PART A	TV# 111452
called 7-	
MACHINGTON LITERITY AND 1	RANSPORTATION COMMISSION
Telephone (360) 664-12	Sox 47250, Olympia, WA 98504-72: 0 22 - Fax (360) 586-1181
Intrastate Common Carl	rier Operating Authority \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
APPLICATION  APPLICATION  (Aveluding Household Goods	FOR PERMIT and Common Carrier Brokers)
AL A	LUSBONE
Reception Number: 033450 Safety:	Carrier ID#: 6575
111 0268 200 02 275. Insurance	Employee:
New Common Carrier Permit Authority, or	Extension of Common Carrier Pr rmit Authority
Transfer of Existing Permit Number	
\$275 GENERAL COMMODITIES DNLY	\$100 GENERAL COMMODITII \$, including ARMORED CAR SERVICE
5275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIC S, Including HAZARDOUS MATERIALS
\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	\$100 GENERAL COMMODIT IS, Including HAZARDOUS MATERIALS & DARMORED CAR SERVICE
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$100 REINSTATEMENT OF CANCELLED COMMO	
THE RESERVE THE PROPERTY OF TH	Mastercard Visa Expiration Date
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard Visa Expiration Date
	Strike that the following information is true and correct,
CERTIFICATION: I, the undersigned, under penalty for fail that I am authorized to execute and file this document on the valid.	se statement, certify that the following informatio: is true and correct, behalf of the applicant, and that all information on file is current and
Name (printed): Guillermo Cardences	Date: 7-27-//
	Title: 7603-130427 8/23/4
Signature:	RIDENTIAL STATE OF THE STATE OF
CC# - F a LUS DOT# D- C	
6436/	1-20-4
APPLICANT NAME: Carden	
d/b/a: Cardenus Truduro perus	FAX#:
BUSINESS (MAILING) ADDRESS: 4000 L	ong VIEW ST NE H3Z
(city, state, zip) W05E5 L	ake WA 98837
PHYSICAL ADDRESS: (street address, if differen	nt)
1111-01-01	SHY

A INDIVIDUAL	areas rains a	CORPORAT	TION (LP. LLP, LLC) INCORPORATION			
NAME Gvillermo	TITLE Cardenas OWNER			CK DIST RIBUTION OR ICENTAL E OF SHARE		
l holder an			mit to a new owner. List na rrent permit holder must sig	me of cu rent permit		
You will not he hazardous mater quantity. You will operate vehicles GVWF of less the pounds. You mu \$300,000 in Published Property Da	rrent permit holder  aul rials in any l only with a an 10,000 st obtain lic Liability mage  Au You wil hazardou any quant operate v GVWR of or more. \$750,000 and Prop	I not haul s materials in tity. You will ehicles with a 10,000 pounds You must obtain in Public Liability erty Damage		Date  Date  You vill haul hazardc us materials requirin   \$5 million in Public t ability and Propert Damage Insuran :e. You must comple a Part C, Section : 1 and 2.		
Insurance. You oneed to complet	e Part B. complete	e, You must Part B. STATE		VIN#		
	+661213	Wa.	1FUFYCY B	<u> 2FP á 72824</u>		
L as spolicant	understand that the	filing of this applica	ation does not in itself co	enstitute authority to		
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.						
X (pulle	Signature(s)	knas		1-27-//		

7-28-4

## **PART B**

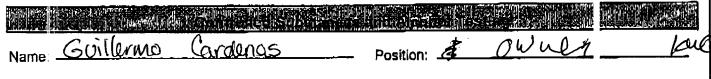
## SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this su vey.

Instructions: In each category shown below, list the person and/or position responsible for uneerstanding, 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 Wilshington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-6:

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) 730:-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, Wi 54957, www.jjkeller.com, (87 ') 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, (I 66) 512-1800.



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 p acarding 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.



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 p acarding under hazardous materials regulations.

Name Guillermo Cardenos	Position:	KIR					
Each company must maintain a complete Driver Qualificate vehicles as required by FMCSR Part 391.51 and by the Vexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	NSP in WAC 446-65-010. Owner/oper ve limited exemptions. Owners/operat	tilors that work					
	this careful to as a significant	on hand potential for the real Plans.					
Name: SEWC	Position: Owner	RUC					
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 the (e) and by the WSP in WAC 446-65-0	drives a motor 0.					
Name: SAMO	Position: Owner	KUU					
Each company must prepare a written "Driver Vehicle Ins required 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 dentification of the vehicle.  The nature and due date of various inspections, repairs and maintenance.	ie WSP in WAC 446-65-010. In addition wehicle that includes the following, as 446-65-010:	on, each control is required by the separate performed.					
All companies must conduct periodic inspections as requi WSP in WAC 446-65-010.	-	•					
		- · · · · · · · · · · · · · · · · · · ·					
My signature below certifies that I understand my responsibility as a motor carrie and I will comply with all the safety requirements which apply to my operations.							
X Cyllera Cordena h	7-27-1	<u>/</u>					
Signature of applicant	Date	-					

