

PART A

TV#

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)

APR 16 2012

RECEIVED

WASH UT & TP COMM

FOR OFFICIAL USE ONLY

Reception Number: 038383	Safety: <i>[Signature]</i>	Carrier ID#: <i>6861</i>
111 0268 200 02 <i>225.00</i>	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY <i>4225 - 037926</i>	<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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date

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): *Michael J. Cavetti* Date: *4-12-12*
Signature: *Michael J. Cavetti* Title: *President*

MOTOR CARRIER IDENTIFICATION

CC#: <i>29231</i>	US DOT#: <i>588069</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603171704</i>
APPLICANT NAME: <i>Michael & Heather Cavetti</i>		PHONE#: <i>360-897-8572</i>
d/b/a: <i>Cavetti Trucking Inc</i>		FAX #: <i>-</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>11520-258th Ave E</i>		
(city, state, zip) <i>Buckley, WA 98321</i>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
 STATE OF INCORPORATION Washington

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Michael J Cavelti	President	11520 258th Ave E Buckley, WA 98321	50%
Heather G Cavelti	Sec/Treas	11520 258th Ave E Buckley, WA 98321	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: Mike Cavelti Jr. PERMIT NUMBER: 29231
Mike Cavelti Jr. 4-12-12
 Signature of current permit holder 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. |
|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
Peterbilt	B99024R	WA.	1NP5LBOX51D556815

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.

Michael J. Cavelti 4-12-12
 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 Alcohol Testing

Name: Heather Cavelti Position: Sec/Treasurer

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: Michael G. Cavelti Position: President

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: Heath Cavelli Position: Sec/Treasurer

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: Michael G. Cavelli Position: President

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: Michael G. Cavelli Position: President

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.

Michael G. Cavelli
Signature of applicant

4-12-12
Date

4-12-12

Ken,

Here is the paperwork and the remaining \$225 we owe you for the permit. We have already mailed you 50 dollars. We are also currently in the process of transferring our DOT # and have not received it yet. Thank you and we will be in touch.

RECEIVED

APR 16 2012

WASH. UT. & TP COMM

Sincerely,

Heather Cavelti

T4-120359



1300 South Evergreen Park Drive
SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 884-1222
Fax (360) 886-1181
Web Site: www.wutc.wa.gov

Transfer

COMMON CARRIER OF PROPERTY

(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

013924

Cash Check

Credit Card Information (if applicable)

Amount \$ \$50.00 COMPANY NAME: Cavetti Trucking, Inc.

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.

Cardholder's signature

Date 3/13/12

For Commission Use Only

111-2068-200-02 \$50.00

Received date: 3/14/12

ID:

037926

Insurance:

Pending
6861
AMENDED

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

Filed with Washington UTC (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Everest National Insurance Company
(Name of Company)

(hereinafter called Company) of 477 Martinsville Road, P.O. Box 830, Liberty Corner, NJ 07938-0830
(Home Office Address of Company)

has issued to CAVELTI TRUCKING, INC. of 11520 258TH AVE EAST, BUCKLEY, WA 98321
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 3/14/2012 12:01 A.M. standard time at the address of the insured stated in said policy or 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 701 Pike Street, Suite 900 Seattle WA 98101
(Street Address) (City) (State) (Zip Code)

this 14 day of March 2012

Insurance Company File No. 72FP000037071
(Policy Number)


Authorized Company Representative

Underlying Limit :0.00 Liability Limit :750,000.00

6861

Holder of Permit CC-29231 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>Cavelti Trucking, Inc</u>	Phone #: <u>360-897-8572</u>
Trade Name:	Fax #:
Mailing Address: <u>11520-258th Ave E</u>	Physical Address: (if different)
Street/P.O. Box	Street
City, State Zip <u>Buckley, WA 98321</u>	City, State Zip
USDOT # <u>688069</u> (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3816 or 360-596-3803 for assistance.)	
Unified Business Identifier Number (UBI): <u>600 573 564 603 171 704</u>	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation - State of Incorporation <u>WA</u> (LP, LLP, LLC)	
<u>Michael J. Cavelti</u>	<u>Resident</u>
<u>Heather C. Cavelti</u>	<u>Sec/Treas</u>
<u>11520-258th Ave Buckley WA 98321</u>	<u>50%</u>
<u>11520-258th Ave Buckley WA 98321</u>	<u>50%</u>

CURRENT BUSINESS INFORMATION

Current Name: <u>Mike Cavelti Jr</u>	Phone #: <u>360-897-8572</u>
Trade Name:	Fax #:
Mailing Address: <u>11520-258th Ave E</u>	Physical Address:
Street/P.O. Box	Street
City, State Zip <u>Buckley, WA 98321</u>	City, State Zip
<input checked="" type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (LP, LLP, LLC) State of Incorporation _____	
<u>Michael J. Cavelti</u>	<u>Resident</u>
<u>Heather C. Cavelti</u>	<u>Sec/Treas</u>
<u>11520-258th Ave Buckley WA 98321</u>	<u>50%</u>
<u>11520-258th Ave Buckley WA 98321</u>	<u>50%</u>

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Michael J. Cavelti 3-13-12
Signature(s) Date