PART - A

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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) MEDINEFICALLISE MEDINE CONTROL OF Reception Number: VON 355 Carrier ID#: M4086 Safety: Employee: 111 0268 200 02 Insurance: a-TYPE OF APPLICATION (check one) **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \Box GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, Including \$100 HAZARDOUS NATERIALS and ARMORED CAR HAZARDOUS MATERIALS SFRVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only. (Must be filed within 10 months of cancellation) Auth #: VU TYPE OF PAYMENT Expiration Date ☐ Check □ Money Order [] Amex ☐ Discover M Mastercard ☐ Vise 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): Date: Signature: Title: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: CC#: US DOT# *HONE# d/b/a: TRANSPORT **BUSINESS (MAILING) ADDRESS:** PU-BUX (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION						
NAME	TITLE		STOCK	DISTRIBUTION OR PER	CENTAGE OF SHARE	
LENE)	REYNA-	OWNER	_	100 90		
	-	DANCEED	C DER	MIT NUMBER		
Complete this se holder and perm of the permit nur	ection if you are to	nsferring an exist	ina perm	nit to a new owner. List me	ame of <u>current</u> permit w to authorize the transfer	
NAME ON PERM	MIT:		/	PERMIT N	UMBER:	
		\sim	[/}			
Signature of cu	rrent permit holde	r /	- 15		Date	
				ITS (must check one		
		ll not be issued ur	ntil accer	otable insurance is receive	<u>2d)</u>	
The applica NOT HAUL haza materials in any and WILL only o vehicles less that pounds gross we rating—\$300,000 Liability and Pro Damage Insurar required. You do to complete the Fitness Survey.	ardous quantity perate in 10,000 eight j in Public perty nce is o not need	The applicant Will HAUL hazardous rials in any quant 0,000 in Public Lia Property Damage rance is required, plete and submit by Fitness Surveyion 1.	ity m billity \$: the st	The applicant WILL IAUL hazardous naterials requiring 1 million in Public iability and Property lamage Insurance and ubmit the Safety Fitness survey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.	
	EQUIP			dditional list if necessar	γ)	
UNIT#	LICENSE#	STAT	IE		VIN#	
64	24844	RP WH		JEYYDZYB2	27 PR 24396	
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 - SECTION 1 **GENERAL SAFETY**

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Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).						
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. (800) 732-9019 or (253) 838-1650 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neonah, Wt 54966 (877) 564-2333 Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800						
Controlled Substances and Alcohol Testing (Part 382)						
Name: RENE REYN'Y Position: WNER S						
Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.						
Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).						
Commercial Drivers License (CDL) Requirements (Part 383)						
Name: REYNA Position: WAR						
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle <u>as described below</u> must have a valid COL. The definition of a commercial motor vehicle is: < 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 HM regulations.						
(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information						
Driver Qualification Requirements (Part 391)						
Name: RENE REYNA Position: OWNER.						
Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51						
Owner/operators that work exclusively in intrastate commerce within Washington have Ilmited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.						

Drivers Hours of Service (Part 395)
Name: REYNH Position: WNEL
Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours. Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380
Vehicle Inspection, Repair, and Maintenance (Part 396)
Name: RENT REVNP Position: WATR -
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.
Each motor carrier must maintain certain required records for each vehicle that includes the following (see Part 396.3(b)).
 Identification of the vehicle A means to indicate 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 comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.
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.
Pull Pull 9/03/1/ Signature of applicant Date

CERTIFICATE OF LIABILITY INSURANCE

7.4/18	سرسل ا	OP ID:	СВ
Vevo	WATE (M	M/DD/YYYY)

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 endors

certificate holder in lieu of such PRODUCER RIS Insurance Services PO Box 1059 Anacortes, WA 98221 NON-FLEET DEPT.		360-293-213 360-293-238	- NAME:	FAX (A/C, No):	
INSURED	RR TRANSPORT RENE REYNA DBA PO BOX 2821 PASCO, WA 99302	Walne	INSURER(S) AFFORDING COVERAGE INSURER A: GREAT WEST CASUALTY INSURANCE INSURER B: INSURER C: INSURER D: INGURER E: INSURER F:	11371	
COVERAC		ERTIFICATE NUMBER:	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 CEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS	Ŗ	TYPE OF INSURANCE	ADDL	SUBR		POLICY EFF	POLICYEXE		110000
		NERAL LIABILITY	INSK	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	rs
	-	1	l			i	Ì	EACH OCCURRENCE	3
	-	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Es occurrence)	\$
	-	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
				1				PERSONAL & ADV INJURY	S
	GEN	N'L AGGREGATE LIMIT APPLIES PER:		j				GENERAL AGGREGATE	\$
		POLICY PRO- LOC)	PRODUCTS - COMP/OP AGG	<u>s</u>
_	AUT	OMOBILE LIABILITY	-						\$
Α	\vdash	ANY AUTO			GWP55681D	06/18/11	004040	COMBINED SINGLE LIMIT (Ea accident)	3 1,000,000
		ALL OWNED AUTOS			OM 00001D	וועסועסט	06/18/12	BODILY INJURY (Per parson)	\$
	X	SCHEDULED AUTOR						BODILY INJURY (Per accident)	\$
	Ä	HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	X	NON-OWNED AUTOS							5
	+	UMBRELLA LIAB	\dashv						\$
		OCCUR OCCUR						EACH OCCURRENCE	3
	\vdash	DEDUCTIBLE CLAIMS-MADE						AGGREGATE	\$
	$\overline{}$	RETENTION S							\$
	WOR	RKERS COMPENSATION				-			\$
		EMPLOYERS' LIABILITY PROPRIETOR/PARTNER/EXECUTIVE		-		ĺ		WC STATU- OTH- TORY LIMITS ER	
	I OFFI	CER/MEMBER EXCLUDED?	N/A	-				E.L. EACH ACCIDENT	\$
	lif vos	i, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	5
A	CAR	GO BROAD FORM	-+		3WP65681D			E.L. DISEASE - POLICY LIMIT	\$
		SICAL DAMAGE				06/18/11	06/18/12	\$1000 DED	100,000
				- 1	3WP55681D	06/18/11	06/18/12	\$1000 DED	COMP/COLL
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)									

FAX:	360-586	1181

CERTIFICATE HOLDER

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250

OLYMPIA, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

WUTC000