## PART A

1300 S Evergreen Park Dr SW, PO B	RANSPORTATION COL	R504-7250
Telephone (360) 664-122	22 – Fax (360) 586-1181	1
Intrastate Common Carr	rier Operating Authority	
APPLICATION	I FOR PERMIT	
UTSA (excluding Household Goods a		
FOR OFFICIA		. (111) 7 :
Reception Number: 1831 Safety: 6 - L	Carrier ID#	6,11/
111 0268 200 02 275 Insurance: 6-7		: 200
TYPE OF APPLICA	ATION (check one)	- i - Damit Authority
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common C	
\$275 GENERAL COMMODITIES ONLY	ARMORED CAR	MMODITIES, including SERVICE
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	HAZARDOUS M	MMODITIES, including ATERIALS
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL CO HAZARDOUS MA SERVICE	MMODITIES, including ITERIALS and ARMORED CAR
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT	For Commission Use Only:
TYPE OF	PAYMENT	
Check FI Money Order L		piration Date
CERTIFICATION: I, the undersigned, under penalty for fals that I am authorized to execute and file this document on be valid.	e statement, certify that the following ehalf of the applicant, and that all info	information is true and correct, imation on file is current and
Name (printed): Jill Dickey	あらい	
Name (printed):	Date:	
		l Der
Signature:	D. D. C.	e per
Signature: MOTOR CARRIER	Title: BOOKK	C DENTIFIED (LIPI) #
Signature: MOTOR CARRIER	Title: BOOVE	
Signature:  MOTOR CARRIER  CC#: 64279 US DOT# 14 30515	Title: BOOVE CER IDENTIFICATION  WA UNIFIED BUSINES  (002 825)  PHONE#:	SIDENTIFIER (UBI) #: SEC FO
Signature:  MOTOR CARRIER  CC#: 64779 US DOT# 14 30515  APPLICANT NAME:	Title: BOOVEC R IDENTIFICATION WA UNIFIED BUSINES	SIDENTIFIER (UBI) #: SEC FO
Signature:  MOTOR CARRIER  CC#: 64279 US DOT# 14 30515	Title: BOOVE C R IDENTIFICATION  WA UNIFIED BUSINES  OCE 825  PHONE#:  Y C 507-7  FAX #:	SIDENTIFIER (UBI) #: SEC FO
Signature:  MOTOR CARRIES  CC#: 64779 US DOT# 1430515  APPLICANT NAME:  WESTAR Trucking 1  d/b/a:  BUSINESS (MAILING) ADDRESS:	Title: BOOVE C R IDENTIFICATION  WA UNIFIED BUSINES  OCE 825  PHONE#:  Y C 507-7  FAX #:	SIDENTIFIER (UBI) #: 500 700 1000 000 000 000 28-5217
Signature:  MOTOR CARRIES  CC#: 6479 US DOT# 14 30515  APPLICANT NAME:  WESTAR Trucking 1  d/b/a:  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)  (city, state, zip)	Title: BOOVE CRIDENTIFICATION  WA UNIFIED BUSINES  PHONE#:  FAX #:  509-8	SIDENTIFIER (UBI) #: 500 700 1000 000 000 000 28-5217
Signature:  MOTOR CARRIES  CC#: 6479 US DOT# 1430515  APPLICANT NAME:  WESTAR Trucking 1  d/b/a:  BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)  (city, state, zip)	Title: BOOVER RIDENTIFICATION  WA UNIFIED BUSINES  (002 825  PHONE#: 509-7  FAX #: 509-8	SIDENTIFIER (UBI) #: Sec 30 1071 / 4 (198 - 03) 28-5217 29-6786

