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PAR		
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION		
1300 S Evergreen Park Ur SVV, FU BUX 47200 1 1 1 1		
Olympia, WA	98504-7259 // // // /	
Telephone (360) 664-123	22 - Fax(360) 586-1781 / M / 1/91 '	
intrastate Common Car	ier Operating Authority	
APPLICATION	FOR PERMIT	
(excluding Household Goods	and Common Carrier Brokers)	
	Carrier DE	
Tecephon Training	PART Employee:	
111 0268 200 02 275.00 Insurance (MC)		
。 第一章	Extension of Common Carrier Permit Authority	
New Common Carrier Permit Authority, or	EXAMISION OF COUNTY OF THE PROPERTY OF THE PRO	
Transfer of Existing Permit Number	3100 GENERAL COMMODITIES, including	
\$275 GENERAL COMMODITIES ONLY	ARMORED CAR SERVICE	
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	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	N CARRIER PERMIT For Commission Use Coll. Auth # 10 8 8	
	PAYMENTE	
□ Check □ 54-	Mastercard Ti Visa Expiration Date 3113	
CERTIFICATION: I, the undersigned, under penalty for false statem authorized to execute and file this document on behalf of the applications.	ent, certify that the following into	
a all a lange	11 15 11	
Name (pripled): Christing Darking	5 Date: 4-13-11	
Signature SEETTER HOLLINGS	Tibe: DOOK REDIV	
MOTORICARRIERIDENCEICATION		
MOTORICARRIE	RUDENTERICATION	
	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:	
MOTORICARRE OC# 130301 US DOT# (if required) Gia (6530	WAUNIFIED BUSINESS IDENTIFIER (UBI) #:	
OC#30301 US DOT# (if required) APPLICANT NAME:	WAUNIFIED BUSINESS IDENTIFIER (UBI) #:	
CC#30301 US DOT# (if required) APPLICANT NAME:	WAUNIFIED BUSINESS IDENTIFIER (USI) #: (001 (cle 3 950) PHONE#: 1 Cogginalica 360-826-6087	
CC#30301 US DOT# (if required) APPLICANT NAME:	WAUNIFIED BUSINESS IDENTIFIER (UPI) #: (00) (cle-3 950) PHONE#: 1 Logging LICA 360-826-6087	
APPLICANT NAME: Frank Harkness Trucking d/b/a:	WAUNIFIED BUSINESS IDENTIFIER (USI) #: (001 (cle 3 950) PHONE#: 1 Cogginalica 360-826-6087	
APPLICANT NAME: Frank Harkness Trucking	WAUNIFIED BUSINESS IDENTIFIER (UPI) #: (00) (cle-3 950) PHONE#: 1 Logging LICA 360-826-6087	
APPLICANT NAME: Trank Harkness Trucking d/b/a: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) , D.O. X. 171	WAUNIFIED BUSINESS IDENTIFIER (UPI) #: (00) (cle-3 950) PHONE#: 1 Logging LICA 360-826-6087	
APPLICANT NAME: Frank Harkness Trucking d/b/a: BUSINESS (MAILING) ADDRESS:	WAUNIFIED BUSINESS IDENTIFIER (UBI) #: (00) (cle-3 950 M) PHONE#: 1 agging LICA 360-824-6087 FAX#: 360-826-6089	
APPLICANT NAME: Frank Harkness Trucking d/b/a: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) DOX 171 (city, state, zip)	WAUNIFIED BUSINESS IDENTIFIER (UBI) #: (00) (cle-3 950 M PHONE#: + Logging LICA 360-826-6089 FAX#: 360-826-6089	

04/18/2011 08:50 FAX 3605881181

LICENSING SERVICES

2002/004 TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation Information) LI INDIVIDUAL D PARTNERSHIP & CORPORATION - STATE OF INCORPORATION LUC (LP. LLP. LLC) NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE Frank R Harkness Manager 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. HARRINES JENNESSEE NAME ON PERMIT: Signature of current permit holder INSURANCE REQUIREMENTS (must check one) (permit will not be issued until acceptable insurance is received) The applicant WILL The applicant VVILL The applicant WILL The applicant WILL HAUL hazardous NOT HAUL hazardous NOT HAUL hazardous HAUL hazardous materials requiring \$5 materials in any quantity materials in any quantity -materials requiring million in Public Listility and WILL only operate \$1 million in Public \$758,000 in Public Liability and Property Damage venicles less than 10,000 and Property Damage Liability and Property insurance. Complete pounds gross weight Insurance is required. Damage Insurance and and submit the Safety fating--**5300:000** in Public Complete and submit the submit the Safety Fitness Fitness Survey -Liebility and Property Safety Fitness Survey-Survey - Sections 1 and Sections 1 and 2. Damage Insurance is Section 1. required. You do not need to complete the Safety Estriess Survey EQUIPMENT LIST (Attach additional list if necessary) UNIT# LICENSE# STATE VIN# 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.

