#### 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
APR 23 2012 APPLICATION FOR PERMIT

| (excluding Household Goods and Common Carrier Brokers)   |                   |  |  |  |  |  |
|--|-------------------|--|--|--|--|--|
| WASH, UT. & TP. COMM FOR OFFICIA   | LUSE ONLY         | 116/1/10   |  |  |  |  |
| Reception Number: 038465 Safety:   | <b>a</b> ) .      | arrier ID#: MJW /  |  |  |  |  |
| 111 0268 200 02 7 15.00 persence   | E                 | mployee:   |  |  |  |  |
| TYPE OF APPLIC   | ATION (check one) |  |  |  |  |  |
| New Common Carrier Permit Authority, or<br>Transfer of Existing Permit Number  | Extension of Con  | nmon Carrier Permit Authority  |  |  |  |  |
| \$275 GENERAL COMMODITIES ONLY   |                   | RAL COMMODITIES, including DRED CAR SERVICE                                |  |  |  |  |
| \$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE  |                   | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS                   |  |  |  |  |
| \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS   | HAZA              | 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 Only: Auth #:   |  |  |  |  |
| TYPE OF  | PAYMENT           |  |  |  |  |  |
| ☑ Check ☐ Money Order ☐ Amex ☐ Discover ☐  | Mastercard □ Visa | 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 document on behalf of the applicant, and that all information on file is current and valid.  Name (printed): Robert T Morris Jr Date: 4114112  |                   |  |  |  |  |  |
| $(G)_{i}$ $(G)_$ |                   |  |  |  |  |  |
| Signature: Went & Motor CARRIER IDENTIFICATION  MOTOR CARRIER IDENTIFICATION   |                   |  |  |  |  |  |
| CC#: Tue DOT#  |                   | USINESS IDENTIFIER (UBI) #:  |  |  |  |  |
| 59518 1019287 DE 601 922 570 DE  |                   |  |  |  |  |  |
| APPLICANT NAME: ROB Morris Trucking Inc PHONE#: 509-929-0443   |                   |  |  |  |  |  |
| d/b/a: FAX #: 509-925-2585   |                   |  |  |  |  |  |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)   |                   |  |  |  |  |  |
| (city, state, zip) Ellensburg WA 98926   |                   |  |  |  |  |  |
| PHYSICAL ADDRESS: (street address, if different)   |                   |  |  |  |  |  |
| ,  |                   |  |  |  |  |  |

| TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)  |                                       |             |                   |   |  |                          |  |  |
|---|---------------------------------------|-------------|-------------------|---|--|--------------------------|--|--|
| ☐ INDIVIDUAL ☐ PARTNERSHIP ☑ CORPORATION (LP, LLP, LLC)   |                                       |             |                   |   |  |                          |  |  |
|   | STATE OF INCORPORATION WA             |             |                   |   |  |                          |  |  |
| NAME  |                                       |             |                   |   |  |                          |  |  |
| Robert T Morris Jr President 161crusoe LN Ellensburg WA 98926 100%  |                                       |             |                   |   |  |                          |  |  |
|   |                                       |             |                   |   |  |                          |  |  |
|   |                                       |             |                   |   |  |                          |  |  |
|   |                                       | TF          | RANSFER OF P      | ER  | MIT NUMBER   |                          |  |  |
| 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   | urrent permit                         | holder      | <u> </u>          |   |  | Date                     |  |  |
|   |                                       | NSURA       |                   |   | NTS (must check one)<br>ptable insurance is receiv |                          |  |  |
| ☐ You will not h  |                                       |             | ill not haul      | 1   | You will haul                                      | You will haul            |  |  |
| hazardous mate  | 7 777                                 | <b>!</b>    | us materials in   |   | zardous materials                                  | hazardous materials      |  |  |
| quantity. You wi  | •                                     |             |                   |   | quiring \$1 million in                             | requiring \$5 million in |  |  |
| operate vehicles  |                                       |             | vehicles with a P |   | iblic Liability and                                | Public Liability and     |  |  |
| GVWR of less th   | •                                     |             |                   |   | operty Damage                                      | Property Damage          |  |  |
| pounds. You must obtain or more. You must   |                                       |             |                   | surance. You must   | Insurance. You must                                |                          |  |  |
|   |                                       |             |                   | complete Part C, Sections   complete Part C, 1 and 2.   Sections 1 and 2. |  |                          |  |  |
|   |                                       | e. You must |                   | 2110 21   | Coolione Tana 21                                   |                          |  |  |
| need to complet   | o complete Part B.   complete Part B. |             |                   |   |  |                          |  |  |
| MOTOR VEHICLE LIST (Attach additional pages if necessary)   |                                       |             |                   |   |  |                          |  |  |
| UNIT#   | LICEN                                 | ISE#        | STATE             |   | VIN#   |                          |  |  |
| 15  | B460                                  | 386         | WA                |   | IXPCDB9X3KD26722Z                                  |                          |  |  |
| 16  | B503                                  |             |                   |   | 1x77069x510559440                                  |                          |  |  |
| ات)   | B395                                  |             | WA                |   | 1x P7DB9x25D875593                                 |                          |  |  |
| 18  | B 918                                 | 68 R        | WA                |   | 1x P7 D49 XX 7D 678511                             |                          |  |  |
|   |                                       |             |                   |   |  | . 741E                   |  |  |
|   | 100                                   |             | Signs             | f.,   |  |                          |  |  |

