PART A

TV# 12 (079

1300 S Evergreen Park Dr SW PO F	RANSPORTATION COMMISSION Box 47250, Olympia, WA 98504-7250			
Telephone (360) 664-12	22 – Fax (360) 586-1181			
Intrastate Common Can	rier Operating Authority			
APPLICATION	I FOR PERMIT			
	and Common Carrier Brokers)			
Reception Number: 039251 Safety: 6-26	Carrier ID#: WWWIII			
111 0268 200 02 275.00 Insurance: 4440				
New Common Carrier Permit Authority, or	ATION (check one)			
Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority			
\$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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #: 77466				
TYPE OF F	PAYMENT			
Che Kaney Order				
CERTIFICATION: I, the undersigned, under penalty for false	e statement, certify that the following information is true and correct, half of the applicant, and that all information on file is current and			
Name (printed): TOHN T TOHNSON	Date: 6/21/2012			
Signature Ashan	Title: DWNEX			
MOTOR CARRIER	IDENTIFICATION			
CC#: V US DOT# 62113 1761401	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 57-1241741			
APPLICANT NAME:	PHONE#:			
John J. Johnson	<u> </u>			
Double J Trucking	FAX#: 360-813-3081			
BUSINESS (MAILING) ADDRESS:				
(street address, P.O. Box) 303 W Tahi	legen dr			
(city, state, zip) Bremerton WA 98	8312			
PHYSICAL ADDRESS: (street address, if different)				



TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
₩ INDIVIDUA	L DPA	RTNERSH	HP - CORPOR	RAT	ION (LP, LLP, LLC) NCORPORATION	,
NAME		LE	ADDR		STC	OCK DISTRIBUTION OR
John J.	Johnson	own	er so	LM	ne PE	RCENTAGE OF SHARE
		TR	ANSFER 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						Date
		NSURA	NCE REQUIRE	MEI	NTS (must check one)	
☐ You will not h	A pe	ermit will no	ot be issued until a		ptable insurance is receiv	
hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You must \$300,000 in Publicand Property Dalinsurance. You oneed to complet	rials in any Il only s with a nan 10,000 ust obtain olic Liability umage do not	hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain		ha red Pu Pro Ins co	You will haul azardous materials quiring \$1 million in ublic Liability and coperty Damage surance. You must emplete Part C, Sections and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
	MOTO	R VEHI	CLE LIST (Attac	h ac	dditional pages if neces	sary)
UNIT#	LICEN	SE#	STATE		VIN#	
	19953	74	WA		1NKBLB9X6T	5731950
4	B265	85B	WA		1FVNDSEB8	
			Signa	ture	e	
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.						
Jah	Riggatu	plus pre(s)	5		6/21	2012 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.wibtraffic.com, (503) 236-1183. US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

Controlled	Substances			T 45-
Controlled	Substances	and Al	conor	iestina

Name: John Johnson	Position: Owner
	r contort.

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: John Johnson	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.

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Driver Qualification Requirements
Name: Johnson or henewohnson position: Owner
Each company must maintain a complete Driver Qualification File for each employee authorized to drive moto 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: John or hence Johnson Position: Owner
Each company must maintain true and accurate hours of service records for each individual that drives a moto 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: John or Benee Johnson 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. L 2012
Date



CERTIFICATE OF LIABILITY INSURANCE

M 4411/ - Tuac > DOUBJ-3 Peropio: KR

06/21/12 THIS 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). 425-258-2300 CONTACT PRODUCER Whitfield's United Insurance PHONE (A/C, No, Ext): E-MAIL ADDRESS: 425-258-9363 Commercial Lines Department PO Box 1127/ 3425 Broadway Everett, WA 98206 NAIC # INSURER(S) AFFORDING COVERAGE Stan Pease INSURER A : Sparta Insurance INSURED Double J Trucking INSURER B: John J Johnson Jr dba INSURER C 308 Tahuyeh Dr W INSURER D Bremerton, WA 98312 INSURER E INSURER F **CERTIFICATE NUMBER:** REVISION NUMBER: **COVERAGES** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) \$ COMMERCIAL GÉNERAL LIABILITY \$ CLAIMS-MADE OCCUR MED EXP (Any one person) ¢. \$ PERSONAL & ADV INJURY GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG \$ POLICY PRO-\$ COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 044CP0118800 06/17/12 06/17/13 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED SCHEDULED BODILY INJURY (Per accident) \$ Х AUTOS **AUTOS** PROPERTY DAMAGE NON-OWNED 5 HIRED AUTOS (Per accident) \$ UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ **EXCESS LIAB** AGGREGATE \$ CLAIMS-MADE DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE CFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT NIA (Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
This certificate to serve as temporary Form E filing pending corrected
original Form E from Stonington Ins. Co.CC# 62113. fax 360-586-1181 CANCELLATION CERTIFICATE HOLDER WAUTC-1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Washington Utilities & Trans. Commission AUTHORIZED REPRESENTATIVE Permits & insurance Section

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P O box 47250

Olympia, WA 98504

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