PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504 2250 EIVED

			ne (360) 664-		•	•			LECE	IVED	
Intrastate Common Carrier Operating Authority											
APPLICATION FOR PERMIT											
(heck-"	16621	(excludin	g Household Goo FOR OFFIC	· · · · · · · · · · · · · · · · · · ·		THE RESERVE OF THE PERSONS ASSESSED.	orokers)	-WAS	H. UT. &	TP. COMM	
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\$275	GENERAL COM	MODITIE	S ONLY		\$100		NERAL C		DITIES, ir	ncluding	
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\$275	GENERAL COMM HAZARDOUS MATE SERVICE										
	REINSTATEMEN t be filed within 10 mg			ION CA	RRIER PE	RMIT		For Co Auth	ommission Us #:	se Only:	
			TYPE 0	F PAYI	MENT						
X Check □	Money Order	☐ Amex	☐ Discover	☐ Maste	rcard □ V	/isa		Expir	ration Date	<u> </u>	
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CERTII that I a valid.	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	KenneTh	W.	Hendrick	SON	_Date:	7-2	77-1	/			
Signature:	uneth W.	Ver C	auxi-		Title:	Presi	scon	rer			
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BUSINESS	(MAILING) ADI	DRESS:			·		0 - 7	00	, , , ,	·	
	ess, P.O. Box)			- 157.	STrte	I 7	#15	12			
(city, state,											
Port Angeles NA. 98362											
	PHYSICAL ADDRESS: (street address, if different) 24/ Dayle Rd Port Angeles									Les	
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□ INDIVIDUA			HIP 🕱 CORPOR	tnershi RATIOI	TRUCTURE p/corporation informa N (LP, LLP, LLC) ORPORATION		
NAME KENNETH HEN Jak M. H	<u>TIT</u> drickson • lendricks	· ·	ADDR 902-AE, Port A - Same	ESS 151 s wgc les	TruT# 152 ST 5,WA, 98362	OCK DISTRIBUTION OF SHARE 3170	<u>R</u> <u>E</u> —
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NAME ON PER		holder			PERMIT N	IUMBER:	· ·
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UNIT#	LICEN A41227	SE#	STATE			VIN#	-
			Signa		a w		
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Kenneth	3 20 70 Signatu	<u>fuon</u> re(s)	Kem			27-// Date	J

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.

																					e:			

Name: Kenneth WHEN The Som

Position: Tres, OWN?

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: Kennett w The Laife

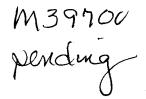
Position: Pres/owner

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.

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Driver Qualification	n Requirements
Name Kenneth W. Windows	Position: Pres Jounes
Each company must maintain a complete Driver Qualificate vehicles as required by FMCSR Part 391.51 and by the West exclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file or	tion File for each employee authorized to drive motor /SP in WAC 446-65-010. Owner/operators that work re limited exemptions. Owners/operators that conduct
Drivers Hours	of Service
Name: Jewith W. Window Kon	Position: Prefouner
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1(service records for each individual that drives a motor
Vehicle Inspection, Rep	
Name: Kennth Withendrukter	Position: Res Jowner
Each company must prepare a written "Driver Vehicle Insprequired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 4 • Identification of the vehicle. • The nature and due date of various inspect	pection Report" on each vehicle used each day as e WSP in WAC 446-65-010. In addition, each vehicle that includes the following, as required by the 46-65-010: ion and maintenance operations to be performed.
A record of inspections, repairs and mainte All companies must conduct periodic inspections as require	· ·
All companies must conduct periodic inspections as requir WSP in WAC 446-65-010.	ed by the FMOSA in 49 OFK, Fait 390.17 and by the
Signati	ure To Education to the second se
My signature below certifies that I understand my comply with all the safety requirements which app	•
Kennett W. Hendrickter	7-27-1/
Signature of applicant	Date

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



Filed with Washington Utilities & Transportation Commission (Name of Agency)	(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)	
(notifie Address of Company)	
902 A EAST FIRST ST ,PORT ANGELES has issued to K W HENDRICKSON INC of .98362-4024	S ,WA
has issued to KWHENDRICKSON INC Of .98362-4024 (Address of Motor Carrier)	
07/24/2011	
	he insured stated in said
policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bo Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property de	amage liability insurance
barriage Labring Mischallice Endorsement, has of make been alreaded by provide automobile boding might all property of covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which t	he Agency has jurisdiction
regulations promulgated in accordance therewith.	0 , ,
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and a	all endorsements thereon.
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to wh	
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
commence to run from the date notice is actually received in the office of the Agency.	
650 NE Holladay	
Countersigned at Portland OR 97232 This 02nd day of	<u>Aug</u> 20 <u>1,1</u>
(Address) (Day)	(Month) (Year)
Insurance Company File No. C25 112864 Jerry Strawn	
(Policy No) (Authorized Company	Representative)