

PART A

TV# 120272

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: 037814	Safety: 3-1-12	Carrier ID#: 6839
111 0268 200 02 275.00	Insurance: 3-1-12 EDWE	Employee: RUC

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only: Auth #: 021905

TYPE OF PAYMENT

Check Money Order

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): Jennifer P...

Date: 02/20/12

Signature: [Signature]

Title: Safety Mgr

MOTOR CARRIER IDENTIFICATION

CC#: 59797	US DOT# 2273931	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-164-833
APPLICANT NAME: Optimus Logistics Group, Inc <i>OK</i>		PHONE#: 360-807-0800
d/b/a: Optimus Transport <i>OK</i>		FAX #: 360-807-0082
BUSINESS (MAILING) ADDRESS: 3623 Harrison Ave (city, state, zip) Centralia, WA 98531		
PHYSICAL ADDRESS: (street address, if different) SAME AS ABOVE		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION: Washington

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Marshall Frantz	President	3623 Harrison Ave Centralia, WA 98531	50%
Rebekah Frantz	Vice President	(same as above)	50%

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. List name of current 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: Optimus Transport, Inc

PERMIT NUMBER: CC-59797

 (Jennifer Bourdon, VP)
Signature of current permit holder

02/17/12
Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

<input type="checkbox"/> You will not haul hazardous materials in any 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.	<input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
Vehicle list attached			

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)

2/19/12
Date

OPTIMUS TRANSPORT - EQUIPMENT LIST

Truck	Lic #	Year	Type	Make	VIN #
704	21477RP	2004	Tractor	KW	1XKWPB0X14R064004
705	22552RP	2009	Tractor	VOLV	4V4NC91K69N269462
712	13301RP	1996	Tractor	KW	1XKAD29X7TR722932
713	18791RP	1994	Tractor	FRHT	1FUVDXYB9RP424036
718	02152RP	2000	Tractor	FRHT	1FUPD7EB3YPA33515
735	22551RP	2007	Tractor	VOLV	4V4NC9GH87N461087
748	30039RP	1992	Tractor	FRHT	2FUYSYBXNV526058
749	30730RP	2006	Tractor	FRHT	1FUJA6CK96PN67950
751	33104RP	2004	Tractor	FRHT	1FUJRRCK44I N150F4
782	15548RP	2000	Tractor	VOLV	4V4DN4GH0YN792330
783	19531RP	2006	Tractor	VOLV	4V4NC9GH26N410571
785	20475RP	2007	Tractor	VOLV	4V4NC9GH37N459411
786	33130RP	1999	Tractor	KW	1XKDP60X1XR791520
787	34012RP	1999	Tractor	PETE	1XP5DB9X1XD503625

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: Jennifer Bourdon

Position: Safety Mgr

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

Name: Jennifer Bourdon

Position: Safety Mgr

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: Jennifer Bourdon

Position: Safety Mgr

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: Cherie Nakai

Position: Compliance

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: James McAuley

Position: Fleet Maintenance Inspector

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.

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.

James McAuley

Signature of applicant

1/19/12

Date

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed In Triplicate)

AMENDED ⁶⁰³⁹ Penders

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(NAME OF COMMISSION)

This is to certify, that the Sentry Select Insurance Company
(NAME OF COMPANY)

(hereinafter called Company) of 1800 North Point Drive, Stevens Point, Wisconsin 54481
(HOME ADDRESS OF THE COMPANY)

has issued to Optimus Logistics Group Inc Optimus Transport
(NAME OF MOTOR CARRIER)
3623 Harrison Ave Centralia WA 98531
(ADDRESS OF MOTOR CARRIER)

a policy or policies of insurance effective from 04/01/2011 , 12:01 A.M. standard time at the address of the Insured stated in said policy of policies and continuing until canceled 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 canceled 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 P.O. Box 8036, Stevens Point, WI 54481-8036
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

this 1ST day of MARCH 2012

AUTHORIZED COMPANY REPRESENTATIVE

Insurance Company File No. CT751685-3810-111
(POLICY NUMBER)