

PART A

TV# 110955

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)

FOR OFFICIAL USE ONLY

Reception Number: <b>002692</b>	Safety:	Carrier ID#: <b>6462</b>
111 0268 200 02 <b>275.00</b>	Insurance:	Employee: <b>WUC</b>

**TYPE OF APPLICATION**

New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority  
 Transfer of Existing Permit Number

<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only: Auth # **080981**

**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 behalf of the applicant, and that all information on file is current and valid.

Name (printed) Patricia Kancilia Date: 5/10/11  
 Signature: [Signature] Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: <b>64288</b>	US DOT# <b>2147992</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602839145</b>
APPLICANT NAME: <b>William A. Spurrier</b>		PHONE#: <b>425-923-4338</b>
d/b/a: <b>H D Truck</b>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <b>20611 Bothwell Everett Hwy</b>		
(city, state, zip) <b>Bothwell WA 98012</b>		
PHYSICAL ADDRESS: (street address, if different) <b>same</b>		

TYPE OF BUSINESS STRUCTURE

(Check individual or complete partnership/corporation information)

INDIVIDUAL  PARTNERSHIP  CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
William A. Soumer	owner	20611 Bothwell Everett Hwy Bothwell WA 98012	100%

TRANSFER OF PERMIT NUMBERS

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.

NAME ON PERMIT: N/A PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

INSURANCE REQUIREMENTS

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> 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#	LICENSE#	STATE	VIN#
1	25472 RP	WA	1FU1DZYR4TL793851

Signature

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.

Collyer  
Signature(s)

5-10-11  
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) 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.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Name: William Spurrier 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.

Name: William Spurrier 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.

**Driver Qualification Requirements**

Name: William Spurrier Position: Owner

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.

**Hours of Service**

Name: William Spurrier Position: Owner

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, Care and Maintenance**

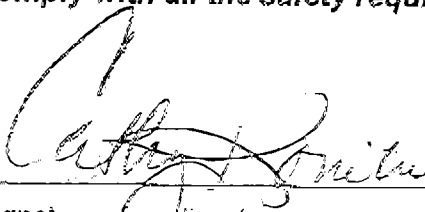
Name: William Spurrier Position: Owner

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.
- 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

5-10-11  
Date

LIMITED POWER OF ATTORNEY

STATE OF WASHINGTON COUNTY OF SNOHOMISH

Be it acknowledged that:

WILLIAM A. SPURRIER  
(Name of individual, partnership, LLC or corporation)

having an office at:

20611 Bothell Everett Hwy, Bothell, Wash. 98012  
(Physical address)

acting through the undersigned does hereby designate and appoint:

OWNER OPERATOR SERVICES, INC.  
1 NW COEDA DR, Grain Valley, MO 64029

Business Services Department and the authorized employees listed below:

Cathy Koscilia Scott O'Dell Doreen Weakley Marie Rukavina Deborah Winkler

OOSI Agent signature

*Cathy Koscilia*

The above named for the following limited and special purposes:

--To obtain and file applications for registration for the above listed carrier. To file applications to secure permits, pay fees and discuss relative matters with various state agencies. To sign for certified mail or registered mail on behalf of the above named. To file applications for changes to business information such as name, address, equipment, etc.

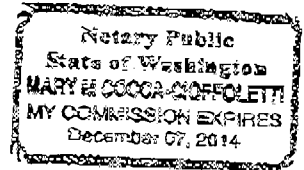
This limited Power of Attorney is restricted and limited to the matters specifically set forth herein and for the term beginning Feb. 22, 2011 and continuing until canceled.

In witness whereof WILLIAM A. SPURRIER has caused these presents to be  
(print name of owner, officer, member or partner)  
executed by a duly authorized officer or owner hereto this 22 day of February, 2011.

SIGNATURE: William A. Spurrer TITLE: OWNER

Sworn and subscribed before me this 22 day of February, 2011

NOTARY PUBLIC Mary E. Cooca-Cioffoletti



*This form MUST be notarized before returning to OOSI or the filing process WILL be delayed*

6-8-11

to Ken Chapman

I cannot afford  
insurance for my  
Authority right now.

Please refund my  
\$275<sup>00</sup>

Thank you.

William Spurrer