Aug 25 11 10:32a Ariel Garza State Farm In 5097660073

ATT: (360) 586-1188.1 6575

## Binder of Insurance

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company the

State Farm Mutual Automobile Insurance Company

Does hereby insure: GUILLERMO CARDENAS

DBA CARDENAS TRUCKING

4000 LONGVIEW ST NE UNIT 32 MOSES LAKE, WA 98837-3417

Policy Number: 164 1540-F17-47

Make Year

Vehicle Identification Number (VIN)

1985 FREIGHTLNR FLT DS TRACTOR

1FUEYCYB2FP272824

Coverages

Liability

Comprehensive \$1000

Collision Ded

Effective August 23, 2011, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.

Date 08/25/11,\_\_\_\_

Authorized Representative

A. GARZA

47-2901

FIRE 47

MAFO SOUTHEASTERN WA F488

Aug 25 11 04:50p



## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/25/2011

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(les) 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).

PRODU	CER ARIEL GARZA				CONTAC	CT ARIEL GAI	RZA	<del></del>	
	ANILL OANS		PHONE (A/C, No, Ext): 509-766-0054 (A/C, No): 509-766-0073						
					LAZC, NO, EXT: 509-760-0054 [AZC, NO): 509-760-0075  E-MAIL ADDRESS: ARIEL@ARIELGARZA.COM				
1010 S PIONEER WAY STE A  MOSES LAKE, WA 98837		INSURER(S) AFFORDING COVERAGE				NAIC#			
		INSURE							
INSURE	GUILLERMO CARDENA	S D	RΔ		INSURER B:				
			٥,						
	CARDENAS TRUCKING				INSURER C:				
	4000 LONGVIEW ST NE		113	2	INSURER D :				
	MOSES LAKE, WA 9883	7			INSURER E : INSURER F :				
COVE	RAGES CER	TIFIC	ATE	NUMBER:	INSURE	ike.		REVISION NUMBER:	
	IS TO CERTIFY THAT THE POLICIES		_		VE BEE	N ISSUED TO			LICY PERIOD
IND	CATED. NOTWITHSTANDING ANY RE	QUIRI	EMEN	IT, TERM OR CONDITION	OF AN'	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPECT TO	WHICH THIS
	TIFICATE MAY BE ISSUED OR MAY LUSIONS AND CONDITIONS OF SUCH								THE TERMS,
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER				LIMITS	
	ENERAL LIABILITY	INSR	1	POLICY NOMBER		(MM)/DD/TTTT	TRANSPORT TITY	EACH OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY	ш						DAMAGE TO RENTED	
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<del> </del>	CEAINIO-INIADE COCOR								
-	-							PERSONAL & ADV INJURY \$	
-								GENERAL AGGREGATE \$	
-	EN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	
	POLICY JECT LOC UTOMOBILE LIABILITY			MUT. 440.0400.040	4.7			COMBINED SINGLE LIMIT (Ea accident) \$	750.000
-	٦		Ш	MUTL 142 8182-C18	41	06/17/2011	12/17/2011	l	750,000
-	ANY AUTO  ALL OWNED SCHEDULED			1				BODILY INJURY (Per person) \$	<del>. –</del>
	AUTOS AUTOS							PROPERTY DAMAGE	
<u> </u> -	HIRED AUTOS X AUTOS							(Per accident) 3	
								\$	
_	UMBRELLA LIAB OCCUR					1		EACH OCCURRENCE \$	
<u> </u>	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION\$							\$	
	ORKERS COMPENSATION ND EMPLOYERS' LIABILITY Y/N							WC STATU- OTH- TORY LIMITS ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT \$	
{	fandatory in NH)		ш					E.L. DISEASE - EA EMPLOYEE \$	
	yes, describe under ESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT   \$	
								·	
								<u> </u>	
DESCR	PTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	lttach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)		
INTRA	STATE PRODUCE HAULER (USD)	T: 21	0770	)17)					
	•			,					
CERT	IFICATE HOLDER				CAN	CELLATION			
WU	TC							DESCRIBED POLICIES BE CANCEI	
PO	BOX 47250							ereof, notice will be di Cyprovisions.	THATMED IM
	MPIA, WA 98504-7250								
~	iiii in, iin 30004-1200				AUTHORIZED REPRESENTATIVE				
						- \\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ad 2242 4 2	ODD CODDODATION All size	