PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 2 / 2012

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

WASH, UT. & TP. COMMI

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Safety: Carrier ID#: 039366 Insurance: Q - D Employee: TYPE OF APPLICATION (check one) **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number X \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE For Commission Use Only: \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth #: (Must be filed within 10 months of cancellation) TYPEOFPAYMENT ☐ Discover ☐ Mastercard ☐ Visa **Expiration Date** ☐ Amex XI Check ☐ Money Order 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. Date: Name (printed): OWNER Title: Signature MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# CC#: L 602048485 よろみ チイのチ 206 779 d/b/a: Detai Sno-King BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

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holder a		are transf ımber to b	ferring an existing p	erm	it to a new owner. List	name of <u>current</u> permit sign below to authorize the
NAME ON PER	MIT:				PERMIT	NUMBER:
Signature of cu	ırrent permit	holder				Date
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Hou will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.		will not haul ous materials in antity. You will vehicles with a of 10,000 pounds to You must obtain on in Public Liability		You will haul zardous materials quiring \$1 million in blic Liability and operty Damage surance. You must mplete Part C, Sections and 2.	Sections 1 and 2.	
UNIT#	LICEN	A STATE OF THE PARTY OF THE PAR	STATE	A . 6		VIN#
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, 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. In pereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
Signature(s)					7	- <u>24 - 12</u> 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.jikeller.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.

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Name: -	Oksana	Tserger	Position: OWNER	-
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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 I	icense (CUL) Re	dimenans.	
Name: Ocsang	Tserger	Position: _	Owner	V

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 C	lualification	Requirem	ents: () * *		ri i
Name: Or	Sana	Tserger		Position:	OWNER		
vehicles as rec exclusively in i	quired by FM ntrastate con	ain a complete Dri CSR Part 391.51 a nmerce within Wa ust maintain a cor	and by the WS shington have	P in WAC 4 limited exer	46-65-010. Owne nptions. Owners/c	r/operators that operators that co	work induct
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Name: Or	souna	Tsirger	F	Position:	OWNER		_
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	1.0	Vehicle Inspe	ction, Repair	and Mair	itenance	erreceves a services.	
Name: Ors	ang	Tsirger	F	Position:	owner		
required by the company must FMCSA in 49 C	FMCSA in 4 maintain certification for the nature at	e a written "Driver 9 CFR, Part 396.1 tain required recor 5.3 and by the WS of the vehicle. nd due date of var espections, repairs	11 and by the V rds for each ve P in WAC 446 rious inspection	VSP in WAC hicle that in -65-010: a and mainte	C 446-65-010. In a cludes the following the	addition, each ng, as required b to be performe	by the
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Signature of app		_			Date	•	

Kending 6982

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to OKSANA TSERGER, SNO-KING AUTO DETAIL of 5821 SEAHURST AVE, EVERETT, WA 98203-0000 a policy or policies of insurance effective from 08/02/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without 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 State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 8th day of August, 2012

Insurance Company File No. CA 01758486

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B