3605861181

### **PART A**

TV#[1162]

# 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

Telephone (300) 004-12	iar Onaratin	a Authority	i				
Intrastate Common Carrier Operating Authority							
APPLICATION FOR PERMIT  (excluding Household Goods and Common Carrier Brokers)							
FOR OFFICIA	I TISE ONL	7					
Reception Number: 033598 Safety: 9-8	-I/	Carrier II	D#: (L27				
	0110 011	Employe	ee: LWC				
111 0268 200 02 275 D Insurance: B(~		A CAMADA DA					
	which we would be to						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension	of Common	Carrier Permit Authority				
\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL C ARMORED C	OMMODITIES, including AR SERVICE				
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	\$100	GENERAL C HAZARDOUS	OMMODITIES, including MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100	GENERAL ( HAZARDOUS SERVICE	COMMODITIES, including MATERIALS and ARMORED CAR				
\$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 PI	ERMIT	For Commission Use Only: Auth #: 274,330				
TYPE OF	PAYMENT						
☐ Check ☐ Money Order	·						
		•	_ <b>'</b>				
		t. H tha fallani	no information is tare and correct				
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on b	enatement, cent enate of the applic	ant, and that all it	information on file is current and				
valid.		, ,					
Name (printed): 1000 Dend	Date: <b></b>	3/31/11					
	7	1					
Signature: Karrabradd	Title: (	Lagar					
MOTOR CARRIER IDENTIFICATION							
CC#: /42CZ US DQT#	WA UI	NIFIED BUSINE	SS IDENTIFIER (UBI) #:				
CC#: 64397 US DOT# 2/8 5 ZZZ	100	02 -52	6-659				
APPLICANT NAME: PC Clerko Janaparos	1 140	PHONE#	06-236-2131				
d/b/a: the UPS StONE Per UBI+ usDoj							
BUSINESS (MAILING) ADDRESS:							
(street address, P.O. Box) POBY 1695							
(city, state, zip)	a - A						
Mercen Island, Was 98040							
PHYSICAL ADDRESS: (street address, if different)							
4348 - 892 HESE YI	now	solon	L Wagsoff				

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	(chec		E OF BUSINES or complete partn	nership/corpor	ration information	on)
□ INDIVIDUAL		RTNERSHIP	CORPOR	ATION (LP, LL F INCORPOR	LP.(LIC)	WA
NAME Larry H	TABO	<u>LE</u> >n - M	ember	<u>ss</u> 26mo	REI	CK DISTRIBUTION OR REENTAGE OF SHARE
Carrel-A-Alri			Wing an existing pe			ame of <u>current</u> permit
holder an	ection if you a nd permit num of the permit	mber to be t	transferred. The	current permit	t holder must s	ign below to authorize the
NAME ON PERM	VIT:	<del></del>			PERMIT N	IUMBER:
Signature of cu	Tont namit	holder				Date
orgnature of CU		HSURAH			er disest of st	
☐ You will not hat hazardous mater quantity. You will operate vehicles GVWR of less the pounds. You mus \$300,000 in Publand Property Dallnsurance. You oneed to complete	aul rials in any Il only with a nan 10,000 ust obtain blic Liability umage do not te Part B.	Pyou will hazardous any quant operate ve GVWR of or more. Y \$750,000 and Prope Insurance complete	I not haul is materials in ity. You will ehicles with a 10,000 pounds You must obtain in Public Liability erty Damage	You will hazardous n requiring \$1 Public Liabil Property Da Insurance. N complete Pa 1 and 2.	haul materials i million in lity and amage You must art C, Sections	Li You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICEN	E .	STATE			VIN#
	A238	35.x	WA	IFT:	S.x.30.5.x	XI5822871
operate and th	at no opera and affirm	ations may	be conducted ui	ication does i ntil a permit i	is received fro	onstitute authority to om the Commission. I true to the best of my
Dana B	10 dy Signati	ure(s)	<b>A</b>	<del></del>		3///) Date

COMPLIANCE SERVICES

#### **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.

Name:	X/A	Position:
Any driver who ope must have a valid 0  has a gross weight ration has a gross	CDL. The definition of a commit combined weight rating of 20 g of more than 10,000 pound vehicle weight rating of 26,0 to transport 16 or more pass	e definition of a commercial motor vehicle as described below nercial motor vehicle is a vehicle that:  8,001 pounds that includes a towed unit with a gross vehicle ls; or  01 pounds or more; or sengers, including the driver; or examples are materials of an amount that requires placarding under
hazardous	materials regulations.	
hazardous (	materials regulations. ives a commercial motor veh program as required by FMC	icle requiring a CDL must participate in a controlled substance CSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP
Any person who dr and alcohol testing	materials regulations.  ives a commercial motor veh program as required by FMC 0.,	icle requiring a CDL must participate in a controlled substance CSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP
Any person who dr and alcohol testing	materials regulations.  ives a commercial motor veh program as required by FMC 0.,	ide requiring a CDL must participate in a controlled substance

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.

PC Cento Transport LC
Name: Kary Jablon Position: Manager
Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.
Name: Larry Jablon Position: Menager
Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.
Name: Harry Jablon Position: Manager
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the 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 performed.  A record of inspections, repairs and maintenance indicating their date and nature.
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.
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.
Signature of applicant  Signature of applicant  Date
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#### CERTIFICATE OF LIABILITY INSURANCE

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 certificate holder in lieu of such endorsement(s). 360-293-2135 CONTACT PRODUCER RIS Insurance Services 360-293-2385 PHONE (A/C, No. Ext): PO Box 1059 Anacortes, WA 98221 ADDRESS: James F. Jermyn INSURER(5) AFFORDING COVERAGE INSURER A: UNITED FINANCIAL CASUALTY PC AUTO TRANSPORT LLC INSURED INSURER B: PO BOX 1695 INSURER C: MERCER ISLAND, WA 98040 INSURER D : ME INSURER E: INSURER F REVISION NUMBER: **CERTIFICATE NUMBER: COVERAGES** 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 CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) OCCUR CLAIMS-MADE PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OP AGG 3 POLICY COMBINED SINGLE LIMIT (Ea accident) AUTOMOBILE LIABILITY 1,000,000 07/20/12 BODILY INJURY (Per porson) 08158660-0 07/20/11 \$ A ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED BODILY INJURY (Per accident) 5 PROPERTY DAMAGE HIRED AUTOS AUTOS \$ UMBRELLA LIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT N/A E.L. DISEASE - EA EMPLOYEE \$ (Mendatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E,L, DIŞEASE - POLICY LIMIT | \$ 50.000 08156660-0 07/20/11 07/20/12 \$1000 DED CARGO COMP/COLI 07/20/11 07/20/12 \$1000 DED PHYSICAL DAMAGE 08156660-0 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)
CC#64397 FAX 360-586-1181 **CERTIFICATE HOLDER** CANCELLATION WUTC000 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. **WASHINGTON UTILITIES &** TRANSPORTATION COMMISSION P.O. BOX 47250 AUTHORIZED REPRESENTATIVE **OLYMPIA, WA 98504-7250**