PART	A TV# 111900				
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSIBLE CEIVED 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)					
Reception Number: 034931 Safety:	Carrier ID#:				
111 0268 200 02 275 Insurance:	Employee:				
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority				
Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	PN CARRIER PERMIT For Commission Use Only: Auth #:				
	Mastercard □ Visa Expiration Date				
☐ Check ☐ Money Order ☐ Arnex ☐ Discover ☐	Mastercard □ Visa Expiration Date				
that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, ehalf of the applicant, and that all information on file is current and				
Name (printed): Heather Cox	Date: - -				
signature: White Cox	TINO: BUSINESS Manager				
	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:				
CC#: 64460 US DOT# 1668898	602-729-208				
APPLICANT NAME: _TOC EXCLURATION, BOUSTING & Truc	king of PHONE#: 360-291-3509				
d/b/a Heather Cox purel	FAX#: 360 241 3509				
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 120 Leudingh					
(street address, P.O. Box) 120 Lewing haus Rd (city, state, zip) (he halfs, wh 98532					
PHYSICAL ADDRESS: (street address, if different)					

☑ INDIVIDUA	AL PARTNERSH		RATION (LP, LLP, LLC) OF INCORPORATION	
NAME	TITLE	ADDR		TOCK DISTRIBUTION OR ERCENTAGE OF SHARE
holder a	ection if you are transformed permit number to be of the permit number.	erring an existing p e transferred. The	ermit to a new owner. List current permit holder must	name of <u>current</u> permit sign below to authorize the
NAME ON PER	·		PERMIT (NUMBER:
Signature of cu	urrent permit holder			Date
	ment bennit noide			Vale
You will not he hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You must \$300,000 in Publiand Property Dallnsurance. You coneed to complete	hazardou any quanto with a part 10,000 ust obtain olic Liability amage do not hazardou any quanto perate volume for more.	rill not haul us materials in ntity. You will vehicles with a of 10,000 pounds You must obtain of in Public Liability perty Damage e. You must o Part B.	☐ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must
UNIT#	LICENSE#	STATE		VIN#
13	B264875	WA	axkan ba	x45m921099
				MATINICAL II
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			in it	-
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.				
Hla	Signature(s)			-1-// 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.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: Bruce Terry	Position: Driver
 weight rating of more than 10,000 pounds; or has a gross vehicle weight rating of 26,001 pound is designed to transport 16 or more passengers, it 	otor vehicle is a vehicle that: unds that includes a towed unit with a gross vehicle Is or more; or
Any person who drives a commercial motor vehicle requi and alcohol testing program as required by FMCSA in 49 in WAC 446-65-010.	ring a CDL must participate in a controlled substance CFR Part 382 and 49 CFR Part 40, and by the WSP
Name: JOE ROSDach	Position: Driver

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.

Name: Dayl Slaunier	Position:	Driver		
Each company must maintain a complete Driver Qualificative vehicles as required by FMCSR Part 391.51 and by the West exclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file or	/SP in WAC re limited exe	446-65-010. Owner/operators that work emptions. Owners/operators that conduct		
Name: Troy Cox	Position:	owner/Driver		
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: 1004 Cox	Position:	owner/priver		
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.				
Helpher Cox Signature of applicant				

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

6712

(Executed in Triplicate)

Filed with	Washingto	n UTC	*		(hereinafter called Con	nmission)
		,	Commission)			
This is to	certify, that the	Everest National Ins	surance Company			
				(Name of Company)		
(hereinafter call	ed Company) o	f 477 Martinsville Ro		, Liberty Corner, NJ 079		
		<u>- </u>	(I	Home Office Address of Co		
has issued to	HEATHER CO	OX dba TDC EXCAVAT	TON of	120 LEUDINGHAUS	ROAD, CHEHALIS, W	'A 98532
	BRUSHING &	RUSHING & TRUCKING				
-		(Name of Motor Carrier)	-		Address of Motor Carrier)	
a policy or polic		`	011	12:01 A.M. standard tin	ne at the address of the	insured stated in
said policy or p	olicies and con	tinuing until canceled as				
and Property De	oneres and con	Insurance Endorsement,	has or have been	amended to provide auto	mobile bodily injury an	d property damage
lightlity incuran	ce covering the	obligations imposed upor	n such motor carr	rier by the provisions of	the motor carrier law of	the State in which
		n or regulations promulga			the motor carrier ian c.	
	ū					
Whenever	requested, th	e Company agrees to f	urnish the Comr	mission a duplicate ori	ginal of said policy o	r policies and all
endorsements th	ereon.					
Such cancellation	on may be effe	endorsement described here cted by the Company or to mence to run from the date	the insured giving	g thirty (30) days' notice	e in writing to the State	Commission, such
Countersigned a	it 701 Pike S	treet, Suite 900		Seattle	WA	98101
Countersigned		(Street Address)		(City)	(State)	(Zip Code)
this 4	day of	November	2011			
Insurance Comp	ony Eilo No	72FP002297111				
insurance Comp	ally file No.	7211 002297111		alestia	Olas)	
		(Policy Number)		4	Authorized Company Repre	esentative
Underlying Limit	:0.00 Liability	Limit:750,000.00				
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MC1633 (Ed. 6-7	1)					IRB 3539B