

PART A

TV# 110424

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

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

MC

FOR OFFICIAL USE ONLY

Reception Number: 00311.03	Safety: Underwood	Carrier ID#: 6360
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
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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 #: 084616

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration 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): Stephanie Pedersen Date: 3/3/2011
 Signature: [Signature] Title: Co-owner

MOTOR CARRIER IDENTIFICATION

CC#: 64206	US DOT#: 2099854	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 932 946
APPLICANT NAME: KNS Transport		PHONE#: 503.440.0132
d/b/a: Nick Labrie Trucking		FAX #: 360.863.3246
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 32493 142 nd St SE		
(city, state, zip) Sultan, WA 98294		
PHYSICAL ADDRESS: (street address, if different) same as above		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Nicholas LaBrie	Owner	32493 142 nd St SE Sultan WA 98294	50%
Stephanie Pedersen	Co-Owner	32493 142 nd St SE Sultan WA 98294	50%

TRANSFER OF PERMIT NUMBER

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received


- | | | | |
|---|---|---|---|
| <input type="checkbox"/> You will not haul 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. | <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B37626R	WA	1NKWLB9X2YR832412

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)

3/3/2011
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: Stephanie Pedersen Position: Co-owner

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: Stephanie Pedersen Position: Co-Owner

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: Stephanie Pedersen Position: Co-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 Hours of Service

Name: Stephanie Pedersen Position: Co-Owner

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.

Vehicle Inspection, Repair, and Maintenance

Name: Stephanie Pedersen Position: Co-Owner

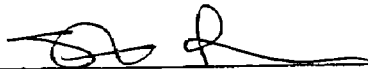
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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 certifies 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

3/3/2011

Date

Nick LaBrie Trucking
32493 142nd St SE
Sultan, WA 98294

Office: 503.440.0132
Nick: 206.406.5337
Fax: 360.863.3246

To: Washington Utilities and Transportation Commission

Fax: 360) 586-1181

Pages (including cover): 5

Comments:

If there is any of an expedited processing, we would be grateful. Our log truck is currently at the Sultan, WA scales needing a CC #.

Also, I just spoke with Progressive. They will be sending a Form E and Utilities and Transportation Commission has been added as a certificate holder. If for any reason they do not send over that information, please call me at the office number listed above.

Thank you,



Stephanie Pedersen

Co-Owner

Nick LaBrie Trucking

Progressive
PO Box 94739
Cleveland, OH 44101
800-895-2886

PROGRESSIVE

Policy number: 07763287-0

Underwritten by:
United Financial Casualty Company
March 3, 2011
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Certificate of Insurance

Certificate Holder	Insured	Agent
WASHINGTON UTILITIES&TRANSPORTATION COMMISSION/OPERATIONS DIVISION PO BOX 47250 OLYMPIA, WA 98504	KNS TRANSPORT NICK LABRIE TRUCKING 32493 142ND SW SULTAN, WA 98294	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Dec 20, 2010

Policy Expiration Date: Dec 20, 2011

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$750,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

Certificate number

06211SHE287

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