Apr. 18 2011 01:27PM P3

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LICENSING SERVICES

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 (263) 838-1660.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jkeller.com, (877) 584-2333.
- Willamette Traffic Bureau, 16303 NE Carneron Bivd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1163
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.upo.gov. (866) 512-1800.

Name (Unistine Harlones			
Any driver who energias a webicle that meets the	Drug Alec	chal Compl	iance
and share who concerns a wahirle that meats the	definition of a comm	ercial motor vehicle a	s 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 28,001 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.

Name: Drug Free Business	Position: RANdom Drug Alcoho

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 25,001 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.

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FAX NO. :3608266089

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LICENSING SERVICES

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Position: Sarfel Each company must maintein 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.

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.

Position: -

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.

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

Frank Harkness Trucking & Logging LLC

UNIT#	License #	State	VIN#
16	B46762R	WA	1XKBCR9X3MJ555720
29	B13336k	WA	1NKDXBOX81R862836
4	A29418I	Wa	1FV8FOY96TP801696
13	A39635W	WA	1NKDX40X75R089665
3	B86590N	WA	1NKDL40X76R145178
777	B76956N	WA	1NP5LBOXX6D659882
5	A47594V	WA	1NKDL69X5XR785812
19	B46010R	WA	1NKDXBOX72R889947
9	A80200E	Wa	1NKDXBOX5SS663351
LB	A05130X	WA	1NKDLBOXXSS936831
18	B96158F	WA	1NKDXBOX52R889946
1	B68033K	WA	1F77F0Y99FP688465

STATE of WASHINGTON



SECRETARY of STATE

I, RALPH MUNRO, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

AMENDMENT TO CERTIFICATE OF FORMATION

to

FRANK HARKNESS TRUCKING & LOGGING, L.L.C.

a Washington Limited Liability Company

was filed for record in this office on the date indicated below.

Changing registered agent/office address to Frank Harkness, Jr., 5226 Turkington Road, PO Box 85, Acme, WA 98220

UBI Number: 601 663 950 Date: November 10, 1999



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital



From: FAXmaker

To: 3605861181

Page: 1/2

Date: 4/18/2011 9:16:00 AM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/18/2011

1,000,000

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).

PRODUCER	CONTACT Linda Bethke Contact Contact
WCLA Insurance Agency, Inc.	PHONE (A/C, No, Ext): 360.352.5033
P 0 Box 2168	E-MAIL ADDRESS:
Olympia, WA 98507-2168	PRODUCER CUSTOMER ID #:
Linda Bethke	INSURER(S) AFFORDING COVERAGE NAIC #
INSURED	INSURERA: Liberty Northwest Ins Co
Frank Harkness Trucking & Logging LLC PO Box 171 Acme, WA 98220	INSURER B:
	INSURER C :
	INSURER D:
	INSURER E:
	INSURER F:

COVERAGES CERTIFICATE NUMBER: 2010/2011 **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 INSR WVD INSR LTR POLICY EFF POLICY EXP
(MM/DDYYYY) (MM/DDYYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY CO4 170695 12/01/2010 12/01/2011 EACH OCCURRENCE 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) X COMMERCIAL GENERAL LIABILITY :8: 100,000 CLAIMS MADE X OCCUR 5,000 MED EXP (Any one person) B X Loggers B.F.P.D. Α 1,000,000 2,000,000 GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OF AGG \$ 2,000,000 X POLICY £ AUTOMOBILE LIABILITY CO4 170696 12/01/2010 12/01/2011 COMBINED SINGLE LIMIT (Ea accident) 1,000,000 C04 170695 X ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY IN ILIRY (Per accident) SCHEDULED AUTOS PROPERTY DAMAGE X HIRED AUTOS (Fren accident) X NON-OWNED AUTOS UMBRELLA LIAB EACH OCCURRENCE **EXCESS LIAB** AGGREGATE CLAIMS-MADE DEDUCTIBLE 10,000 RETENTION \$ WORKERS COMPENSATION CO4 170695 12/01/2010 12/01/2011 WC STATU-TORY LIMITS AND EMPLOYERS' LIABILITY WA STOP GAP ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT 1,000,000 N / A 1,000,000 E.L. DISEASE - EA EMPLOYEE (Mandatory in NH)

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Proof of Liability Coverage

CERTIFICATE HOLDER	CANCELLATION
FAX: 360.586.1181	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 and Transportation Commission P.O. Box 47250 Olympia, WA 98504	AUTHORIZED REPRESENTATIVE Linda Bethke/LINDA

E.L. DISEASE - POLICY LIMIT

lf yes, describe under DESCRIPTION OF OPERATIONS below