	•••••	PART A	1		TV# 1//449		
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							
VISA		APPLICATION ng Household Goods	FOR	PERI	MIT		
	· · · · · · · · · · · · · · · · · · ·	FOR OFFICIA					
	3440	Safety:	000	000	Carrier ID#: 6574		
111 0268 200 02 25	75 -	Insurance:	<u>lll</u>		Employee: LWC		
New Common Car		YPE OF APPLICA					
		rmit Number	-XIGI	SION C	of Common Carrier Permit Authority		
\$275 GENERAL	COMMODITI	ES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
· ·····	COMMODITIE CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
	COMMODITIE IS MATERIALS	S, including		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL HAZARDOUS SERVICE	HAZARDOUS MATERIALS and ARMORED CAR						
\$100 REINSTATE	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Complission Use only Auth #:						
		TYPE OF F	PAYME	NT	7 Aut. 1 3 (0 3)		
☐ Check ☐ Money Ord	ier 🔲 Ame	x 🗆 Discover 🗆 l	Vlasterca	ard 12 Vi	isa 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): ELTON MASON							
Signature:			Ti	tle:	owner		
MOTOR CARRIER IDENTIFICATION							
CC#:61443	US DOT#	1997279	\		FIED BUSINESS IDENTIFIER (UBI) # 601-		
APPLICANT NAME: Elton Mason PLANT L MASON - Par Call B(10/1) PHONE#:206-229-3040							
d/b/a: FAX #: 425-488-2950 WASHINGTON STATE TRUCKING							
BUSINESS (MAILING) ADDRESS: P.O BOX 633 (street address, P.O. Box)							
(city, state, zip) KIRKLAND, WASHINGTON. 98083							
PHYSICAL ADDRESS: (street address, if different)							
		4					

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)							
			HIP CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION			WA per call	
***	71 1						
<u>NAME</u>	111	<u>rle</u>	<u>ADDR</u>	ESS	 -	OCK DISTRIBUTION OR ERCENTAGE OF SHARE	
ELTON M	1 ASON	own	er Pobl	× '	633 KIRKIAMA WA	798083 600 %.	
Γ		7:-	A VOCED OF D				
Complete this	section if you		RANSFER OF P				
holder	and permit nuer of the permi	umber to be	erring an existing performance transferred. The	curr	it to a new owner. List i ent permit holder must s	name of <u>current</u> permit sign below to authorize the	
NAME ON PE	ERMIT:	\mathcal{A}	4		PERMIT	UI IMIDED-	
• • • • • • • • • • • • • • • • • • • •			•		E LINVIII I	NUMBER	
Signature of	current permit	holder				Data	
<u> </u>			NCE REQUIRE	MEI	NTS (must check one	Date	
	A pe	ermit will n	ot be issued until a	cce	otable insurance is rece) ived	
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.		requantity. You will requarte vehicles with a WR of 10,000 pounds nore. You must obtain 0,000 in Public Liability Property Damage urance. You must nplete Part B.			Sections 1 and 2. ssary)		
UNIT#	LICEN		STATE		VIN#		
100	+605649		WASHINGTON		1NKWL29X2FS32470	6	
							
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.							
9	Signature(s) 8/8/11 Date						
	Signati	ıre(s)				Date	

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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:

MASON

has a gross vehicle weight rating of 26,001 pounds or more; or

hazardous materials regulations.

is designed to transport 16 or more passengers, including the driver; or

- 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

 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: EUTON MASON 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

is of any size and is used to transport hazardous materials of an amount that requires placarding under

Driver Qualification Requirements	
D - 1 1111-1	
Name: ELTON MASON Position: Owner	
Each company must maintain a complete Driver Qualification File for each employee authorize vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/ope exclusively in intrastate commerce within Washington have limited exemptions. Owners/operat any interstate operations must maintain a complete file on themselves and any other driver that	rators that work
Drivers Hours of Service	
Name: ELTON MASSW Position: OWNER	
Each company must maintain true and accurate hours of service records for each individual the vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-0	at drives a motor 010.
Vehicle Inspection, Repair, and Maintenance	
Name: EVOW MASOW Position: OWNER	
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In additional company must maintain certain required records for each vehicle that includes the following, as 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 A record of inspections, repairs and maintenance indicating their date and nature	on, each s required by the
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 39 WSP in WAC 446-65-010.	
Signature	
My signature below certifies that I understand my responsibility as a motor carrie comply with all the safety requirements which apply to my operations. \[\left(\frac{1}{8}\right) = \frac{1}{8} \right) \]	
Signature of applicant Date	

WASHSTAT28

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CERTIFICATE OF LIABILITY INSURANCE

Client#: 140308

DATE (MM/DD/YYYY) 8/15/2011

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

PRODUCER		CONTACT Cindy otto				
Propel Insurance		PHONE (A/C, No, Ext): 800.499.0933	577.1326			
Tacoma Commercial Insurance 1201 Pacific Ave, Suite 1000 Tacoma, WA 98402		E-MAIL ADDRESS: leo@propelinsurance.com				
		INSURER(S) AFFORDING COVERAGE				
		INSURER A: Great West Casualty Company				
INSURED		INSURER B:				
PO Box 633		INSURER C:				
	ton State Trucking	INSURER D:				
	200	INSURER E :				
Kirkland, WA	. 98083	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:	REVIS	ION NUMBER:			

••		
THIS IS TO CERTIFY T	HAT THE POLICIES OF INSURANCE LISTED BELO	OW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED. NOTWITHS	STANDING ANY REQUIREMENT, TERM OR CONDI	ITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE	ISSUED OR MAY PERTAIN, THE INSURANCE AFF	FORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CON	IDITIONS OF SUCH POLICIES. LIMITS SHOWN MA	MAY HAVE BEEN REDUCED BY PAID CLAIMS.

ADDL SUBR INSR WVD POLICY EFF POLICY EXP (MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE POLICY NUMBER LIMITS **GENERAL LIABILITY** Δ GWP86817A 05/12/2011 05/12/2012 EACH OCCURRENCE \$1,000,000 X COMMERCIAL GENERAL LIABILITY \$100,000 CLAIMS-MADE | X OCCUR \$5,000 MED EXP (Any one person) \$1,000,000 PERSONAL & ADV INJURY \$2,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER: PRO-JECT POLICY 05/12/2011 05/12/2012 COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY GWP86817A s1,000,000 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS BODILY INJURY (Per accident) \$ Χ PROPERTY DAMAGE (Per accident) X HIRED AUTOS UMBRELLA LIAB EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE DED RETENTION\$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY GWP86817A 05/12/2011 05/12/2012 E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? \$1,000,000 N/A WA STOP GAP E.L. DISEASE - EA EMPLOYEE \$1,000,000 (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$1,000,000

	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC					is required)		
Re:	All opertations of the named ins	ured	- Insurance Com	pany File No. 1	001			

CERTIFICATE HOLDER	CANCELLATION
Washington Utilities & Transportation Commission PO Box 47250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Olympia, WA 98504	AUTHORIZED REPRESENTATIVE
	TO BE MADE.

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