### **PART A**

#### 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	
TOROTEGA	[EGUS = 9.11] Sequence of the control of the contro
Reception Number: 038201 Safety: 4-11-	12 Carrier ID#. 6865
111 0268 200 02 279,00 Insurance: 4-1(-	Employee: / WC
PLANTS OF MELLINE	
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority
Transfer of Existing Permit Number	
\$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 10 months of cancellation)	N CARRIER PERMIT  For Commission Use Copy:  Auth #:
	**************************************
valid.	chalf of the applicant, and that all information on file is current and
Name (printed): I GOV F. PORVOY	Date: 4/6/1Z
Signature:	Title: ()WNCV
MOTORISERIER	
CC#: 64 591 US DOT# 02/88792	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: V
APPLICANT NAME: OF POLEVOY	PHONE#: 206. 550 6149
d/b/a: TBT TOWING Express	FAX#: 425 361-2355
BUSINESS (MAILING) ADDRESS.	sap Road
(city, state, zip)	Wa 98012
Bothell	
PHYSICAL ADDRESS: (street address, if different)	same as above
4	

		THE DESTRUCTION OF THE COLUMN TWO	ZENOJE USINES	ALL DYNAMICS TO TO THE DOCUMENTAL MANAGEMENT OF THE SECOND	(W1-state (C) or (to (2) alto port of 2019) or		
₩ INDIVIDUAI		THE DESTRUCTION OF THE COLUMN TWO	dio compete part	ALL DYNAMICS TO TO THE DOCUMENTAL MANAGEMENT OF THE SECOND	rafornati		(1757) (18) (1 (1778) (19) (1)
NOUIVIOUAL	L U PAI	KINEKOH!		F INCORPORATION	•		
NAME	<u>TIT</u>	<u>LE</u>	ADDRE	: <u>ss</u>	STO	CK DISTRIBUTION OF	R
Lagor F. Polevou	1 owner		17 Winesap R	oad Bothell w	<u>101 98012</u>	RCENTAGE OF SHARE	
U							_
				A STATE OF THE STA			
Complete this se	ction if you	are transfe	erring an existing pe	ermit to a new own	er. List na	ame of <u>current</u> permit	/12.72.IS
holder an	nd permit num of the permit	mber to be	transferred. The	current permit hold	er must sig	gn below to authorize th	ne
NAME ON PER	•			D	ERMIT NU	JMBER:	
. 4 MAIL ON PERI			· 3.			·- <u></u>	
Signature of cu			The state of the s		Carlot (Markey) Borge water tra-	Date	Militarine .
			i (de seroisie en De seroisie en de la compa				
You will not hat hazardous mate	aui	X You wi	ill not haul is materials in	☐ You will haul hazardous materi		☐ You will haul hazardous materials	
quantity. You wil	ll only	any quan	tity. You will	requiring \$1 millio	on in	requiring \$5 million in	
operate vehicles GVWR of less th			enicles with a final fin	Public Liability an Property Damage		Public Liability and Property Damage	
pounds. You mu	ust obtain	or more. `	You must obtain	Insurance. You m	nust	Insurance. You must	
\$300,000 in Pub			) in Public Liability   erty Damage	complete Part C, 1 and 2.	Sections	complete Part C, Sections 1 and 2.	
and Property Da Insurance. You		Insurance	erty Damage e. You must	, and 2.		SSCIENCE I SING Ze	~
need to complet	te Part B.	complete	Part B.				<b>San San San</b>
	CONTRACTOR	and the state of the same of t	DELESINATE				
UNIT#	LICEN	NOE#	STATE	TUTTO		/IN#   24507030	
7	066	453E	VVU			13H597036 10VH 287092	
2	A053	<i>∪</i> ∂}	WU -	11412	MH M	64H287092	
West Condenses State Condenses Conde	以海滨沙南区海沿州和10m/4 80m/4 8	Marie Control					
			edu Sega	s community from the second	**************************************		
l, as applicant,	understand	d that the	filing of this appli	cation does not in	ı itself cor	nstitute authority to	
operate and th	at no opera	ations may	y be conducted ur	ntil a permit is red	ceived froi	m the Commission. I ue to the best of my	
knowledge and			, , , , , , , , , , , , , , , , , , ,	applio	, , , , , , , , , , , , , , , , , , ,		
	08-	2				1. 1	
	ruce	·			4/	6/12	
	Signat	ure(s)				Date	
,			<b>E</b>				

### **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 Covernment Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

	r Stanionica				
Name: GIV F.	Polevoy	*.	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 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.

Commence	skonvorst Conse (CDE) Regundaments
Name: JOY F. Polevoy	Position: OWNOV

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.

6

Vabricer Epatrication Requirements
Name: Igor F. Polevry Position: Owner
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.
Would House of Service
Name: Gov F. Polevoy Position: OWNEr -
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 Malatehance
Name: WWW Position: WWW
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.
and the state of t
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.
Signature of applicant Date

6883 Pendung

## FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON LITILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinatter called Company) of PO BOX 94/39, CLEVELAND, OH 44101 has issued to POLEVOY, IGOR F. of 17 WINESAP RD, BOTHELL, WA 98012 a policy or policies of insurance effective from 04/06/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 10th day of April, 2012

Insurance Company File No. CA 07745084

(Policy Number)

MC1633a(08/99)

(Authoritized Commany Paymocontaine

IRB3539B