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TV# 112206

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: 0.0 = // Carrier ID4: C 7.71/									
111 0268 200 02 375,00 Insurance: (2-29-11 Bucky Employee: KWC									
TYPE OF APPLICATION (check one)									
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number									
S275 GENERAL COMMODIT	IES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE					
S275 GENERAL COMMODITION ARMORDED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
S275 GENERAL COMMODITION HAZARDOUS MATERIALS			\$100		COMMODITIES, including MATERIALS and ARMORED CAR				
S275 GENERAL COMMODITION HAZARDOUS MATERIALS AND SERVICE			u						
\$100 REINSTATEMENT OF C. (Must be filed within 10 months of		N CARF	RIER PE	RMIT	For Commission (the Call) Auth #				
	TYPE OF	РАУМ	FNT	tas ti 🖫					
☐ Check ☐ Money Order ☐ Ame	ΣΥ	,			<u> </u>				
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): Date: 12-22-26 Name (printed): Date: 12-22-26									
Signature: <u>~</u>		T	itle:	Nana	SET/SOE HEMDER				
	NOTOR CARRIER	IDEN	TIFICA	TION					
CC#: US DOT# 2207793 WA UNIFIED BUSINESS IDENTIFIER (USI) #: APPLICANT NAME: HOSANNAS Trucking, LLC 26-755747 d/b/a: FAX #: (48 48)									
BUSINESS (MAILING) ADDRESS: 3434 5 144 Street F. = 2.4									
(city, state, zip) Scattle, Wa 98168 (#214)									
PHYSICAL ADDRESS: (street address, if different)									
4									

			PE OF BUSINE			
					ship/corporation informati	оп)
□ INDIVIDUA	L T PA	RTNERSH	STATE C	ATI F II	ON (LP, LLP,(LLC)) NCORPORATION	Cashington
NAME	<u> </u>	<u>LE</u>	THE ADDRE	E SS ا کانا	570 1514435€ PEI #214,363 W2 G	CK DISTRIBUTION OR
0330033	lictine	LLC	(Company) Ac	7	#214,320 WD 0	18168: HQ 72
Richard	13000	5\m	anager Sole of	kw1	nberlikegisteredi	He. IT
			34	154	1 3 144 54 ,	10+#214/5192
		TR	ANSFER OF PI	ΞRI	MIT NUMBER	
holder ar		mber to be			it to a new owner. List na ent permit holder must sig	
NAME ON PER	MIT:				PERMIT NI	JMBER:
						
Signature of cu						Date
	A pe	ermit will no	ot be issued until a	cce	NTS (must check one) ptable insurance is receiv	
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.			ntity. You will requiring \$1 million in Public Liability and Property Damage Insurance. You must obtain on Public Liability perty Damage requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.			Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICEN	11 A 2 12 C 12 C 12 C 12 C 12 C 12 C 12	STATE	200		/IN#
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			ua	2 HSCNSBR85C049296		
		 			B5214 UB 214	34 - pencal
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			Signa	itur	e	
operate and th	at no opera e and affirm	tions may that the i	y be conducted uninformation contains Registered Sole Went	ntil . inec	ion does not in itself col a permit is received fro d in this application is tr freeld	m the Commission. I
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Dec 23 11 10:26a

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 Alcohol Testing
Name: Kichard & Marris	Position Sole 11 km Der Registered Herit
Any driver who expended a vahiale that mosts the definition	Manage,

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 Licen	se (CDL) Requirements
Name Kichard	S- Mo	cris.	Position: Sole Member, Registered Heat
Talling.			manager

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.

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Waver Straight and Requirements	1.2
Name Lichard & NOCCIO Position: Soile Member, Regist	-
Each company must maintain a complete Driver Qualification File for each employee authorize vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/ope exclusively in intrastate commerce within Washington have limited exemptions. Owners/operatory interstate operations must maintain a complete file on themselves and any other driver the	ed to drive motor erators that work ators that conduct
Dave's Jours of Service	
Name: Cichard & Morris Position: Sole Member, Regis	tered Agent
Each company must maintain true and accurate hours of service records for each individual the vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-	er nat drives a motor
A Septembrie Spection: Repair, and Maintenance	
Name: Cichood & Morris Position: Sele Member, Regis	tereoli Agent
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle use required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addit company must maintain certain required records for each vehicle that includes the following, a 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 a record of inspections, repairs and maintenance indicating their date and nature.	tion, each as required by the be performed.
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 3 WSP in WAC 446-65-010.	396.17 and by the
Signature 5	
My signature below certifies that I understand my responsibility as a motor carr comply with all the safety requirements which apply to my operations.	ier and I will
Theodories Trucking LCC	
For Sche Member, (Cojistoreal Aspent 1222	1-2011
Signature of applicant Manager Date	-102

ACORD ®	

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/29/2011

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

certificate holder in lieu of such	endorsement(s).		
PRODUCER R.I.S. Insurance Services P. O. Box 1059 Anacortes WA 98221		CONTACT NAME: JAMIE PHONE (A/C, No. Ext):360-293-2135 E-MAIL ADDRESS:jamie@risnet.com	o:360-293-2385
Allacortes VVA 90221		INSURER(S) AFFORDING COVERAGE	NAIC#
		INSURER A: UNITED FINANCIAL CASUALTY	
INSURED	HOSAN-1	INSURER B:	
HOSANNAS TRUCKING LLC RICHARD MORRIS		INSURER C:	
		INSURER D:	
14404 MILITARY RD S SEATTLE WA 98168		INSURER E:	
SEXT TEE 717 33 133		INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 1288125695	REVISION NUMBER:	

	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,									
L	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. NSR TYPE OF INSURANCE INSR WVD POLICY NUMBER (MM/DD/YYYY) (MM/DD/YYYY) LIMITS									
LT A	TYPE OF INSURANCE GENERAL LIABILITY	INSR	WVD	POLICY NUMBER 83702250	(MM/DD/YYYY) 12/27/2011	(MM/DD/YYYY) 12/27/2012				
r				03/02230	12/2//2011	12/2//2012	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000		
	X COMMERCIAL GENERAL LIABILITY		1				PREMISES (Ea occurrence)	\$100,000		
	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$5,000		
							PERSONAL & ADV INJURY	\$1,000,000		
ļ							GENERAL AGGREGATE	\$2,000,000		
l	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000		
Ļ	X POLICY PRO-	↓	ļ				COMBINED SINGLE LIMIT	\$		
А	AUTOMOBILE LIABILITY		1	83702250	12/27/2011	12/27/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000		
l	ANY AUTO						BODILY INJURY (Per person)	\$		
1	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$		
			l			•		\$		
Г	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MAD	<u> </u>	1				AGGREGATE	\$		
l	DED RETENTION \$	1						\$		
Г	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER			
l	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	l N/A					E.L. EACH ACCIDENT	\$		
ŀ	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		`				E.L. DISEASE - EA EMPLOYEE	\$		
1	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$		
Ā	MOTOR TRUCK CARGO TRAILER INTERCHANGE PHYSICAL DAMAGE			83702250	12/27/2011	12/27/2012	\$1000 DED \$1000 DED \$1000 DED	\$100,000 30,000 COMP/COLL		
D	ESCRIPTION OF OPERATIONS / LOCATIONS / VEHI	CLES	Attach	ACORD 101, Additional Remarks S	chedule, if more space i	s required)				
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1										
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CERTIFICATE HOLDER

CANCELLATION

WASHINGTON UTILITIES & TRANSPORTATION 1300 S EVERGREEN PARK OLYMPIA WA 98504

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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