## PART A

TV# 110546

## 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

100phone (000) 003 1222 1 0x (000) 000 1701
Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT
(excluding Household Goods and Common Carrier Brokers)

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		4 3 2	- Anna Carlo - Ann			
Sr.	Carrier Permit Author of Existing Permit N		Extensio	of Commo	n Carrier P	ermit Authority
S \$275 GENER	RAL COMMODITIES ONL	Y	\$10		COMMODITI	
	IAL COMMODITIES, Inclu DED CAR SERVICE	ding	\$10		COMMODITI US MATERIALS	
	IAL COMMODITIES, Inclu DOUS MATERIALS	iding	\$10		L COMMODIT JS MATERIALS 2	IES, including nd ARMORED CAR
	IAL COMMODITIES, INCLUDES MATERIALS and ARMORE					
	ATEMENT OF CANCELL within 18 months of cancellation		N CARRIER	PERMIT	For Commiss Auth #: 0	ston Use Only 1
		TABEOE	AYMENT			
II Check ☐ Money	Order 🗆 Amex 🔟 🗆	Discover 🗆 N	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):    Cathy Konclica   Date: 3-29-2011						
n Signature. / /////	athy honey	1162	Date: Title:_	3-29. Agent		
	for Knila	(CARRIER	Title:	Agent		
cc#.64233	for Knila	( <u>C</u> ARRIER	Title:	Agent SATION		ER (UBI) #:
CC#: 64253 APPLICANT NAME	US DOT#	( <u>C</u> ARRIER	Title:	Agent SATION	NESS IDENTIF	FIER (UBI) #:
CC#: 6423 APPLICANT NAME d/b/a: JL?	US DOT# 15 460 JACK A. M.	(CARBIER 1219 C Unch	Title:	Agent CATION UNIFIED BUSIN	NESS IDENTIF	
CC#: 6423 APPLICANT NAME	US DOT# 15464  JACK A. M. TENTERS	(CARBIER 1219 C Unch	Title: IDE VIEL WA	Agent DATION UNIFIED BUSH 6030 PHONE:	NESS IDENTIF	306-8184
CC#: 6423 APPLICANT NAME d/o/a: J_/ BUSINESS (MAILI (street address, P.: (city, state, zip)	US DOT# 15464  JACK A. M. TENTERPRISE  NG) ADDRESS: O. BOX)  Maple Fa	CEARBIER  Long C  Longh  SS  O. Bo	Title: IDENTIFI WA  C  OX 101	Agent PATION JNIFIED BUSII 6030 PHONE: FAX#:	NESS IDENTIF 34367 #: 360 - 3	306-8184
CC#: 6423 APPLICANT NAME  d/b/a:  BUSINESS (MAILI (street address, P.: (city, state, zip)	US DOT# 15464  JACK A. M. TENTERPRISE  NG) ADDRESS: O. Box)  P.	CEARBIER  Long C  Longh  SS  O. Bo	Title: IDENTIFI WA  C  OX 101	Agent PATION JNIFIED BUSII 6030 PHONE: FAX#:	NESS IDENTIF 34367 #: 360 - 3	306-8184



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文 INDIVIDUA	L 🗆 PARTN <b>ers</b> h		TION (LP, LLP, LLC) INCORPORATION			
NAME	TITLE	ADDRES		OCK DISTRIBUTION OR RCENTAGE OF SHARE		
Jack A 1	Munch own		lair Valley Dr.			
			WEAVEMENT SERVE			
holder ar	ection if you are transfe nd permit number to be of the permit number.	erring an existing per transferred. The cu	mit to a new owner. List nurrent permit holder must si	ame of <u>current</u> permit gn below to authorize the		
NAME ON PER	MIT: NIB		PERMIT N	UMBER:		
Signature of cu	rrent permit holder			Date		
	a percentagni men					
☐ You will not haul hazardous materials in any quantity. You will any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$3300,000 in Public Liability and Property Damage on more. You must obtain \$750,000 in Public Liability and Property Damage insurance. You do not need to complete Part B.						
UNIT#	LICENSE#	STATE	acomonal manas (mages 	2		
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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.						
- Cak	Signature(s)	Ayen	<u>* 3</u>	- 39 - // 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) 448-65.

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) 752-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, Wi 54957, www.jjkeiler.com, (877) 564-2333.
- Wilfamette 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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Name: Jack	ځ.	Munch	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. 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.

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Name: Jack	<u>A</u>	Munch	Position:	<u> ೧೮೧೯೧</u>	

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.

the second se	
Name: Jack A Murich Position: Owner	
Each company must maintain a complete Driver Qualification File for each employee authorized to drive mot vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that wor exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conductive interestate operations must maintain a complete file on themselves and any other driver that they may use	k ict
Name: Jack & Munch Position: Owner	
Each company must maintain true and accurate hours of service records for each individual that drives a movehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.	tor
The state of the control of the cont	
Name: Jack A Munch Position: 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.	he
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 t WSP in WAC 446-65-010.	:he
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 Date	
Date	