

PART A

TV# 111020

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)

D3cover

me 6/7/11

FOR OFFICIAL USE ONLY

Reception Number: 032965	Safety: <i>OK</i>	Carrier ID#: 6493
111 0268 200 02 275-	Insurance: <i>under paid</i>	Employee: <i>[Signature]</i>

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"/> \$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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #: *00256R*

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): STAN CRISWELL DBA CRISWELL COMPANY Date: 6-2-2011

Signature: _____ Title: OWNER OPERATOR

MAJOR CARRIER IDENTIFICATION

CC#: <u>64312</u>	US DOT#: <u>2081151</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603 049 044</u>
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APPLICANT NAME: <u>STANLEY D. CRISWELL</u>	PHONE#: <u>360-793-1576</u>
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d/b/a: <u>CRISWELL COMPANY</u>	FAX #: <u>360-793-7886</u>
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1008 DYER RD.

(city, state, zip) SULTAN, WA. 98294

PHYSICAL ADDRESS: (street address, if different)

for when complete

HAZARDOUS MATERIALS PERMIT APPLICATION

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

NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

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 _____

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.

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.

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#	LICENSE#	STATE	VIN#
3	B52715P	WA.	1XKWDR9X3TR730878

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.



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.

Name: STANLEY D. CRISWELL Position: OWNER OPERATOR

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: STANLEY D. CRISWELL Position: OWNER OPERATOR

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.

Name: STAN CRISWELL Position: OWNER OPERATOR

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.

Name: STANLEY D. CRISWELL Position: OWNER OPERATOR

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.

Name: STANLEY D. CRISWELL Position: OWNER OPERATOR

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.

Stan Criswell

6-2-2011

Signature of applicant

Date

SULTAN INSURANCE
 PO BOX 306
 SULTAN, WA 98294
 360-793-1111

PROGRESSIVE

Policy number: 07973982-0

Underwritten by:
 UNITED FINANCIAL CASUALTY COMPANY
 June 2, 2011
 Page 1 of 2

Certificate of Insurance

Certificate Holder	Insured	Agent
WASHINGTON UTILITIES & TRANSPORTATION COMM PO BOX 47250 OLYMPIA, WA 98504	STANLEY D CRISWELL CRISWELL COMPANY 1008 DYER RD SULTAN, WA 98294	SULTAN INSURANCE PO BOX 306 SULTAN, WA 98294

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: May 9, 2011 Policy Expiration Date: May 9, 2012

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST BODILY INJURY	\$100,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$50,000 W/\$100 DED (\$300 IF HIT & RUN)
PERSONAL INJURY PROTECTION	\$10,000

Description of Location/Vehicles/Special Items

Scheduled autos only		
1996 KW W90 1XKWDR9X3TR730878		Stated Amount \$25,000
COMPREHENSIVE	\$1,000 DED	
COLLISION	\$1,000 DED	
1998 STURDY WELD TRAILER 1S9CS5435WL189938		Stated Amount \$20,000
COMPREHENSIVE	\$1,000 DED	
COLLISION	\$1,000 DED	

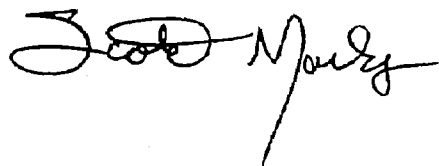
Policy number: 07973982-0

Page 2 of 2

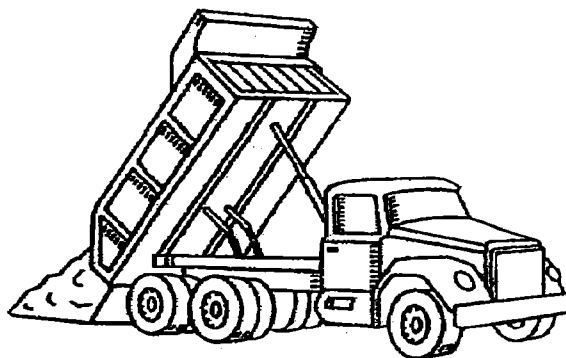
Certificate number

15311NET982

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

A handwritten signature in black ink, appearing to read "Joe Moody". The signature is written in a cursive style with a large, stylized initial "J".

Form 5241 (10/02)



CRISWELL COMPANY
STAN CRISWELL, OWNER
1008 DYER ROAD
SULTAN, WA. 98294
PHONE: 360-793-1576
FAX: 360-793-7886
CRISWELLCOMPANY@COMCAST.NET
UBI#: 603-049-044

FAX TRANSMITTAL FORM

Stan Criswell

To: WA UTILITIES + TRANSPORTATION
Name: ATT. LINDA.
Phone: 360-664-1222
Fax: 360-586-1181

From: CRISWELL COMPANY
Date Sent: 6-2-2011
Number of Pages:

MESSAGE: