#### PART A

TV# 11105Z

## 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) FOR OFFICIAL USE ONLY						
Reception Number: Safety: 12-6-		~~ <del>,</del>		Carrier ID#:	6737	
111 0268 200 02 7.75. (Insurance: 12-6		0-11	Formt	Employee:	KUC	
TYPE OF APPLICATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			nsion of	Common Car	rrier Permit Authority	
\$275 GENERAL COMMODITIES ONLY				GENERAL COMI	MODITIES, Including ERVICE	
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE				SENERAL COM HAZARDOUS MA	MODITIES, including TERIALS	
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COM HAZARDOUS MATI SERVICE	IMODITIES, including ERIALS and ARMORED CAR	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE					6	
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)						
	TYPE OF	PAYN	MENT			
☐ Check				-		
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): Larry H. Hanson			Date:	1-28-11		
Signature Farund Janson			Title: ()\	NYCY		
MOTOR CARRIER IDENTIFICATION						
CC#: US DOT# 22068	25		1 /		IDENTIFIER (UBI) #: キら2	
APPLICANT NAME:				PHONE#	3-569-4909	
d/b/a: Hanson Cutting 3 Logging FAX#:						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 136 Pioneer St.						
(city, state, zip) Enumclaw WA 98022						
PHYSICAL ADDRESS: (street address, if different)						

TYPE OF BUSINESS STRUCTURE							
(check individual or complete partnership/corporation information)							
□ INDIVIDUAL		SHIP X CORPORA	ATION (LP, LLP(LLC)) FINCORPORATION	waper call			
NAME	TITLE	PERCENTAGE OF SHARE					
Larry H. H	anson OW	ner 1736 P	igncer	100 /.			
		TRANSFER OF PE					
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 PERMIT: Larry 'Bud' Hanson Trucking PERMIT NUMBER: CCO 44803							
Signature of cu	rrent permit holder		17 -01	Date			
3,13,00	INSUF	RANCE REQUIREM	MENTS (must check one)				
You will not ha		ill not be issued until ad u will not haul	cceptable insurance is receiv	ed You will haul			
hazardous mater quantity. You will operate vehicles GVWR of less th pounds. You mu \$300,000 in Pub and Property Da Insurance. You need to complete	rials in any hazar any quith a spera and 10,000 or molic Liability mage to not e Part B. hazar any quith any quith and Finsur and Fi	rdous materials in quantity. You will ate vehicles with a /R of 10,000 pounds ore. You must obtain 1,000 in Public Liability Property Damage rance. You must obtet Part B.	hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. h additional pages if neces	hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.			
UNIT#	LICENSE#	STATE		/IN#			
TRY	8494334	WA	1XP5DB9XXYD542778				
Trailor	10310XL	WA_	2219				
	· · · · · · · · · · · · · · · · · · ·						
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.							
Lary	71 ) Jans	<b>1</b>	_1//	28///			
	Signature(s)		·	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.

Controlled Substances and	d Alcohol To	esting
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Position: OWNEY Name: LAYVY Harbon

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

Hanson avn Name: -

Position: <u>OWNER</u>

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: Larry Hanson 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.
Drivers Hours of Service
Name: Larry Hanson 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: Larry Hanson 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.
VV3F III VVAC 440-03-010.
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  Date

Lots7.

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to LHH CUTTING LLC, HANSON CUTTING & LOGGING of 1736 PIONEER ST, ENUMCLAW, WA 98022 a policy or policies of insurance effective from 12/01/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 1st day of December, 2011

Insurance Company File No. CA 08340321

(Policy Number)

MC1633a(08/99)

d Company Representative)

IRB3539B