***********	PART A	A TV#111486		
	1300 S Evergreen Park Dr SW, PO B Telephone (360) 664-122 Intrastate Common Care APPLICATION 4 (excluding Household Goods	RANSPORTATION COMMISSION Box 47250, Olympia, WA 98504-7250 222 – Fax (360) 586-1181 rrier Operating Authority N FOR PERMIT s and Common Carrier Brokers)		
	FOR OFFICIA	AL USE ONLY		
	COLOGO	-31-11 Carrier ID#: 65//		
		ATION (check one)		
N	ew Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority		
×	\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE		
	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
0	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
0	\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
	\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission USE Dray 7 C		
	TYREOR	PAYMENT		
□ CI	<u>deck</u>			
	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.			
Nam	e (printed): TONY H Villarral _	Date: 8-1/-201/		
1	ature:	Title: Card bodder		
	MOTOR CARRIEF	RIDENTIFICATION		
CC	645/0 2101906	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 133 072		
-API	PLICANT NAME: Jesus Contreras :	Tesus Guerrew 509-750-2338		
d/by	FAV #.			
	SINESS (MAILING) ADDRESS PO BOX	416		
(city	y state, zip) Warden, WA 9884			
РН	YSICAL ADDRESS: (street address, if different			
		4 Warden, WA 48857		

	TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
	TOPPOPATION (ID III)						
NI A = "	=	TITL	E	ADDRE		STO	CK DISTRIBUTION OR
NAM	rus Con		<u>E</u> When			DER	CENTAGE OF SHARE
	rus Gu	errero	uwner				50%
				MSHEROH RE	PМ		
Com	plete this se	ction if you a	re transfer	ring an existing ne	rmit t	to a new owner. List na	me of <u>current</u> permit
	holder an	id permit nur of th e permit	nber to be	transferred. The o	urrer	nt permit noider must sig	n below to authorize the
NAM	E ON PERI	MIT:			\leq	PERMIT NU	JMBER:
			la a lala n				Date
Sig	nature of cu	rrent permit	NSURAN	GEREQUIRA)	ÆN	TS (must check one)	
	qu will not h	aul	X You wil	l not haul	□ \	able insurance is receiv You will haul	ed: You will haul hazardous materials
quai	ardous mate ntity. You wi	ll only	any quant	s materials in tity. You will	requ	ardous materials uiring \$1 million in	requiring \$5 million in Public Liability and
₿Ġ₩	rate vehicles VR of less th	nan 10,000	GVWR of	ehicles with a 10,000 pounds	Pro	olic Liability and perty Damage urance. You must	Property Damage Insurance. You must
\$30	nds. You mu 0,000 in Pub	olic Liability	\$750,000	You must obtain in Public Liability	con	nplete Part C, Sections and 2.	complete Part C, Sections 1 and 2.
Insu	Property Da mance. You	do not		erty Damage e. You must	l a	iu 2.	COSMONIO Y LINE LI
nee	d to complet		DEWELL	HEILIST (Attac	n ad	ditional pages if neces	
	UNIT#	LICEN	ISE#	STATE			/IN#
	10	B3959	bD_	WA		IFUYDSEB8PI	4496750 -
					\dashv		<u> </u>
Винастия развиния развиния выпавания пинастичници в принципа в при							
l one	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.						
her	hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
,			•				
17	de .	Contr	ev			8	-11-2011
1		Signat	ure(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.

Coples 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 S	ubstances and Alcon	iol Testing	
Nam	ie: Jesus (Contreras	Position:	owner	·
Any	t have a valid CE has a gross c weight rating has a gross v is designed to	OL. The definition of a combined weight rating of more than 10,000 posehicle weight rating of 2 transport 16 or more to	s the definition of a commonmercial motor vehicle of 26,001 pounds that incounds; or 26,001 pounds or more; coassengers, including the thazardous materials of	is a venicle that: cludes a towed unit with or driver; or	a gross vehicle
and	person who driv alcohol testing p AC 446-65-010.	rogram as required by	vehicle requiring a CDL r FMCSA in 49 CFR Part 3	must participate in a co 382 and 49 CFR Part 40	ntrolled substance), and by the WSP
		. Commercial D	rivers License (CDL)	Reculirements	
Nan	e: Jesus	Contreras	Position:	Owner	
Any	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.				

	Drive' Qualificatio	n Reculicane	n is
Nam	e: Jesus Contreras	Position:	owner
vehi excl	n company must maintain a complete Driver Qualification of the last required by FMCSR Part 391.51 and by the last very similar to the last required by FMCSR part 391.51 and by the last very similar to the last requirement of the last requirement	NSP in WAC 4 ve limited exen	46-65-010. Owner/operators that work options. Owners/operators that conduct
	Drivers Hours	soi Semice	
Nan	ne: Jesus Contreras	Position:	Owner
Eac vehi	n company must maintain true and accurate hours of cle as required by the FMCSA in 49 CFR, Part 395.1	f service record I(e) and by the	ls for each individual that drives a motor WSP in WAC 446-65-010.
	Yehicletinspection Re	air, and Mai	ntenance
Nan	e: Jesus Contreras	Position: _	Owner
requ	n company must prepare a written "Driver Vehicle Inited by the FMCSA in 49 CFR, Part 396.11 and by the pany must maintain certain required records for each CSA in 49 CFR, Part 396.3 and by the WSP in WAC light Identification of the vehicle. The nature and due date of various insperations of the record of inspections, repairs and main	he WSP in WA h vehicle that ir 446-65-010: ction and main	C 446-65-010. In addition, each includes the following, as required by the tenance operations to be performed.
	ompanies must conduct periodic inspections as requ P in WAC 446-65-010.	uired by the FM	ICSA in 49 CFR, Part 396.17 and by the
	Signa Signa	ture	
	signature below certifies that I understand naply with all the safety requirements which a		
8	Cont.		8-11-2011
Sig	nature of applicant		Date
			4

HIL COTTELL

TAXES #2959 P.001/001 65 77 PROGRESSIVE PENDE

Progressive PO Box 94739 Cleveland, OH 44101 1-800-895-2886

Policy number: 08222793-0

Underwritten by: United Financial Casualty Company August 30, 2011 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
J & J TRUCKING	J & J TRUCKING	PROG COMMERCIAL
PO BOX 416	PO BOX 416	PO BOX 94739
WARDEN, WA 98857	WARDEN, WA 98857	CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Aug 30, 2011	Policy Expiration Date: Aug 30, 2012
Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$750,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$750,000 Combined Single Limit
Personal Injury Protection	\$35,000
Motor Trucking Cargo	\$10,000 w/\$500 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only		
1993 FREIGHTLINER FLD 1FUYDSEB8PH4		·
Comprehensive	\$500 Ded	
Collision	\$500 Ded	
2000 STAR TRAILER REQUESTED111111		
Comprehensive	\$500 Ded	
Collision	\$500 Ded	

Certificate number

24211A08793

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

Form 5241 (10/02)