

Attention Tina

Pay 380 5861181

My name is Mussie Ghebreyesus
(Rainbow Transport) I have filled the
wrong application and would like
to withdraw the application.

Thankyou

PART - A

TV-120389

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: 05-583	Safety:	Carrier ID#: 6869
111 0268 200 02 215.00	Insurance:	Employee: me

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 # 012021

With D

TYPE OF PAYMENT

Check Money Order G.A.

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): **Mussie Ghebreyesus** Date: **3-21-12**

Signature: *Mussie Ghebreyesus* Title: **member**

MOTOR CARRIER IDENTIFICATION

CC#: 64581	US DOT# (if required) 1907451	WA UNIFIED BUSINESS IDENTIFIER (UBI) # 603-178-6938
APPLICANT NAME: Rainbow Transport, LLC		PHONE#: 206-501-9438
d/b/a:		FAX #:
BUSINESS (MAILING) ADDRESS: (street address / P.O. Box) 4008 228th PL SW (city, state, zip) Mountlake Terrace WA 98043		
PHYSICAL ADDRESS: (street address, if different)		

per phone call



TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Mussie Eherbreuesus	Member	50%
Tinsae Otagabvte	Member	50%

per phone call 3/26/12

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

TYPE OF EQUIPMENT

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating-- \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- The applicant WILL NOT HAUL hazardous materials in any quantity - \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey - Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.
- The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

per phone call

UNIT#	LICENSE#	STATE	VIN#
505	B9202IN	WA	1FUJBBCG163PL000B3

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.

Mussie Eherbreuesus
Signature(s)

3-21-12
Date

PART - B

SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

- Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650
- J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011
- Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183
- Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

Name: Mussie Enebrejesus Position: Owner

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Name: Mussie Enebrejesus Position: Owner

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:

- < 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 HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Name: Mussie Enebrejesus Position: Owner

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

Name: Mussie Aherbreyesus Position: owner

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.
Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Name: Mussie Aherbreyesus Position: owner

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate 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 comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

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.

Mussie Aherbreyesus
Signature of applicant

3-21-12
Date

Please ask for technical assistance if you require information on any of these safety issues.



FedEx Office

FedEx Kinko's is now FedEx Office

Attention

Tina. Keen

6869
(P)

Fax Cover Sheet

Date 4-25-12

Number of pages 2 (including cover page)

To:

Name Washington Utilities & Transportation

Company _____

Telephone 360-664-1222

Fax 360-586-1181

From:

Name Mossie Ghebreyesus

Company Rainbow Transport LLC

Telephone 206-501-9438

Comments ON Part A I would like to switch to General Commodities, including Hazardous Material



Fax - Local Send



Fax - Domestic Send



Fax - International Send

fedex.com 1.800.GoFedEx 1.800.463.3339

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Received Time Apr. 25, 2012 4:20PM No. 3859



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

Rainbow Transport LLC
4008 228th PL SW
Mountlake Terrace WA 98043

*Withdrawn
4-26-12*

April 26, 2012

Notice of Deficient Application – TV-120389

The following items either need to be completed and/or corrected for prompt processing of your application for common carrier permit CC-64581 including Hazardous Materials operating authority:

- X Your application is missing some information. Please complete the insurance portion of Part A, and all of Part C and return to our office by May, 26, 2012.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X We received your change to add Hazardous Materials authority to your application.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

Ken Chapman
Transportation Specialist II



STATE OF WASHINGTON

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Rainbow Transport LLC
4008 228th PL SW
Mountlake Terrace WA 98043

April 18, 2012

Notice of Deficient Application – TV-120389

The following items either need to be completed and/or corrected for prompt processing of your application for common carrier permit CC-64581 operating authority:

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by May 22, 2012 or your application will be dismissed.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. Thank you for providing the missing information quickly.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

Ken Chapman
Transportation Specialist II



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Rainbow Transport LLC
4008 228th PL SW
Mountlake Terrace WA 98043

March 22, 2012

Notice of Deficient Application

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Your application is missing some information. Please provide the percentage of ownership for Mussie Chebreyesus. Does Tinsae Ogbagebriel have any ownership? *50% each*
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. Please confirm if the insurance if for a commercial motor vehicle in excess of 10,000 lbs GVWR. *& will be checking into today*
- X Your application is missing the Unified Business Identifier (UBI) number. I located a UBI number of 603-178-653 for Rainbow Transport LLC. Please confirm if this is the correct UBI number. *OK*

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

Ken Chapman
Transportation Specialist II

4-17, 18 NO INGS