

PART A

TV# 120499

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)

DATE 4/16/12

FOR OFFICIAL USE ONLY

Reception Number: 13830
111 0268 200 02 275.00
Safety: *Benita Reed*
Carrier ID#: *6669*
Insurance: *Benita Reed*
Employee: *[Signature]*

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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 10/15

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): *Zachariah Transporting* Date: *4/11/12*
Signature: *[Signature]* Title: *Owner of*

MOTOR CARRIER IDENTIFICATION

CC#: *04595* US DOT#: *1740 979* WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *602 829 163*

APPLICANT NAME: *Zachariah Transporting, LLC* PHONE#: *360-978-4234*
Zachariah Transport LLC FAX #: *360-542-9580*

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) *401 Gric 1 Rd*
(city, state, zip) *Olympia WA*

PHYSICAL ADDRESS: (street address, if different)

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.wlatrucking.com, (800) 732-9019 or (253) 838-1850.
- J. J. Keller & Associates, Inc., 9003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (677) 584-2933.
- 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: Gary A Hitch 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.

Commercial Drivers License (CDL) Requirements

Name: Gary A Hitch 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, 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: GARY A HITCH 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.

Drivers Hours of Service

Name: GARY A HITCH 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 Maintenance

Name: GARY A HITCH 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.

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.

Gary A Hitch
Signature of applicant

4/11/12
Date

Internet Business License Application

existing business? None

Date bought/leased/acquired:

Prior Business Name:

Prior Owner's Name:

Prior Owner's Phone:

Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax? No

Purchase or lease price:

Is this business owned by, controlled by, or affiliated with any other business entity? No

If you are changing your ownership structure (such as changing from sole proprietor to corporation), do you want to close the old account? No

Old UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI? No

Have you ever owned another business in Washington? No

Business Name:

UBI Number:

If you need assistance, specify your language:

Optional Insurance

Major operation of your business: Other

Do you wish to apply for elective workers' compensation coverage for owners? No

Do you wish to apply for elective workers' compensation coverage for excluded employment? No

Trade Name(s)

Business Firm Name (doing business as): ZACHARIAH TRANSPORTING LLC

Have you previously registered this name as a Trade Name in Washington (under this ownership structure)?

Yes

New name(s):

Zachariah Transport LLC

Name(s) to cancel:

ZACHARIAH TRANSPORTING LLC

Previously registered name(s):

Prepared By:

Name:

sherry Hitch

Phone number:

(360) 978-4234

By checking this box, I declare under penalty of perjury under the laws of the State of Washington that I am the applicant or authorized representative of the firm making this application and that the information provided in this application, including any

Made change to name