

PART - A

TV-121151

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

done 1/6/12

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

ID# 2119

FOR OFFICIAL USE ONLY

Reception Number: <b>039308</b>	Safety:	Carrier ID#: <b>6969</b>
111 0268 200 02 <b>270.00</b>	Insurance: <b>handwritten</b>	Employee: <b>handwritten</b>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	
<input type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)</b>	For Commission Use Only: Auth #:

TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#: <b>64653</b>	US DOT# (if required) <b>2322276</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>603 219 272</b>
APPLICANT NAME: <b>PIC TRUCKING LLC</b>		PHONE#: <b>2066972468</b>
d/b/a:	FAX #:	

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **12822 2ND AVE S.**

(city, state, zip) **BURDEN WA 98168**

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
RICHARD BREEDING	MBR/MGR	- 50
REBECCA PRICE	MBR/MGR	50

**TRANSFER OF PERMIT NUMBER**

Complete this section if you are transferring an existing permit to a new owner. List name of current 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 PERMIT: N/A. PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder

Date

**INSURANCE REQUIREMENTS (must check one)**

(permit will not be issued until acceptable insurance is received)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <b>\$300,000</b> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <b>\$750,000</b> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey— Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$5 million</b> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|--|---|---|---|

**EQUIPMENT LIST (Attach additional list if necessary)**

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
27		WA	1FUSA6CK26LV63827

*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.*

RICHARD BRADING

Signature(s)

7/6/12

Date

## PART - B

### SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 336th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

#### Controlled Substances and Alcohol Testing (Part 382)

Name: RICHARD BREEDING Position: MBR/MGR

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

#### Commercial Drivers License (CDL) Requirements (Part 383)

Name: RICHARD BREEDING Position: MBR/MGR

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:

- < 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 HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

#### Driver Qualification Requirements (Part 391)

Name: RICHARD BREEDING Position: MBR/MGR

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

**Drivers Hours of Service (Part 395)**

Name: RICHARD BREEDING Position: MBR/MGR

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

**Vehicle Inspection, Repair, and Maintenance (Part 396)**

Name: RICHARD BREEDING Position: MBR/MGR

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate 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 comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***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.***

RICHARD BREEDING By [Signature] 7/6/12  
Signature of applicant Date

Please ask for technical assistance if you require information on any of these safety issues.

POWER OF ATTORNEY

To whom it may concern:

That on this, the 25th day of JUNE, 2012

AS: [X] Individual [ ] Partnership [ ] Corporation [X] LLC [ ] Other: \_\_\_\_\_

Name(s): REBECCA PRICE / RICHARD BREIDING
DIO TRUCKING LLC

Address: 12822 2ND AVE SOUTH

Does hereby make, constitute and appoint Ambassador Service Group/Sound Service Bureau, 402 16TH ST NE AUBURN WA 98002 (hereinafter called ASG/SSB) and its duly authorized representative(s), LeRoy Scott, to act as attorney in fact for the following limited special purposes:

- To prepare, sign and submit forms, applications and documents that may be necessary for insurance coverage.
To provide publicly listed telephone number & physical address for registration purposes.
To obtain, complete and submit applications and fees for federal and state operating authority and UCR registration of federal authority.
To obtain, complete and submit applications for highway use tax permits, title release/transfer, license/pro-rate plates, passes and markers (both original and renewals).
To prepare, sign and submit documents and checks that may be necessary for:
To sign highway use tax bonds.
To sign, complete and submit all other documents that may be required by various federal and state agencies in which the carrier can operate in the United States and Canada.
To request IRS 2290 records for Pro-Rate purposes, sign EIN applications to IRS.
To pursue background investigations and appeals for credentials as required in business pursuits.

All correspondence and plates may be mailed to: \_\_\_\_\_

This power of Attorney will be in effect beginning \_\_\_\_\_, and will stay in effect until revoked.

Carrier/Account: \_\_\_\_\_

XX [X] Signature and Title: [Signature] Date: 6/25/12

[X] Signature and Title: Rebecca Price Date: 6/25/12

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

Signature and Title: \_\_\_\_\_ Date: \_\_\_\_\_

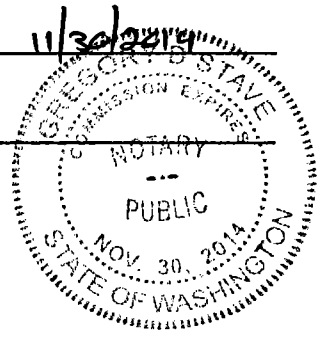
State of WA County of KING, on this 25th day of JUNE, 2012

Personally appeared before me (client(s)): REBECCA PRICE & RICHARD BREIDING

Notary for: WASHINGTON STATE Commission Expires: 11/30/2014

Notary Signature: [Signature]

Sound Service Bureau
402 16 ST NE, AUBURN WA 98002
Phone: (425) 656-0295 Fax: (425) 656-9052





# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

07/06/2012

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).

PRODUCER Phone: (425) 656-0295 Fax: 425-656-9052

**AMBASSADOR SERVICE GROUP**  
402 16TH ST NE, STE 106  
AUBURN WA 98002

CONTACT NAME: **GREG**PHONE (A/C, No, Ext): **(425) 656-0295**FAX (A/C, No): **425-656-9052**E-MAIL ADDRESS: **gregs@sound-service.net**

INSURER(S) AFFORDING COVERAGE

NAIC #

Agency Lic#: AMBASGL961LZ

INSURER A : **UNITED FINANCIAL CASUALTY CO.****11770**

INSURED  
**PIC TRUCKING LLC**  
12822 2ND AVE S  
SEATTLE WA 98168

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

**COVERAGES**

CERTIFICATE NUMBER: 34461

REVISION NUMBER:

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY	\$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE	\$	
							PRODUCTS - COMP/OP AGG	\$	
								\$	
A	AUTOMOBILE LIABILITY			01716560-0	07/06/12	07/06/13	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$	
	<input checked="" type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS							\$	
								\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	DED						WC STATU-TORY LIMITS	\$	
	RETENTION \$						OTHER	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E L EACH ACCIDENT	\$	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N			N/A			E L DISEASE-EA EMPLOYEE	\$	
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E L DISEASE-POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

FORM E REQUESTED FROM UNITED FINANCIAL CASUALTY CO.

**CERTIFICATE HOLDER****CANCELLATION**

WUTC  
PO BOX 47250  
1300 S EVERGREEN PK DR, SW  
Olympia WA 98504

Attention:

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Greg Stave