	(chec			SS STRUCTURE nership/corporation info	ormatic	on)
☐ INDIVIDUAL		RTNERSHI	IP X CORPOR	ATION (LP, LLP, LLC) F INCORPORATION	\\/	A
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				MILION 1010		
				RMIT NUMBER		
holder and	ction if you a d permit nur f the permit	mber to be	erring an existing peters transferred. The c	ermit to a new owner. current permit holder m	∟ist na nust się	ame of <u>current</u> permit gn below to authorize the
NAME ON PERM	IIT:			PERM	MIT NU	JMBER:
Signature of curr			ICE DECLUDE:	MENTS (must check	One,	Date
				cceptable insurance is		ed
You will not had hazardous materic quantity. You will operate vehicles will gown of less that pounds. You mus \$300,000 in Public and Property Dan Insurance. You do need to complete	ials in any only with a an 10,000 st obtain ic Liability mage onot	any quant operate v GVWR of or more. ` \$750,000 and Propolinsurance complete	is materials in atity. You will vehicles with a f 10,000 pounds You must obtain in Public Liability perty Damage e. You must e Part B.	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sec. 1 and 2.  h additional pages if	ctions	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			VIN#
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			Signa	iture		
operate and tha	at no opera and affirm	ations may	filing of this appli y be conducted u	ication does not in its ntil a permit is receiv	⁄ed fro	nstitute authority to om the Commission. I rue to the best of my
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#### **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.
- ment Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

US Gov	ernment F	rinting Office, 732	Z N. Capital Street, NV	v, vvasilington,	, DC 20401, WIII		
		Cont	rolled Substance	s and Alcoh	nol Testing	·	
Name: —	Jill	Dickey		- Position:	Bookla	ecper	
must have     have     have     have     is o     have	e a valid C s a gross eight rating s a gross designed of any siz zardous i on who dr ol testing	DL. The definition of the combined weight of the combined weight of the transport 16 combined and is used to the combined at t	on of a commercial ht rating of 26,001 p 0,000 pounds; or rating of 26,001 pour more passengers transport hazardoutions.	motor vehicle ounds that incomes or more; or including the simaterials of	is a venicle the cludes a towed or e driver; or an amount the	rehicle as described lat: unit with a gross veh at requires placarding te in a controlled subs R Part 40, and by the	under
		Comme	ercial Drivers Lic	ense (CDL)	Requiremen	ts	
Name: —	Jill	Dicke	7	_ Position:	Book	keeper	
m a⊸ • ha wa	ust have commerc as a gross eight ratir	a valid CDL, as al motor vehicle combined weig g of more than	required by the Was is a vehicle that:	chington State	Department o	vehicle as described f Licensing. The defii d unit with a gross ve	illilon oi

is of any size and is used to transport hazardous materials of an amount that requires placarding under

is designed to transport 16 or more passengers, including the driver; or

hazardous materials regulations.

Uriver Qualification Requirements
Name: Jill Dickey Position: Bookkeeper
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: JIII DICLEY Position: BOOKKELPER
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: Harvey Hess Position: Owner Manager -
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  5311  Date

Unit#	License #	State	VIN
Truck # 03	B51796N	WA	VIN: 1XP5DB9XX3D590872
Truck #10	B23744H	WA	VIN: 1XP5BB8X2RD343002
Truck #73	B23745F	WA	VIN: 1XP5DR9X7WN452035
Truck #50	B66847F	WA	VIN: 1XKWD49X33R970581
Truck #14	B42405P	WA	VIN: 1XKWDB9X84R069583
Truck #27	B55085R	WA	VIN: 1XP5DB9X13D593787

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

6447 pending.

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Oregon Auto Insurance Company (hereinafter called Company)

of PO Box 5048 Portland Or 97208-5048

has issued to Westar Trucking Inc, PO Box 280, Buena, WA 98921

a policy or policies of insurance effective from 03-16-11 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 PO Box 5048, Portland, OR 97208-5048 this 31<sup>st</sup> day of May, 2011

Insurance Company File No. A01 103726 (Policy Number) Julie Burnett (Authorized Company Representative)