PART A	TV# 111647						
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 Car APPLICATION	-	monty					
VISA (excluding Household Goods	ınd Common Carrier B	rokers)					
FOR OFFICIA		Carrier ID#.					
Reception Number: 033639 Safety:	1 A . 1	Employee:					
111 0268 200 02 275. Insurance:							
New Common Carrier Permit Authority, or		mmon Carrier Permit Authority					
/ Transfer of Existing Permit Number							
\$275 GENERAL COMMODITIES ONLY		ERAL COMMODITIES, including IORED CAR SERVICE					
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		ERAL COMMODITIES, including ARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	HAZ	NERAL COMMODITIES, including ARDOUS MATERIALS and ARMORED CAR VICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT	For Commission Use Only:					
TYPE OF I	PAYMENT						
☐ Check ☐ Money Ords	i i	Expiration Date					
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): 572000 60000 0000000000000000000000000000							
	Title:	m					
Signature: MOTOR CARRIER							
CC#: N( ( ( ) ( ) US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #:							
APPLICANT NAME: Hipps Works Incol PHONE#: 206 427.5808							
d/b/a:	FAX	#. 206.462.1486					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 19010 Des	Moines Me	emorial Orive					
(city, state, zip)  Seaftle	4	78148					
PHYSICAL ADDRESS: (street address, if different)							
4	_						

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)								
□ INDIVIDUA	□ INDIVIDUAL □ PARTNERSHIP & CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION Washington							
			STATE C	)F	NCORPORATION $\_$ $\swarrow$	<u>l'ashingtun</u>		
NAME	<u> TIT</u>			STOCK DISTRIBUTION OR PERCENTAGE OF SHARE				
Steve Good	WIN 1	President	4/ 25218 4	15-1	Ps P1. 5.			
	<u> </u>	GM	Kent WI	4	98632	100%		
		TR	ANSFER OF P	ERI	MIT NUMBER			
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PER	MIT:				PERMIT N	IUMBER:		
Signature of cu	urrent permit	holder				Date		
		<b>NSURA</b>			NTS (must check one)			
					ptable insurance is recei			
,			ıs materials in ıtity. You will	ha red	You will haul zardous materials quiring \$1 million in	You will haul hazardous materials requiring \$5 million in		
operate vehicles GVWR of less the			vehicles with a f 10,000 pounds					
pounds. You mu	ust obtain	or more.	You must obtain	ins	surance. You must	Insurance. You must		
\$300,000 in Put	-		in Public Liability erty Damage		mplete Part C, Sections and 2.	complete Part C, Sections 1 and 2.		
and Property Da Insurance. You			e. You must	''	dilu Z.	Occilons Fand 2.		
need to complet	te Part B.	complete	Part B.	Part B.				
				h ac	ditional pages if neces			
UNIT#	LICEN	ISE# 	STATE		VIN#			
53067	B6520	4D_	WA		1FVACWCS57HX29168			
464979	B5647	46	WA		IFVAC WDC 36 HV 72925			
464980	A5770	6%	WA		IFVAC WDC S	16HV72926		
497390	32598		WA		IFVACWDC66HW75286			
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.								
Signature(s) 9/7/11 Date						7/11		
Signature(s) Date								

5

#### 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, Wt 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: —	Steve	Guanu	Position: G.M.					

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.

# Name: Steve Coopered Position: G.M.

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: Steve Goodward Position: G.M.						
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.						
Drivers Hours of Service						
Name: Steve Goodson Position: G.M.						
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: Steve Goodwar Position: G.M.						
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.						
<ul> <li>The nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>						
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.     1/1/11   1/1/1						
Signature of applicant Date						

HIPPWOR-01

**BLEVEQUE** 



### CERTIFICATE OF LIABILITY INSURANCE

9/23/2011

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(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 confiferate holder in lieu of such endorsement(s)

C	ertificate holder in lieu of such endors	semei	nt(s)	•						
PRC	DUCER License # 0B57692				CONTA NAME:	СТ				
Roanoke Trade Services LB 100 West Broadway			PHONE (A/C, No, Ext): (562) 256-1914 (A/C, No): (562) 590-8523							
				E-MAIL						
	te 100 g Beach, CA 90802				ADDRE					<del></del>
Long Beach, CA 90002							RDING COVERAGE		NAIC#	
				INSURE	<sub>RA:</sub> Transgu	ard Insuran	ce Company of America,	, Inc.	28886	
INSURED			INSURER B : Century Surety Company							
										21296
	Hippo Works Inc. 19010 Des Moines Memorial	Dr			INSURER D :					
	Seattle, WA 98148	<i>D</i> 1								
	55245, 111551.15		<u> </u>			INSURER E :				
					INSURE	RF:		· · · · · · · · · · · · · · · · · · ·		
				NUMBER:				REVISION NUMBER:		
il C	HIS IS TO CERTIFY THAT THE POLICII NDICATED. NOTWITHSTANDING ANY R ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	EQUIF	REME TAIN,	ENT, TERM OR CONDITIC THE INSURANCE AFFOR	ON OF A	NY CONTRA 7 THE POLIC	CT OR OTHEF IES DESCRIE	R DOCUMENT WITH RESPE BED HEREIN IS SUBJECT T	ECT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
LIK	GENERAL LIABILITY	INSR	¥¥ V D	I OLIGI NOMBER		(MINICOUTTIT)	(MINING DITTI)	EACH OCCURRENCE	\$	1,000,000
	<del></del> 7			TCP11149401		3/20/2011	3/20/2012	DAMAGE TO RENTED	<del>                                     </del>	100,000
Α	X COMMERCIAL GENERAL LIABILITY			O		3/20/2011	3/20/2012	PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
								GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	1,000,000
	POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
٨				TCP11149400		3/20/2011	3/20/2012	BODILY INJURY (Per person)	\$	.,,,,,,,,
A ANY AUTO ALL OWNED X SCHEDULED AUTOS AUTOS NON-OWNED		TCF11149400		3,20	3/20/2011	3/20/2012	BODILY INJURY (Per accident)	ļ		
	AUTOS AUTOS				1			PROPERTY DAMAGE	<b>↓</b>	
	X HIRED AUTOS X NON-OWNED AUTOS							(Per accident)	\$	
									\$	
В	X UMBRELLA LIAB X OCCUR		CCP698727		3/20/2011		EACH OCCURRENCE	\$	1,000,000	
	EXCESS LIAB CLAIMS-MADE					3/20/2011	3/20/2012	AGGREGATE	\$	
ĺ.	DED X RETENTION \$ 10,000	1					i	Aggregate	s	1,000,000
	WORKERS COMPENSATION							WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY								\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	1	
	If yes, describe under DESCRIPTION OF OPERATIONS below						<del> </del>	E.L. DISEASE - POLICY LIMIT	\$	
Α	Property Section			TCP11149401		3/20/2011	3/20/2012	BPP		6,000
С	Motor Truck Cargo	1		MAXA4IM0047408		3/20/2011	3/20/2012	MTC		100,000
Mot	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC or Truck Cargo Coverage \$100,000 per vied as evidence of insurance currently i	Vehicl	e, sı				s required)			
CE	RTIFICATE HOLDER		-		CANO	CELLATION				
# * * * * * * * * * * * * * * * * * * *					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 Transportation Operations				AUTHORIZED REPRESENTATIVE  BUTTONICE  BUTTON						
PO Box 47250										

Olympia, WA 98504