

PART A

TV#

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)

FOR OFFICIAL USE ONLY

|                                 |            |                          |
|---------------------------------|------------|--------------------------|
| Reception Number: <b>033319</b> | Safety:    | Carrier ID#: <b>6556</b> |
| 111 0268 200 02 <b>275.-</b>    | Insurance: | Employee: <b>KWL</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"/> \$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 # **053194**

TYPE OF PAYMENT

Check

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): Juan M. Jimenez JR Date: 7 21 11  
 Signature: \_\_\_\_\_ Title: Owner

MOTOR CARRIER IDENTIFICATION

|   |                        |   |
|---|------------------------|---|
| CC#: <b>64357</b>   | US DOT# <b>2175435</b> | WA UNIFIED BUSINESS IDENTIFIER (UBI) # <b>603-130-408</b> |
| APPLICANT NAME: <b>Juan M Jimenez JR</b>                                    |                        | PHONE#: <b>509-391-9804</b>                               |
| d/b/a: <b>Jmz Trucks</b>  | FAX #:                 |   |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <b>P.O. Box 2293</b> |                        |   |
| (city, state, zip) <b>Mattawa, WA 99349</b>                                 |                        |   |
| PHYSICAL ADDRESS: (street address, if different) <b>602 Government Way</b>  |                        |   |
| <b>Mattawa, WA 99349</b>  |                        |   |

**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> |
|---------------------|--------------|------------------------------------|--|
| Juan M. Jimenez JR. |              | P.O. Box 2293<br>Mattawa, WA 99349 | 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#              |
|-------|----------|-------|-------------------|
| 446   |          | WA    | 1XKAD29X5LS529199 |
| 40    |          | WA    | 1FWYDSYB5LP379655 |
|       |          |       |                   |
|       |          |       |                   |

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.

Signature(s) \_\_\_\_\_

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: Juan M. Jimenez JR 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: Juan M. Jimenez JR 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: Juan M. Jimenez JR 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: Juan M Jimenez JR 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: Juan M. Jimenez JR 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.**

  
Signature of applicant

\_\_\_\_\_  
Date

6556 Pender



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/21/2011

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><br>The Simmons Agency<br>PO BOX 808<br>702 E MAIN STREET<br>HERMISTON OR 97838 | <b>CONTACT NAME:</b> Simmons Truckers Ins<br><b>PHONE (A/C No. Ext):</b> (541)567-6271<br><b>FAX (A/C No.):</b> (541)567-2113 |  |
|  | <b>E-MAIL ADDRESS:</b><br>_____   |  |
| <b>INSURED</b><br>Juan Miguel Jimenez JR<br>DBA: JMZ Trucks<br>PO Box 2293<br>Mattawa WA 99349 | <b>INSURER(S) AFFORDING COVERAGE</b>  |  |
|  | INSURER A: <b>United Financial Casualty Comp</b>  |  |
|  | INSURER B: _____  |  |
|  | INSURER C: _____  |  |
|  | INSURER D: _____  |  |
|  | INSURER E: _____  |  |

**COVERAGES**      **CERTIFICATE NUMBER: CL1172103416**      **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   |
|----------|--|--------------------|---------------|-------------------------|-------------------------|--|
|          | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><hr/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |                    |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$<br>_____ \$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS  |                    | 08158621-0    | 7/21/2011               | 1/21/2012               | COMBINED SINGLE LIMIT (Ea accident) \$ <b>750,000</b><br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>_____ \$                     |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DEF <input type="checkbox"/> RETENTION \$  |                    |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$<br>_____ \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A                |               |                         |                         | WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/><br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$                      |
| A        | <b>Motor Truck Cargo</b>   |                    | 08158621-0    | 7/21/2011               | 1/21/2012               | \$10,000 Limit      \$500 DED  |

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

**CERTIFICATE HOLDER**      **CANCELLATION**

|  |   |
|--|---|
| Washington UTC<br>PO Box 47250<br>Olympia, WA 98504-7250 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|