#### Signature

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.

Signaturals

4/14/12 Date

#### **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: Robert + Morris Tr  |  | ol Testing<br>President   |
|---|--|---|
| Any driver who operates a vehicle that meets the definit must have a valid CDL. The definition of a commercial remains a gross combined weight rating of 26,001 poweight rating of more than 10,000 pounds; or has a gross vehicle weight rating of 26,001 pour is designed to transport 16 or more passengers, is of any size and is used to transport hazardous | motor vehicle is<br>ounds that inclinds<br>ands or more; or<br>including the o | s a vehicle that: udes a towed unit with a gross vehicle r driver; or |

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.

|         |        | C | ommercial l | Drivers | Licens | e (CDL)   | Requi | rements |     | * 25 |
|---------|--------|---|-------------|---------|--------|-----------|-------|---------|-----|------|
| Name: — | Robert | 4 | Morris      | Ju      |        | Position: |       | Presil  | ert | <br> |

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

hazardous materials regulations.

- 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: Kobert + Morris JV Position: President  |  |  |  |  |
| 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: Robert + Morris Jr Position: President  |  |  |  |  |
| 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: Robert & Morris Jr Position: President  |  |  |  |  |
| 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.                    |  |  |  |  |
| <ul> <li>The nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>   |  |  |  |  |
| 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 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.  |  |  |  |  |
| Solutt Mario Tr Pues 4/14/12  |  |  |  |  |
| Signature of applicant Date /   |  |  |  |  |

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

(Executed in triplicate)

| Filed with WASHINGTON UTILITIES AND TRANSPORTAT  | ION (hereinafter called commission)   |  |  |  |  |  |
|--|---|--|--|--|--|--|
| (Name of Commission)   |   |  |  |  |  |  |
| This is to certify, that the BERKSHIRE HATHAWAY HOMESTATE  | INSURANCE COMPANIES   |  |  |  |  |  |
|  | (Name of Company)   |  |  |  |  |  |
| (hereinafter called Company) of PO BOX 2048 OMAHA, NE 6810   | 13  |  |  |  |  |  |
| (Home  | e Office Address of Company)  |  |  |  |  |  |
| has issued to ROB MORRIS TRUCKING INC  |   |  |  |  |  |  |
| (Name of I   | Motor Carrier)  |  |  |  |  |  |
| of 1515 W UNIVERSITY WAY   |   |  |  |  |  |  |
| (Address of I  | Motor Carrier)  |  |  |  |  |  |
| ELLENSBURG, WA 98926   |   |  |  |  |  |  |
| a policy or policies of insurance effective from $04/17/2012$  | , 12:01 a.m., standard time at the address of the                                   |  |  |  |  |  |
| insured stated in said policy or policies and continuing until canceled 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 or  | ginal of said policy or policies and all endorsements thereon                       |  |  |  |  |  |
|  | ithout 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 \$  |   |  |  |  |  |  |
| notice is actually received in the office of the commission.   |   |  |  |  |  |  |
| Countersigned at PO BOX 2048 OMAHA, NE 68103-2048  |   |  |  |  |  |  |
|  | RICHTER   |  |  |  |  |  |
|  | (Authorized Company Representative)   |  |  |  |  |  |
|  |   |  |  |  |  |  |
| Insurance Company File No. 10 WAA100192  | ·<br>_  |  |  |  |  |  |
| (Policy No.)   |   |  |  |  |  |  |
| This form determined by the National Association of Regulatory Utility Commis provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).   | sioners and promulgated by the Interstate Commerce Commission pursuant to the       |  |  |  |  |  |
| provision of Section 202(b) (2) of the interstate Commerce Act (49 0.5.C., Sect. 302(b) (2)).  | MC 1633   |  |  |  |  |  |