TV# 12049 PART A WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504 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: Safety: Cerner ID#: 111 0268 200 02 Insurance Employee: TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number **\$275 GENERAL COMMODITIES ONLY** \$190 GENERAL COMMODITIES, including ARMORED CAR SERVICE 0012 \$275 GENERAL COMMODITIES, Including GENERAL COMMODITIES, Including ARMORDED CAR SERVICE **HAZARDOUS MATERIALS** GENERAL COMMODITIES, Including \$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: (Must be filed within 10 months of cancellation) Auth #. TYPE OF PAYMENT..... □ Check ☐ Discover ☐ Mastercard ☑ Visa Money Order ☐ Amex **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 occument on behalf of the applicant, and that all information on the is current and vælid. Name (printed) Signature Title: MOTOR CARRIER IDENTIFICATION US DOT# APPLICANT NAME: PHONE#: // GT SHOW SING MSDOIL BUSINESS (MAILING) ADDRESS: 401 (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE.									
(check individual or complete partnership/corporation information)									
D INDIVIDUA	☐ INDIVIDUAL ☐ PARTNERSHIP TO CORPORATION (LP, LLP, LLC)								
STATE OF INCORPORATION 641									
NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHAPE									
GARY A Hitch Owner 401 Graiel Rd Ordan Ste Wit 755 70									
Showing A Hitch TREASON (10) Griel Rd Compaster and 98570									
TRANSFER OF PERMIT NUMBER									
Complete this s	ection if you			Maria Ma	ame of current permit				
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PER	MIT:		:	PERMIT N	UMBER:				
Signature of cu					Date				
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operate vehicles	s with a	operate v	ehicles with a	Public Liability and	Public Liability and				
GVWR of less to pounds. You mu			f 10,000 pounds You must obtain	Property Damage Insurance. You must	Property Damage Insurance, You must				
\$300,000 in Put	olic Liability	\$7.50,000	in Public Liability	complete Part C, Sections	complete Part C,				
and Property Da Insurance, You			erty Damage s_You must	1 and 2.	Sections 1 and 2.				
need to complet	te Part B.	complete	Part B.						
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Signature									
l, as applicant.	understand	that the	filing of this applic	cation does not in itself co	nstitute authority to				
operate and th	at no opera	tions may	be conducted un	itil a permit is received fro	m the Commission. I				
hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.									
1-3A HA 04/11/12									
Jignature(s) / Late									

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) 838-1850.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.likeller.com, (677) 564-2933.
- Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wibtraffic.com, (503) 235-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpp.gov, (866) 512-1800.

Controlled Substances and Alcohol Teating								
Name	: CARY A Hitch Position: Onne							
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) Réquirements								
Name	: Gury A Hith Position: OWAR							
Any di	river who operates a vehicle that meets the definition of a commercial motor vehicle as described be must have a valid CDL, as required by the Washington State Department of Licensing. The definition 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	on of						

is of any size and is used to transport hazardous materials of an amount that requires placarding under

is designed to transport 16 or more passengers, including the driver; or

hazardous materials regulations.

Name: GARY 14 HHCK	Position: Owner						
	Qualification File for each employee authorized to drive motor						
exclusively in intrastate commerce within Washing	by the WSP in WAC 446-65-010. Owner/operators that work storn have limited exemptions. Owners/operators that conduct of file on themselves and any other driver that they may use						
any interstate operations indst maintain a complet	e file on themselves and any other driver that they may use.						
	Cause diserves						
Name: GARY 14 Hitch	Position: Dunt						
Each company must maintain true and accurate his vehicle as required by the FMCSA in 49 CFR, Par	ours of service records for each individual that drives a motor t 395.1(e) and by the WSP in WAC 446-65-010.						
Name: GARY A HILAM	Position:						
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 FMCSA in 49 CFR, Part 396.3 and by the WSP in	or each vehicle that includes the following, as required by the						
Identification of the vehicle.	and the second of						
	inspection and maintenance operations to be performed.						
 The nature and due date of various 	inspection and maintenance operations to be performed. I maintenance indicating their date and nature.						
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The nature and due date of various A record of Inspections, repairs and All companies must conduct periodic Inspections a WSP in WAC 446-65-010. My signature below certifies that I understated.	I maintenance indicating their date and nature. as required by the FMCSA in 49 CFR, Part 396.17 and by the Skinstille						
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The nature and due date of various A record of inspections, repairs and All companies must conduct periodic inspections a WSP in WAC 446-65-010. My signature below certifies that I understacomply with all the safety requirements where the safet	I maintenance indicating their date and nature. as required by the FMCSA in 49 CFR, Part 396.17 and by the Skinstille						

