is to certify that the American Alternative Insurance Corporation (Name of Company) (herein after called Company) of 555 College Road East ,Princeton ,NJ ,08543 (Flome Address of Company)	
has issued to LORIN MASSINGALE of 39681 BAKER LAKE RD CONCRETION (Name of Motor Carrier)	on at the innured stated in said
A policy or policies of insurance effective from D2/14/2011 12:01 A.M. standard time at the address policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carpanage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and propovering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in regulations promulgated in accordance therewith.	rier sodily finally allow to be only damage liability insurance which the Agency has jurisdiction of any all endorsements thereon.
regulations promulgated in accordance the event. Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policic. This certificate and the endorsement described herein may not be cancelled without cancellation of the policic cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State A commence to run from the date notice is actually received in the office of the Agency.	y to which it is attached. Such gency, such thirty (30) days' notice
555 College Road East NJ 08543 This 15th (Day)	day of Feb 20 11 (Month) (Year)
Insurance Company File No. B6A2CA0001486-00 William Lockwo (Policy No) (Authorized Co	od ompany Ropresentative)
nderlying Limit :0.00 Llability Limit :1,000,000.00	