	PART A	4	TV# [10547					
	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							
	UTSA (excluding Household Goods and Common Carrier Brokers)							
Б	FOR OFFICIAL USE ONLY							
4:	eception Number: 0034594 Safety:	<u> </u>	Carrier ID#: 6.3.92					
	1 0268 200 02 2.75. Insurance: (Employee: ソルC / (カー					
il in	TYPE OF ARPLICATION OF THE PROPERTY OF THE PRO		of Common Carrier Permit Authority					
L.	Transfer of Existing Permit Number	Extellaioti						
7	\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL COMMODITIES, Including ARMORED CAR SERVICE					
	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100	0 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 flied within 10 months of cancellation)	N CARRIER F	PERMIT For Community of Only:					
		PAYMENT						
• —	Chack D Money Order D Amex D Discover D Mastercard Visa Expiration Date							
i								
	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.							
Ζ	Jame (printed): Jerry R Villarvea) Date: 3-29-2011							
Si	Signature: Title: Card holder							
	MOTOR CARRIER DEXHIBE ANON DESCRIPTION OF THE PARTY OF TH							
С	C#: 64234 US DOT# 2133421	WAU	JNIFIED BUSINESS IDENTIFIER (UBI) #: 603-097-747					
Ā	PPLICANT NAME: Salvador Buc	io/	PHONE#: 213-408-1946					
d.	16/a: Bucio Trucking, LLC		FAX#: 509-488-6331					
	USINESS (MAILING) ADDRESS: 200	Tuck	Rd					
(0	ity, state, zip) Eltopia Wi	4 99	330					
F	HYSICAL ADDRESS: (street address, if different)	Same	e as above					
			÷					

la la m			ingsalausur (* 1	anflam fillsanflam an fillsanflath dir file in		Richard Albert in Stratistic Programs of the Str			
	TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation/information)								
1	□ INDIVIDUAL □ PARTNERSHIP CORPORATION (LP, LLP, (LC) STATE OF INCORPORATION WA								
N	alvador Bucio owner 200 STOCK DISTRIBUTION PERCENTAGE OF SH								
1	alvador	Bucio	OWI	ner 20	O E	PERCENTAGE OF SHARE			
-				TUC	Na 11A	100/0			
200			Har	ANSFERIOFFE	RMINNUMBER				
С	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.								
N	NAME ON PERMIT NUMBER:								
	· · · · · · · · · · · · · · · · · · ·					D-4			
13 May 1-0	Signature of cu		NSURAN		AENTS (must check one ceptable insurance is rece				
ha qu or G po \$3 ar In	You will not haul a cardous materials in any hazardous materials in any parate vehicles with a coperate vehicles with a coperate vehicles with a coperate vehicles. You must obtain a complete Part B. You will not haul hazardous many quantity, operate vehicles with a coperate vehicle of work. You or more. You strange and Property linsurance. You do not each to complete Part B.			ill not haul us materials in utity. You will wehicles with a f 10,000 pounds You must obtain o in Public Liability perty Damage e. You must	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	☐ 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#	LICEN		STATE	NUUESTIONII IAAN (SEESIN III III SEE III III SEE III III SEE III III	VIN#			
	10	657	492	LUA_	<u> IXKADB9X</u>	5NS572315			
125.046	Signature .								
o h	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.								
٦	balua Aar	Duc	10			3-28-2011			
1	Signature(s) Date								
				5					

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 549 57, www.ijkeller.com, (877) 564-2333.

	Willamet US Gove	te Traffic Bure ernment Printin	au, 16303 N g Office, 73	NE Cameron Blve 32 N. Capital Stre	d, Portland, eet, NW, W	OR 97230-tashington, D	5030, w C 2040	/ww.wtbtraffic)1, www.gpo.(e.com, (503) 236 gov, (866) 512-1	-1183. 800.
			Con		tances ar	id Alcono	l lest	ine		
N	ame:	Solva	dor B	VC 16		osition: _	ť	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.										
			Comm	ercial Drivers	e i (cense	(ODL) Re	iquire	ments		
N	ame: —	Salvadov	Bucio		I	Position: _	.	overer		
A	 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						
Name: Salvador Bucio	Position:	Owener				
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	VSP in WAC 44 ve limited exem	6-65-010. Owner/operators that work ptions. Owners/operators that conduct				
THE REMAINS THE PROPERTY OF TH	ionservice					
Name: Solvador Bucio	Position:	bwret				
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	service records (e) and by the V	for each individual that drives a motor VSP in WAC 446-65-010.				
Vehicle inspection Rec	alr, and Main					
Name: Salvador	Position:	ower				
Each company must prepare a written "Driver Vehicle Instruction required 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 4 ldentification of the vehicle. The nature and due date of various inspections and maintain All companies must conduct periodic inspections as requivered by the WSP in WAC 446-65-010.	ne WSP in WAC n vehicle that inc 446-65-010: ction and mainte enance indicatin	e446-65-010. In addition, each cludes the following, as required by the enance operations to be performed. In addition, each clude the second				
Signa						
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.						
Salvador Ducio	···	3-28-2011				
Signature of applicant		Date				
7						

Elaine Clifford

1 425 292 0741



CERTIFICATE OF LIABILITY INSURANCE

OP ID: EC

DATE (MM/DD/YYYY) 04/18/11

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 360-293-2135 RIS Insurance Services PHONE (A/C, No, Ext): E-MAIL ADDRESS: FAX (A/C, No) 360-293-2385 PO Box 1059 Anacortes, WA 98221 Elaine Clifford PRODUCER CUSTOMER ID #: BUCIO-1 INSURER(S) AFFORDING COVERAGE NAIC # INSURED **BUCIO TRUCKING, LLC** INSURER A : CORNHUSKERS CASUALTY COMPANY 20044 200 TUCK RD INSURER B : ELTOPIA, WA 99330 INSURER C: INSURER D: INSURER E : INSURER F COVERAGES **CERTIFICATE NUMBER: REVISION NUMBER:** 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 TYPE OF INSURANCE POLICY NUMBER INSR WYD LIMITS GENERAL LIABILITY EACH OCCURRENCE \$ DAMAGE TO RENTED COMMERCIAL GENERAL LIABILITY PREMISES (Ea occurrence) CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 3 PRO-JECT POLICY S AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT 1,000,000 (Ea accident) 04/18/11 ANY AUTO WAA100405 04/18/12 BODILY INJURY (Per person) s Х ALL OWNED AUTOS BODILY INJURY (Per accident) \$ SCHEDULED AUTOS PROPERTY DAMAGE s HIRED AUTOS (Per accident) NON-OWNED AUTOS \$ \$ UMBRELLA LIAB OCCUR 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)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT CARGO LIABILITY WAA100405 04/18/11 04/18/12 \$1000 ded 50,000 PHYSICAL DMG WAA100405 SCHEDULED 04/18/11 04/18/12 \$1000 de DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
1992 KENWORTH TRACTOR 1XKADB9X5NS572315 1992 KENWORTH CC#64234 CERTIFICATE HOLDER CANCELLATION WUTC000 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA, WA 98504-7250 AUTHORIZED REPRÉSENTATIVE Elaine Clifford

ACORD 25 (2009/09)

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