360-736-7601



PRODUCER

CERTIFICATE OF LIABILITY INSURANCE

OP ID: RS

Date: 4/12/2012 06:37 AM Page: 1 of 1

FAX

DATE (MM/DD/YYYY) 02/10/12

HIS 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(ies) 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). CONTACT NAME:

Nicholson & Associates 118 W. Pine Street Centralia, WA 98531-4290		360-330-0970		PHONE (A/C, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: ZACHA-2							
Rox	ann	ne Smith				CUSTON			RDING COVERAGE	······································	NAIC #
INSURED Zachariah Transport LLC						INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : National Casualty Company					TAXIO #
Gary Hitch		INSURER B:									
		401 Griel Rd			INSURER C :						
		Onalaska, WA 98570				INSURE					
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CO	VFR	AGES CER	TIFIC	ATE	ENUMBER:	_ intobite			REVISION NUMBER:		
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INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$	
A	GEN X	NERAL LIABILITY COMMERCIAL GENERAL LIABILITY			LTO0005006		02/10/12	02/10/13	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
		CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$	
									PERSONAL & ADV INJURY	\$	
									GENERAL AGGREGATE	\$	1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
		POLICY PRO- JECT LOC								\$	
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
		ANY AUTO							BODILY INJURY (Per person)	\$	
		ALL OWNED AUTOS			LTO0005006		00/40/40	02/10/13	BODILY INJURY (Per accident)	\$	
	X	SCHEDULED AUTOS					02/10/12		PROPERTY DAMAGE (Per accident)	\$	
		HIRED AUTOS							Comp Ded	\$	1,000
		NON-OWNED AUTOS					İ		Coli Ded	\$	1,000
		UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE					-		AGGREGATE	\$	
		DEDUCTIBLE	1							\$	
		RETENTION \$								\$	
		RKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER		
	ANY	DEMPLOYERS' LIABILITY (PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDENT	\$	
	(Ma	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE	\$	
	If ye	es, describe under SCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$	
Α	Car	go Broad Form			LTO0005006		02/10/12	02/10/13	Cargo Cov		300,000
_{DES} Ver	CRIPT	TION OF OPERATIONS / LOCATIONS / VEHIC tion of insurance for certificate	LES (/	Attach ler	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
CE	RTIF	FICATE HOLDER				CAN	ELLATION				
		Utilities & Transportation 1300 S. Evergreen Park I		sw	UTILI-3	ACC	EXPIRATION	N DATE TH	DESCRIBED POLICIES BE C EREOF, NOTICE WILL I CY PROVISIONS.		

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AUTHORIZED REPRESENTATIVE

HOXONAR

Olympia, WA 98504

Internet Business License Application

Page 3 of 4

existing business?

Monë

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?

Νo

Old UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI?

Nο

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)?

New name(s):

Name(s) to cancel:

Previously registered name(s):

spared By:

Name:

Phone number:

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

ZACHARIAH TRANSPORTING LLC

Zachariah Transport LLC

sherry Hitch

(360) 978-4234

Received Time Apr. 16. 2012 12:09PM No. 3700