

PART A

TV# 111640

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)

[Handwritten signature]

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>[initials]</i>	Carrier ID#: <i>[initials]</i>
033614 21500	<i>[initials]</i>	Employee: <i>[initials]</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only: Auth #: 015852

TYPE OF PAYMENT

Check Money

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): Gathy Kancilia Date: 9-8-11
 Signature: *[Handwritten Signature]* Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: <u>64405</u>	US DOT# <u>210512004</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>6028762360</u>
APPLICANT NAME: <u>Hector A. Garcia</u>		PHONE#: <u>509-539-0830</u>
d/b/a: <u>Dobie G. Transport</u>	FAX #: <u>8164274470</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1927 N 19th Ave</u>		
(city, state, zip) <u>Pasco WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different) <u>Same</u>		

TYPE OF BUSINESS STRUCTURE

(Check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: N/A PERMIT NUMBER: _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> You will not haul 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. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

VEHICLE INFORMATION

UNIT#	LICENSE#	STATE	VIN#
543	B29219T	WA	1FWYDDYB5XLA19264

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.

Cathy Horvath Agent
Signature(s)

9-8-11
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.

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.watrucking.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

Name: Hector Garcia 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. 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: Hector Garcia 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
- 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.

Driver Qualification Requirements

Name: Hector Garcia Position: owner

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.

Driver Hours of Service

Name: Hector Garcia Position: owner

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.

Vehicle Inspection, Repair, and Maintenance

Name: Hector Garcia Position: owner

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.

Signature

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

9-8-11
Date

LIMITED POWER OF ATTORNEY

STATE OF Washington, COUNTY OF Franklin

Be it acknowledged that:

Hector A Garcia
(Name of individual, partnership, LLC or corporation)

having an office at:

1927 N 19th Pasco WA 99301
(physical address)

acting through the undersigned does hereby designate and appoint:

OWNER OPERATOR SERVICES, INC.
1 NW OOIDA DR., Grain Valley, MO 64029

Business Services Department and the authorized employees listed below:

Cathy Konecna Scott O'Dell Doreen Weakley Marla Rukavina Deborah Winkler

OOSI Agent signature Cathy Konecna

The above named for the following limited and special purposes:

--To obtain and file applications for registration for the above listed carrier. To file applications to secure permits, pay fees and discuss relative matters with various state agencies. To sign for certified mail or registered mail on behalf of the above named. To file applications for changes to business information such as name, address, equipment, etc.

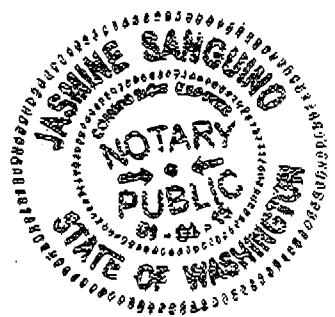
This limited Power of Attorney is restricted and limited to the matters specifically set forth herein and for the term beginning Sept 7, 2011 and continuing until canceled.

In witness whereof Hector A Garcia has caused these presents to be executed by a duly authorized officer or owner hereto this 7 day of Sept, 2011.

SIGNATURE: [Signature] TITLE: owner

Sworn and subscribed before me this 7 day of Sept, 2011

NOTARY PUBLIC: [Signature]



This form MUST be notarized before returning to OOSI or the filing process WILL be delayed

SWETT & CRAWFORD (IDAHO)
2965 EAST TARPON DRIVE, SUITE 130
Meridian, ID 83642

WASHINGTON UTILITIES & TRANSPORTATION
COMMISSION
P.O. Box 47250
Olympia, WA 98504

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Docket No.
cc64405

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)
(NAME OF COMMISSION)

This is to certify, that the ARGONAUT MIDWEST INSURANCE COMPANY
(NAME OF COMPANY)

(hereinafter called Company) of 10101 REUNION PLACE, SUITE 500 San Antonio, TX 78216
(HOME OFFICE ADDRESS OF THE COMPANY)

has issued to HECTOR A. GARCIA DBA DOUBLE G TRANSPORT
(NAME OF THE MOTOR CARRIER)

of 1927 N 19th Ave Pasco, WA 99301
(ADDRESS OF THE MOTOR CARRIER)

a policy or policies of insurance effective from 01/10/2011, 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty(30) days' notice in writing to the State Commission, such thirty(30) days' notice to commence to run from the date the notice is actually received in the office of the Commission.

Countersigned at 8450 East Crescent Parkway Greenwood Village CO 80111
(Street Address) (City) (State) (Zip Code)

this 1ST day of November 2011

Insurance Company File No. MC8033627
(Policy Number)


(Authorized Company Representative)

This form determined by the National Association of Railroad and Utilities Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. sec 302(b)(2)).