

PART A

TV# 111014

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

RECEIVED

Telephone (360) 664-1222 - Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

JUN 06 2011

APPLICATION FOR PERMIT

Check # 4753

(excluding Household Goods and Common Carrier Brokers)

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: <b>032939</b>	Safety:	Carrier ID#: <b>6220</b>
111 0268 200 02 <b>275.-</b>	Insurance:	Employee: <b>[Signature]</b>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<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"/> \$400 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		<input type="checkbox"/> \$900 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 #:	

TYPE OF PAYMENT

Check    Money Order    Amex    Discover    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): Sofiya Boots      Date: 6-2-2011  
Signature: [Signature]      Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>64311</u>	US DOT# <u>1949087</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-962-268</u>
APPLICANT NAME: <u>Boots Trucking Corp</u>		PHONE#: <u>509 218-3536</u>
d/b/a:	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1110 E. Cozza dr. Apt # 278</u>		
(city, state, zip) <u>Spokane WA 99208</u>		
PHYSICAL ADDRESS: (street address, if different) <u>N/A</u>		

certificate of insurance (FORM E), or a written binder. If a binder is submitted, it may be effective for not longer than 60 days, during which time the carrier's insurance company must file the required FORM E. **THE NAME ON THE INSURANCE MUST MATCH THE APPLICANT NAME EXACTLY.**

**Required insurance limits for vehicles with GVWR of less than ten thousand pounds:**

**\$300,000** General Commodities Only

**\$5,000,000** Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

**Required insurance limits for vehicles with GVWR of ten thousand pounds or more:**

**\$750,000** General Commodities and/or Armored Car Service.

**\$1,000,000** Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in the description of the \$5,000,000 coverage requirements, below.

**\$5,000,000** Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2 and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 **OR** any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

**MOTOR VEHICLE LIST:** List all motorized vehicles, including any truck or truck tractor, that will be used to haul under this permit.

**PART B - SAFETY FITNESS SURVEY**

**SAFETY FITNESS SURVEY:** All applicants with a vehicle over 10,000 gross vehicle weight rating (GVWR) must complete the Safety Fitness Survey. All permitted motor carriers must comply with all of the applicable state and federal safety requirements for their operations.

**PART C – HAZARDOUS MATERIALS**

Applicants who will be hauling hazardous materials that require a placard must complete Part C, Sections 1 and 2.

**CONTACTS FOR ADDITIONAL ASSISTANCE**

FMCSA (Interstate) authority, DOT numbers, Hazardous materials placards	US DOT, FMCSA, Olympia, WA Office (360) 753-9875
Interstate/Intrastate hazardous materials regulations	US Pipeline/Hazardous Materials Admin (202) 366-4433
Vehicle licenses, Titles, Registrations	WA Dept of Licensing (360) 902-3770
Commercial drivers licenses (CDL), Medical waivers	WA Dept of Licensing (360) 902-3619
Prorate, IRP, Reciprocity	WA Dept of Licensing (360) 664-1858
Master business license, Unified business identifier (UBI)	WA Dept of Licensing (360) 664-1400
IFTA, Fuel bonds, Fuel permits, Fuel tax	WA Dept of Licensing (360) 664-1868
Oversize and overweight permits, Log tolerance	WA Dept of Transportation (360) 704-6340
Commercial vehicle size and weight, Driver and equipment safety, Hazardous material regulations, Ports of entry, Scales	Washington State Patrol (360) 596-3800
Corporate registrations	WA Secretary of State (360) 725-0377
Heavy vehicle use tax report	Internal Revenue Service 1-800-829-1040

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
 STATE OF INCORPORATION 100% owner

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
SOFIYA BOOTS	owner	110 E COZZA DR Apt #278 Spokane WA 99208	100% owner

**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.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

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

\_\_\_\_\_  
Date

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received

- |   |   |   |   |
|---|---|---|---|
| <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. |
|---|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	+664765	WA	1FUJA3CG81PF24206

**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.*

Sofiya Boots  
Signature(s)

6-2-2011  
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.

#### Controlled Substances and Alcohol Testing

Name: Sofiya Boots 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.

#### Commercial Drivers License (CDL) Requirements

Name: Sofiya Boots 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: Jofiya Boots 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.

### Drivers Hours of Service

Name: Jofiya Boots 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, Repair, and Maintenance

Name: Owner Jofiya Boots 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.

### 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.***

Jofiya Boots  
Signature of applicant

6-2-2011  
Date

# PART C – SECTION 1

## SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

**Companies applying to transport hazardous materials must complete this survey.**

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.  
\_\_\_\_\_
2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?  Yes  No
3. Are drivers trained in the use of Emergency Response Information?  Yes  No
4. Is the Emergency Response Information carried in the vehicle?  Yes  No
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.  
\_\_\_\_\_
6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D?  Yes  No
7. Who is responsible for completing hazardous materials shipping papers?  
\_\_\_\_\_
8. Where are hazardous material shipping papers located during transportation?  
\_\_\_\_\_
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.  
\_\_\_\_\_
10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

**Signature**

***My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date