

PART A

TV# 111168

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)

VISA

June 21/11

FOR OFFICIAL USE ONLY

Reception Number: 033095 Safety: [Signature] Carrier ID#: 6575

111 0268 200 02 275- Insurance: [Signature] Employee: [Signature]

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 #: 035608

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): Tara Finnegan Date: 6/22/11
Signature: [Signature] Title: Agent 503-607-1088

MOTOR CARRIER IDENTIFICATION

CC#: 64324 US DOT#: 16845830 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-123-5520

APPLICANT NAME: Mc Namara Enterprises Inc PHONE#: 503-535-9136

d/b/a: FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO BOX 967

(city, state, zip) Wilsonville OR 97070

PHYSICAL ADDRESS: (street address, if different) 30326 SW Ruth St Unit 53

Wilsonville OR 97070

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION Oregon

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Edward m ^c Namara	President	30326 SW Ruth St #53 Wilsonville OR 97070	100%

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#
228481	YARJ439	OR	1HTMSA ZR76H228481

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.

S. Finnegan
Signature(s)

6/23/11
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.wlbttraffic.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: Ed m'Namara 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: Ed m'Namara 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.

Driver Qualification Requirements

Name: Ed mcNamara Position: President

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: Ed mcNamara Position: President

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: Ed mcNamara Position: President

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.

S. Innegan
Signature of applicant

6/23/11
Date

PO Box 1650
Clackamas, OR 97015
PH: 503-607-1088
FAX: 503-650-6399



Fax

To: WUTC	From: Tara Finnegan
Attn:	Date: June 24, 2011
Fax: 360-586-1181	Pages: 7 including cover sheet
Phone: 360-664-1222	Re: McNamara Ent. Inc Intrastate App

Urgent For Review Please Comment Please Reply Please Recycle

Please call Tara @ 503-607-1088 with any questions.

Thank you.

6/5/15
RECEIVED
JUN 30 2015
WASH. UT. & TP. COMM

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

Received by Washington Utilities & Transportation Commission
(Name of Agency)

This is to certify that the Great American Assurance Company
(Name of Company)
is a duly licensed company at 48 E. 11th St. Ste 300 Cincinnati, OH 45202
(Name and address of Company)

has issued to MCNAMARA ENTERPRISES at 30325 SW 50TH ST UNIT 04 WILSONVILLE, OR 97170
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 5/18/11/2010 to 12/31/11 covering the operation of the motor vehicle in the State of OR and
policy or policies are canceling and cancel 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 each motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction
and which are mandated in accordance with the law.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all amendments thereto.
This certificate and the conditions described herein may not be completed without completion of the policy to which it is attached. Such
completeness may be affected by the Company or the insured prior to the date of filing with the State Agency, and shall be subject to
compliance to run from the date when it is actually received in the office of the Agency.

Countersigned at Portland this date 01/10/11 at ME 04137 This 27th day of Jan 20 11
(Address) (City) (State) (Year)

Insurer's Certificate File No. MA05117500 00
(Policy No.)

Kevin A. Douthett
(Authorized Company Representative)

Underlying Limit 10.00 Liability Limit 768,000.00