

PART A

TV# 111101

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98501

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

JUN 15 2011

APPLICATION FOR PERMIT

Check #81153

(excluding Household Goods and Common Carrier Brokers)

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 033022	Safety: 6-22-11	Carrier ID#: M34475
111 0268 200 02 275.-	Insurance: 6-22-11 Kinder	Employee: Lwe

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"/> \$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 #:

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

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): SHERRY A. KELLEY Date: 6-13-11

Signature: Sherry A. Kelley Title: OFFICE MANAGER

MOTOR CARRIER IDENTIFICATION

CC#: 64318	US DOT# 163162	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 116 288 06-22-11
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APPLICANT NAME: DON G. AYERILL TRUCKING INC	PHONE#: 503-842-5789
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d/b/a:	FAX #: 503-842-3076
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 417  
(city, state, zip) Tillamook, OR 97141

PHYSICAL ADDRESS: (street address, if different) 1500 N. MAIN AVE  
Tillamook, OR 97141

## 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: DON G. AYERILL Position: PRESIDENT

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: DON G. AYERILL Position: PRESIDENT

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.

UNIT #	YEAR	MAKE/MODEL	VEHICLE #	OR PLATE #
1 - Lowboy	2003	KENWORTH TRACTOR T800	1XKDPBEX23R709645	YAE875
2	1997	KENWORTH W900 TRACTOR	1NKWXBEXXVR753625	YCBZ723
5	2003	FRHT TRACTOR (Stryffler)	1FUJAPCG23DL01524	YGCN636
93	1996	KENWORTH TRACTOR	1XKWPP20X7T5726241	YACL635
96	1996	KENWORTH TRACTOR	1XKWPP20X2T5726244	YACL638
102 -Lowboy	1999	KENWORTH TRACTOR	1XKDDBOX6XR798111	YAFP818
106	2000	KENWORTH TRACTOR	1XKWDBOX9YR857243	YADR517
108	2000	KENWORTH TRACTOR	1XKWDBOX2YR857245	YADR519
118	2002	KENWORTH TRACTOR	1XKDPBOXX2R890080	YAEA912
119	2003	KENWORTH TRACTOR	1XKDPBOX83R383423	YAFZ629
124	2004	KENWORTH TRACTOR	1XKDPBOX64R050199	YAE1680
125	2004	KENWORTH TRACTOR	1XKDPBOX94R050200	YAE1681
126	2004	KENWORTH TRACTOR	1XKDPBOX04R050201	YAE1682
127	2004	KENWORTH TRACTOR	1XKDPBOX24R050202	YAE0003
128 -Lowboy	2005	KENWORTH TRACTOR	1XKDPBEX95R080646	YAEV044
129	2005	KENWORTH TRACTOR	1XKDPBOX05R080641	YAEV077
130	2005	KENWORTH TRACTOR	1XKDPBOX25R080642	YAEV132
132	2005	KENWORTH TRACTOR	1XKDPBOX65R080644	YCBZ766
133	2005	KENWORTH TRACTOR	1XKDPBOX85R080645	YAEV235
134	2006	KENWORTH T800 TRACTOR	1XKDP40X86R149573	YCBZ767
135	2006	KENWORTH T800 TRACTOR	1XKDP40XX6R149574	YAFZ630
136	2006	KENWORTH T800 TRACTOR	1XKDP40X16R149575	YAFZ631
137	2006	KENWORTH T800 TRACTOR	1XKDP40X36R149576	YAFE530
138	2006	KENWORTH T800 TRACTOR	1XKDP40X56R149577	YAFE531
139	2007	KENWORTH T800 TRACTOR	1XKDP40X07R172220	YAFH726
140	2007	KENWORTH T800 TRACTOR	1XKDP40X27R172221	YAFH727
142	2007	KENWORTH T800 TRACTOR	1XKDP40X87R172224	YAFH730
143	2007	KENWORTH T800 TRACTOR	1XKDP40X67R172223	YAFH729
146 -Lowboy	2007	KENWORTH T800 TRACTOR	1XKDDBOX27R209782	YAFN824
147	2009	KENWORTH T800 TRACTOR	1XKDP40X09R250322	YAFZ632



# CERTIFICATE OF LIABILITY INSURANCE

W34475

OP ID: JT

DATE (MM/DD/YYYY)

06/13/11

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).


<b>PRODUCER</b> RIS Insurance Services PO Box 1059 Anacortes, WA 98221 DAVE ALLISON		360-293-2135 360-293-2386	<b>CONTACT NAME:</b> PHONE (A/C, No, Ext): FAX (A/C, No): <b>E-MAIL ADDRESS:</b> PRODUCER CUSTOMER ID #: <b>DONGA-1</b>
<b>INSURED</b> DON G. AVERILL TRUCKING INC. 1500 N MAIN AVE TILLAMOOK, OR 97141		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Western National Assurance</b> NAIC # <b>24465</b> INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **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.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY		CPP100313902	11/01/10	11/01/11	EACH OCCURRENCE	\$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 100,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person)	\$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PERSONAL & ADV INJURY	\$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY		CPP100238903	11/01/10	11/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO					BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident)	\$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE	\$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE	\$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> Y/N	N/A			WC STATUTORY LIMITS	OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - EA EMPLOYEE	\$
A	<b>CARGO</b>		CPP100309702	11/01/10	11/01/11	E.L. DISEASE - POLICY LIMIT	\$
						<b>\$2500 DED</b>	<b>750,000</b>

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

<b>CERTIFICATE HOLDER</b>  WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA, WA 98504-7250		<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 	
WASH002			