REINSTATEMENT	74-	110	441
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## 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)					
(excluding Household Goods and Common Carrier Brokers)  FOR OFFICIAL USE ONLY					
Reception Number: 003120 Safety: 3-23	11 0 Carrier 10#: 6316				
111 0268 200 02 275. Insurance: 2-	23-11 Rom & Employee: KUC				
	ATION (check one)				
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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation).  For Commission Use Only: Auth #: 05 448					
TYPE OF PAYMENT					
☐ Check ☐ Money Order					
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 hehalf of the applicant, and that all information on file is current and valid.  Name (printed): 3-5-//					
Signature: X Jesús Vivye) Title: OWN CF					
MOTOR CARRIER IDENTIFICATION					
CC#64213 US DOT# 789855					
APPLICANT NAME: PHONE#: 541-861-9304					
d/b/a: -) V EXPIRSS 541-289-076					
BUSINESS (MAILING) ADDRESS:	2 . 17h Dus				

	(chec		OF BUSINES or complete partn			n)
(check individual or complete partnership/corporation information)  INDIVIDUAL   PARTNERSHIP   CORPORATION - STATE OF INCORPORATION (LP, LLP, LLC)						
NAME	IAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE					
	· · · · · · · · · · · · · · · · · · ·	<del></del>			<u> </u>	
		TDA	NSFER OF PE	PM	IT NUMBER	
						no of current permit
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PERM	NAME ON PERMIT:PERMIT NUMBER:					
Signature of cur	Signature of current permit holder Date					
	IN	SURAN	CE REQUIRE	ME	NTS (must check one)	)
	(Perm	t will not b	e issued until ac	cept	able insurance is recei	ved)
The applica NOT HAUL haza materials in any and WILL only of vehicles less that pounds gross we rating—\$300,000 Liability and Proposage Insurant required. You do to complete the	ardous quantity perate n 10,000 eight in Public perty ace is o not need	nOT HAU materials \$750,000 and Prope insurance Complete	The applicant WILL T HAUL hazardous terials in any quantity— 50,000 in Public Liability d Property Damage surance is required. mplete and submit the fety Fitness Survey—		The applicant WILL UL hazardous terials requiring million in Public bility and Property mage Insurance and omit the Safety Fitness rvey - Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey — Sections 1 and 2.
Fitness Survey.		OUDAE	NT LIST (Attack	244	itional list if necessary	<u> </u>
UNIT#	LICE		STATE	aut		VIN#
50/		4.549	Or 2400			K969641 1
			//			
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.						
X Jesus Virrely 3-5-11						
Signature(s)		•			Date	
1			2			

## **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, (677) 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.

Section 1			alogo a serviciona. La la compositiona
	_	Position: Owner	<del> </del>

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.

Commencial Drivers Licen	e (CD.) Regilianatia	
Name: Desas Vissey.	Position: 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.

Dises Tisklend	Reculies 1
	Position: (O(U)) &
Each company must maintain a complete Driver Qualificativehicles as required by FMCSR Part 391.51 and by the Wexclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file on	VSP in WAC 446-65-010. Owner/operators that work re limited exemptions. Owners/operators that conduct
bilbero Rours	
Name: Jesus Virrey	
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.16	service records for each individual that drives a motor (e) and by the WSP in WAC 446-65-010.
Was a second Res	Mr. and Marine and the second of the second
Name: Jesus Vistrey.	
Each company must prepare a written "Driver Vehicle Instruction of 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 4 dentification of the vehicle.  The nature and due date of various inspect A record of inspections, repairs and maintain All companies must conduct periodic inspections as requived by the WSP in WAC 446-65-010.	he WSP in WAC 446-65-010. In addition, each newhicle that includes the following, as required by the 446-65-010:  ction and maintenance operations to be performed, tenance indicating their date and nature.
My signature below certifies that I understand me comply with all the safety requirements which a	ny responsibility as a motor carrier and I will pply to my operations.
X Casús. Virva?)	3-5-//
Signature of applicant	Date

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to JESUS VIRREY, JV EXPRESS of 324 NW 7TH AVE., MILTONFREEWATER, OR 97862-0000 a policy or policies of insurance effective from 03/14/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 this 23rd day of March, 2011

Insurance Company File No. CA 07567272 (Policy Number)

(Authorized Company Representativ

MC1633a(08/99)

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