PART	A	TV# <u>12019</u> (
WASHINGTON UTILITIES AND 1 1300 S Evergreen Park Dr SW, PO		· · · · · · · · · · · · · · · · · · ·
Telephone (360) 664-12		
Intrastate Common Ca	•	
APPLICATIO		
(excluding Household Goods	and Common C	
Channellan Number	VE GOE OVE	Carrier ID#:
111 0268 200 02 215 GV Insurance:	NOL ROA	Emptoyee/
THE DESCRIPTION OF THE STREET, STATE OF THE STATE OF THE STREET, STATE OF THE STREET, STATE OF THE STATE OF T		(C) Employee
New Common Carrier Permit Authority, or	Extension	of Common Carrier Permit Authority
Transfer of Existing Permit Number	LAterialon	or common cerror remit Augmonty
\$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 19 months of cancellation)	ON CARRIER PE	For designation the Chit.
	PAMERIN	
Money Order Arnex Discover	Mastercard W	/isa Expiration Date 12/13
CERTIFICATION: I, the undersigned, under penalty for fals that I am authorized to execute and file this document on b valid.	se statement, certine half of the applications.	y trea we record information is true and correct, and that all information on file is current and
Name (printed): Dustin Hines	Date:	1/3/12
Signature:	_	esident
CC#: (04539 US DOT# 2018129(1)	THE PROPERTY OF THE PARTY OF TH	IFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME:		PHONE#:
Old Bear Trucking LLC		360 880 -6556 FAX#:
BUSINESS (MAILING) ADDRESS:		360 736- 6561
	(02)	
(street address, P.O. Box) (city, state, zip)	45 /	
Chehalis,WA 98532	<u> </u>	
PHYSICAL ADDRESS: (street address, if different)	201 1.2	String And Heldle Combandon . 14
	1	98531

	in the control of the		A. S. S. B. & M. S. Break Professor at the contribution of Colors	TALLER COMPANY OF THE PARTY OF	-			
□ INDIVIDUAL		RSHIP K CORPOR	RATION (LP, LLF OF INCORPORA	P. LLC)				
NAME Distintines	TITLE President dont Source	<u>addri</u> unt <u>Countral</u>	<u>E\$S</u>	STQ PE	CCK DISTRIBUTION OR RCENTAGE OF SHARE			
MUSER SIA	worr some	my Lental	TWIT	Northwest States				
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 PERM	VIT:			_ PERMIT NU	JMBER:			
Signature of cu	rrent permit holde	r			Date			
				and the second				
You will not he hazardous mater quantity. You will operate vehicles GVWR of less th pounds. You mu \$300,000 in Pub and Property Da insurance. You oneed to complete	aul aterials nillion in y and nage ou must t C, Sections	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.						
	All Server and the se	plete Part B.	and the second second	ne Langue ambriconomica	AN#			
UNIT#	LICENSE#	STATE	10.20	<u>u9</u>	/1N#			
7	\$018104 M	WA WA	9170	42 59 P				
	DOW. 1 0-04			# #				
	7							
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) Q/3/12 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, WI 54957, www.jjkeller.com, (877) 564-2333. Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wibtraffic.com, (503) 236-1183. US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Name:	Dustin	tines		Position:	Poesident	
Any dri must h	ave a valid CE has a gross o weight rating has a gross v is designed to is of any size	DL. The definition ombined weigh of more than 1 ehlole weight no transport 16 of	on of a commercial ment rating of 26,001 pou 0,000 pounds; or ating of 26,001 pound or more passengers, in transport hazardous i	otor vehicle unds that inc s or more; c noluding the	is a vehicle that: cludes a towed un or e driver; or	de as described below it with a gross vehicle equires placarding under
and alc	rson who drive cohol testing p C 446-65-010.	es a commercio rogram as requ	al motor vehicle requi uired by FMCSA in 49	ring a CDL r CFR Part 3	must participate in 382 and 49 CFR P	a controlled substance art 40, and by the WSP
Name:	Dust'a	Hines		Position:	Accident	
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Name: Dust in Hines	Position: _	2/3/17
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the vexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	VSP in WAC ve limited exe	446-65-010. Owner/operators that work imptions. Owners/operators that conduct
Name: Dutration	Position: _	2/3/12
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	service recor	ds for each individual that drives a motor
	304 C	
Name: Dustiatines	Position:	2/3/12
Each company must prepare a written "Driver Vehicle Instruction of the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC Identification of the vehicle. The nature and due date of various Inspections, repairs and maintain All companies must conduct periodic inspections as requivered in WAC 446-65-010.	ne WSP in WA n vehicle that i 446-65-010: ction and main enance indica	AC 446-65-010. In addition, each includes the following, as required by the intenance operations to be performed. It is their date and nature.
	la de la companya de	
My signature below certifies that I understand m comply with all the safety requirements which ap		
193-2/-	<u>.</u>	2/3/15
Signature of applicant		Date

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ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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).

	rtificate holder in lieu of such endors	eme	nt(s).	·	-0000 T					
	DUCER				CONTAC NAME:	ANN		FAV		
	S. Insurance Services				PHONE (A/C, No	. Ext):360-293	3-2135	FAX (A/C, No):	360-29	3-2385
	. Box 1059 cortes WA 98221				E.MAII	ss:ann@risn				
	001100 1771 00221							IDING COVERAGE		NAIC#
				INSURE	RA:NORTHI	LAND INSU	IRANCE COMPANY		24015	
INSU	RED [วบรา	ΓI-1		INSURER B:					
ОΓ	BEAR TRUCKING LLC	,,,,,			INSURE					
	DUSTIN HINES TRUCKING				INSURE					
	FROGNER RD				INSURE					-
Che	halis WA 98532									
00	/ERAGES CER	TIEIC	ATE	NUMBER: 934951808	INSURE	HF:		REVISION NUMBER:		
	IIS IS TO CERTIFY THAT THE POLICIES				/E DEE	N ISSUED TO			HE POI	ICY PERIOD
IN CI	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIR PERT	EMEI AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORDI	OF AN' ED BY	Y CONTRACT THE POLICIES	OR OTHER I S DESCRIBE	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	WHICH THIS
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
<u>⊫in</u>	GENERAL LIABILITY	MASH.	84 A D	TODOTHORDER		THE PAY 1111]	(-1117 PD/ 1 1 1 1)	EACH OCCURRENCE	\$	·
	 							DAMAGE TO RENTED	\$	
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
	POLICY PRO- JECT LOC	L						L COMBINED SINGLE LIMIT	*	
A	AUTOMOBILE LIABILITY			WN058505		4/7/2011	4/7/2012	COMBINED SINGLE LIMIT (Ea accident)	\$1,000	,000
	ANY AUTO							BODILY INJURY (Per person)	\$	<u> </u>
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$	
			İ						\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$		1			'		-	\$	
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		-
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		N/A						E.L. EACH ACCIDENT	\$	
								E.L. DISEASE - EA EMPLOYEE	·	
	(Mandatory in NH) If yes, describe under						·			
A	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT		
A	CARGO BROAD FORM PHYSICAL DAMAGE			WN058505		4/7/2011	4/7/2012	\$1000 DED \$1000 DED	\$10,00 COMP	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks	Schedule	e, if more space is	s required)			
CE	RTIFICATE HOLDER				CAN	CELLATION				
WUTC PERMITS & INSURANCE DIVISION PO BOX 47250 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.					

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