PART A

TV# 120381

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 (excluding Household Goods	I FOR PERMIT	Parkage)			
	AL USE ONLY	DIOKETS)			
Reception Number: 337975 Safety: 3-2					
111 0268 200 02 275.00 Insurance: Bind					
TYPE OF APPLICA	ATION (check or	ie),,			
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY		NERAL COMMODITIES, including			
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	□ \$100 GE				
\$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	HA	ENERAL COMMODITIES, including AZARDOUS MAYERIALS and ARMORED CAR ERVICE			
\$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 2015 Auth #: 52 25 48					
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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): 6 0110 Jim 202 Date: 3-19-2012					
Signature: Gloria Jimenez	Title:ሃገ	namber			
Ivio. C. CARRIER					
cc#:64579 228#4821		03\89732			
3 Jay's Transport, LLC 509-851-1272					
d/b/a:	FA	X#:			
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip)					
(city, state, zip) Pasco, wa 99302					
PHYSICAL ADDRESS: (street address, if different)	PHYSICAL ADDRESS: (street address, if different) 1816 W. Sulvester St.				
4 Pasco, WA 99302					

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)					tion)
□ INDIVIDUA				RATION (LP. LLP. LLC)	
			STATE	OF INCORPORATION $_oldsymbol{igcut}$	lashinalon
NAME	<u> TIT</u>		<u>ADDRI</u>		OCK DISTRIBUTION OR
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	The state of the s	TR. TR	ANSFER OF P	ERMIT NUMBER	
Complete this s	ection if you	are transfe	erring an existing p	ermit to a new owner. List r	ame of current permit
holder a	nd permit nu of the permit	mber to be	transferred. The	current permit holder must s	ign below to authorize the
ti arisier	or the benuit	nomber.			
NAME ON PER	MIT;			PERMIT N	IUMBER:
			•		
Signature of co	urrent permit	holder			Date
	A ne	NSURAI	NCE REQUIRE	MENTS (must check one)	1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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hazardous mate	erials in any 1	hazardou	ıs materials in	hazardous materials	hazardous materials
quantity. You w operate vehicle:			ntity. You will	requiring \$1 million in	requiring \$5 million in
GVWR of less t			vehicles with a f 10,000 pounds	Public Liability and Property Damage	Public Liability and Property Damage
pounds. You mi			You must obtain	Insurance. You must	Insurance. You must
\$300,000 in Pul		\$750,000) in Public Liability	complete Part C, Sections	
and Property Da Insurance, You			erty Damage	1 and 2,	Sections 1 and 2.
need to comple		complete	e. You must		
	MOTO	RVEHI	CLE LIST (Attac	ı h additional pages if nece	Sarvi War A Table 44 St 19
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Signature					
I as applicant understand that the filling of this equilibrium described as a line of the second state of					
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.					
	11011a	UIN	genez		5-19-2012
Signature(s) 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.
- 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.

Name:	Ibstances and Alcohol Testing	
Any driver who operates a vehicle that meets must have a valid CDL. The definition of a co has a gross combined weight rating of weight rating of more than 10,000 pour has a gross vehicle weight rating of 26 is designed to transport 16 or more page.	26,001 pounds that includes a towed unit with a gross vehicle nds; or 5,001 pounds or more; or	
Any person who drives a commercial motor v and alcohol testing program as required by Fin WAC 446-65-010.	ehicle requiring a CDL must participate in a controlled substance MCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WS	e P
Commercial Dr	ers License (CDL) Requirements	i igaliga Ngari
Name: Jose A. Jimer	the definition of a commercial motor vehicle as described below	_

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 Qualificatio	n Requiremen	ts and the second				
Name: GONW JIMENES	Position:	owner				
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the Nexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	WSP in WAC 440 ve limited exemp	6-65-010, Owner/operators that work officers. Owners/operators that conduct				
Drivers Hour	of Services					
Name: - Glora limenez	Position:	owner_				
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1	service records (e) and by the W	for each individual that drives a motor VSP in WAC 446-65-010.				
Vehicle inspection, Rep	air; and Maint	enance .				
Name: <u>Olovia</u> Jimenez	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.						
Signa Signa	ture 🎉 🎊					
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.						
Gloria Timenez		3-19-2				
Signature of applicant	·	Date				

ACORD

CERTIFICATE OF LIABILITY INSURANCE

3/14/2012

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(les) 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 CONTACT Karina Torres The Simmons Agency PHONE (AC No Ext) (541) 567-6271 E-MAIL ADDRESS: FAX (A/C. No): (841) 567-2113 PO BOX 808 702 B MAIN STREET INSURER(S) AFFORDING COVERAGE NAIC # HERMISTON OR 97838 INSURER A: United Financial Casualty Comp INSURED INSURER B 3 Jay's Transport, LLC INSURER C: INSURER D 1816 W. Sylvester St. INSUBÉR E : Pasco 99301 WA INSURERF COVERAGES CERTIFICATE NUMBER:CL1231404760 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. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADOL SUBR TYPE OF INSURANCE POLICY NUMBER LIMITS GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (ER OCCUMENTO) COMMERCIAL GENERAL LIABILITY CLAIMS-MADE (OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMP/OF AGG POLICY PRO-AUTOMOBILE LIABILITY COMBINED SINGLE LIMIT (Es accident) 1,000,000 ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS NON-OWNED AUTOS ALL OWNED AUTOS x 09493460-0 3/14/2012 9/14/2012 BOOILY INJURY (Per accident) \$ HIRED AUTOS PROPERTY DAMAGE (Per spoident) \$ 3 UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE DED | RETENTION S WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE
OFFICER/MEMBER EXCLUDED? OFFICER/MEMBER EXCLUDED E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYER II yes, describe under OESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT Motor Truck Cargo 3/14/2012 9/14/2012 08493460-0 \$10,000 Limit \$500 DED DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ARIZEN ACORD 101, Additional Remarks Schadula, If more space is required) 2000 KW VIN#1XKADU9X7YR954818 1996 Farmbed Trailer VIN#1F9SE5032TB114787 CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Washington UTC PO Box 47250 AUTHORIZED REPRESENTATIVE Olympia, WA 98504-7250

ACORD 25 (2010/05)

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