PART A

TV# (10338

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

Telephone (360) 664-12	, ,						
Intrastate Common Carrler Operating Authority							
	I FOR PERMIT						
(excluding Household Goods and Common Carrier Brokers)							
FOR OFFICIAL USE ONLY Reception Number: 03094 Safety: 7-24-ll Carrier ID#: 6227							
	000						
111 0268 200 02 715.00 Insurance: 2 - 17 Burs Employee: 1000							
The state of the s	ATION (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)	N CARRIER PERMIT						
TYPE OF	PAYMENT						
☐ Check	Evolentian Date						
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): 1056 A. ROCHIQUEZ	Date: 2:17:11						
Signature: Jose (Rochique)	Title: DWNEV						
MØTOR CARRIEF	RIDENTIFICATION						
CC#64176 US DOT# 2115069	WAUNIFIED BUSINESS IDENTIFIER (UBI) #:						
JOSE A RODVIQUEZ V	PHONE#: 509-545-0251						
d/b/a: 2 D G 10 100	FAX #:						
BUSINESS (MAILING) ADDRESS CO2 S. 4th Que.							
(city, state, zip) Pasw, WA 99301							
PHYSICAL ADDRESS: (street address, if different)							

							
TYPE OF BUSINESS STRUCTURE							
	(ched	ck individua	al or complete part	nersh	nip/corporation information	on)	
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Jose A. Rodriguez				owner .		1001	
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		Pal	SW, WA 99	<u> 130</u>)		
Save Sellie Se	n n	TR	ANSFER OF PI	ERM	IT NUMBER		
holder a	ection if you nd permit nu of the permit	mber to be	erring an existing po transferred. The	ermit curre	to a new owner. List na nt permit holder must siç	ame of <u>current</u> permit gn below to authorize the	
NAME ON PER	MIT:			PERMIT NUMBER:			
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Signature of cu	rrant narmit	holdor	 			0.4	
Signature or co	and the second of the second o		ACE DEALUDE	MEN	TS (must check one)	Date	
	Арє	ermit will no	ot be issued until a	ccept	able insurance is receiv		
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hazardous mate		1	s materials in tity. You will		ardous materials uiring \$1 million in	hazardous materials	
H ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '				olic Liability and	requiring \$5 million in Public Liability and		
);			WR of 10,000 pounds		perty Damage	Property Damage	
11					urance. You must	Insurance. You must	
		\$750,000	750,000 in Public Liability		plete Part C, Sections	complete Part C,	
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Insurance. You		1	e. You must				
need to complet	te Part B.	complete	Part B.				
				h add	ditional pages if neces		
UNIT#	LICEN	ISE#	STATE		2002 Fruie 1	2002 Fruie VIN#Per(" need to fe	
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	a di di	10 - 12 de de	Signa	ture			
operate and th	nat no opera e and affirm	itions may	be conducted ui	ntil a	n does not in itself cor permit is received froi in this application is tr	m the Commission, I	
Jose	a Rod	iquel	>	·	_2//3	7/11	

Date

TO:3605861181

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: JOSE A. RODVIGUEZ Position: Dwner					
 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					
Name: Jose A. Rodrigucz Position: Dwner					

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 Qualificatio	Requirements	
Name: JOSC A. Rodniguez	Position: Dwner	
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the Vexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	SP in WAC 446-65-010. Ow e limited exemptions. Owne	vner/operators that work rs/operators that conduct
Drivers Hours	of Service	
Name: Jose A. Rodriguez	Position: Dwner	
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	service records for each indi e) and by the WSP in WAC	vidual that drives a motol 446-65-010.
Vehicle Inspection, Rec	air, and Maintenance	
Name: Jose A. Rodriguez	Position: DWNEr	
Each company must prepare a written "Driver Vehicle Instrequired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC Identification of the vehicle. • Identification of the vehicle. • The nature and due date of various inspections, repairs and maintains.	e WSP in WAC 446-65-010. vehicle that includes the foll 46-65-010: ion and maintenance opera	In addition, each owing, as required by the tions to be performed.
All companies must conduct periodic inspections as requ WSP in WAC 446-65-010.	red by the FMCSA in 49 CF	R, Part 396.17 and by the
Signa	ure	
My signature below certifies that I understand m comply with all the safety requirements which ap	responsibility as a mot ply to my operations.	or carrier and I will
	-/-	_ /
Signature of applicant		<i></i>
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CERTIFICATE OF LIABILITY INSURANCE

2/17/2011

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 Karina Torres PRODUCER ŇĂMF FRUNE (AC. No. Ext): (541)567-6271 E-MAIL FAX (A/C, No): (541)567-2113 The Simmons Agency ADDRESS: PO BOX 808 CUSTOMER ID # 00033832 702 E MAIN STREET HERMISTON OR 97838 INSURER(S) AFFORDING COVERAGE NAIC # INSURED INSURER A : United Financial Casualty Comp Jose A. Rodriguez INSURER E : DBA: O & R Express INSURER C : 802 S. 4th Ave. INSURER D: INSURER E : WA 99301 Pasco INSURER F CERTIFICATE NUMBER:CL1121702296 **REVISION 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 POLICY EFF POLICY EXP INSR | TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE LOCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER. PRODUCTS - COMP/OP AGG . PRO. POLICY LOC COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 1,000,000 (Ea accident) ANY AUTO BODILY INJURY (Per person) 07803339-0 1/27/2011 7/27/2011 A ALL OWNED AUTOS BODILY INJURY (Per accident) Х SCHEDULED AUTOS PROPERTY DAMAGE 5 (Per accident) HIRED AUTOS NON-OWNED AUTOS \$ UMBRELLA LIAB ÖCCUR EACH OCCURRENCE \$ **EXCESS LIAB** CLAIMS-MADE AGGREGATE DEDUCTIBLE RETENTION \$ WORKERS COMPENSATION WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A (Mandatory In NH) E.L. DISEASE - EA EMPLOYEE 5 If yes, describe under DESCRIPTION OF OPERATIONS below E L DISEASE - POLICY LIMIT \$ 1/27/2011 7/27/2011 Motor Truck Cargo 07803339-0 \$100,000 Limit \$1,000 DED DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CERTIFICATE HOLDER CANCELLATION

Washington UTC PO Box 47250 Olympia, WA 98504-7250 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE