

PART A

TV# 111324

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)

RECEIVED

JUL 25 2011

WASH. UT. & TP. COMM

Check # 49479

FOR OFFICIAL USE ONLY

Reception Number: 033286	Safety: <i>al</i>	Carrier ID#: 6550
111 0268 200 02 275.-	Insurance: <i>al</i>	Employee: <i>[Signature]</i>

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			

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): _____ Date: _____
 Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 64353	US DOT# 425813 <i>al</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-839-210 <i>al</i>
APPLICANT NAME: COLUMBIA BASIN LLC		PHONE#: (509)547-2476
d/b/a: BDI TRANSFER		FAX #: (509)547-8617
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO BOX 3850 (city, state, zip) PASCO, WA 99302-3850		
PHYSICAL ADDRESS: (street address, if different) 1721 DIETRICH RD – PASCO, WA 99301		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
LEONARD DIETRICH	MANAGER	PO BOX 3850 – PASCO, WA 99302-3850	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#
<i>See attached</i>			

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.

Leonard Dietrich

Signature(s)

July 18th, 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

CHUCK ANDERSON

FACILITY FOREMAN

Name: _____ Position: _____

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

CHUCK ANDERSON

FACILITY FOREMAN

Name: _____ Position: _____

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

CHUCK ANDERSON FACILITY FOREMAN
Name: _____ Position: _____

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

CHUCK ANDERSON FACILITY FOREMAN
Name: _____ Position: _____

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

CHUCK ANDERSON FACILITY FOREMAN
Name: _____ Position: _____


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.



Signature of applicant

July 18th, 2011

Date

<i>Company-owner</i>	<i>Truck No.</i>	<i>Yr Mfc</i>	<i>Equip Description</i>	<i>VIN #</i>	<i>License No.</i>	<i>Equip. Type</i>
BD of Washington LLC	6	2001	PETERBILT 320	1NPZLT0X41D712110	A91560H	Automated
BD of Washington LLC	74	2000	PETERBILT 320	1NPZLA0X9YD711811	A55836F	Automated
BD of Washington LLC	91	2002	PETERBILT 320	1NPZLTOX13D714755	A42438M	Automated
BD of Washington LLC	93	2003	FORD F350	1FDWF36P93EB54286	A06206T	Utility
BD of Washington LLC	219	1995	PETER	1XPZL50X3SD708956		Roll Off
BD of Washington LLC	T-02	1998	PETERBILT	1NPZLA0X2WD710819	A38579D	Automated
BD of Washington LLC	T-12	1988	PETER	1XPZLAOXXJD703275	A38579D	Frontload
BD of Washington LLC	T-14	1993	PETERBILT	1XP6DR9X1PD607741	A27443V	Roll Off
BD of Washington LLC	T-15	1993	PETERB	1XPZL50X2PD707210	B50823K	Automated
BD of Washington LLC	T-18	1998	PETERBILT	1NPZLD0X2WD710904	A21375S	Automated
BD of Washington LLC	T-21	1999	FORD	1FTYR14X2XPA72647	A52442Z	Utility
BD of Washington LLC	T-22	1994	CHEV	1GBJC34K5RE199701	A21375S	Utility
BD of Washington LLC	T-24	2004	FORD	1FTPX14574NA23998	A16920W	Utility
BD of Washington LLC	T-25	1998	VOLVO	4VMDCMBE9WN747590	A52752Z	Frontload
BD of Washington LLC	T-702	1980	ROLL OFF TRL	7L93696009	3297KX	Trailer - Roll Off
BD of Washington LLC	T-703	1999	CIRLJ-UTILITY	46YUP1012X1058228	0419TC	Trailer - Utility

6550
pending

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the North Pacific Insurance Company
(Name of Company)
(herein after called Company) of One Liberty Centre ,650 N E Holladay Street ,Portland ,OR ,97232
(Home Address of Company)

has issued to COLUMBIA BASIN LLC of PO BOX 3850 ,PASCO ,WA ,99302-3850
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/01/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 650 NE Holladay OR 97232 This 29th day of Jul 20 11
(Address) (Day) (Month) (Year)

Insurance Company File No. C07 166842 Jerry Strawn
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00