

Aug. 15. 2012 11:29AM

Licensing Services

No. 5474 P. 1/2

PART A

TV# 121316

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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

AUG 09 2012

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

WASH. UT & TP COMM

CK# 20248

FOR OFFICIAL USE ONLY

Reception Number: 039450	Safety: <i>Andrew J</i>	Carrier ID#
111 0268 200 02	Insurance: <i>Andrew J</i>	Employee

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$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 #:

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): *DAVID LITTLEJOHN LOGGING*
DAVE LITTLEJOHN
 Signature: *David Littlejohn*
 Date: *8/6/12*
 Title: *MANAGING PARTNER*
DAVE LITTLEJOHN LOGGING

MOTOR CARRIER IDENTIFICATION

CC#: <i>29942</i>	US DOT#: <i>1987792</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>601-071-551</i>
APPLICANT NAME: <i>DAVID LITTLEJOHN LOGGING</i>		PHONE#: <i>360-352-5858</i>
d/b/a: <i>DAVE LITTLEJOHN LOGGING</i>	FAX #: <i>360-705-4103</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>11946 CASE RD. SW.</i>		
(city, state, zip) <i>Olympia, WA. 98512</i>		
PHYSICAL ADDRESS: (street address, if different) <i>SAME AS ABOVE</i>		

TYPE OF BUSINESS STRUCTURE

(check box, individual, or complete name in corporation or other form)

- INDIVIDUAL
 - PARTNERSHIP
 - CORPORATION (LP, LLP, LLC)
- STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
DAVID LITTLEJOHN	Logging	11946 CASE RD SW, OLYMPIA, WA 98512	SEE ENCLOSED SHEET

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must be checked)

A permit will not be issued until adequate insurance is received.

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> You 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. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

MONITOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
KV #3	HX 9548	WASH.	5347460GL

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.

David Littlejohn
Signature(s)

8/6/12
Date

DAVE LITTLEJOHN LOGGING

601-071-551

Attachment to: Application for renewal of Common Carrier Permit Authority

Type of Business: Partnership

Partners: Each partner has 20% ownership

David Littlejohn

Dwaine Littlejohn

Daniel Littlejohn

Darren Littlejohn

Thomas Holmes Jr.

Aug. 15. 2012 11:30AM

Licensing Services

No. 5474 P. 2/2

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.wiatrucking.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.

Controlled Substances and Alcohol Testing

Name: DWAINE LITTLEJOHN Position: DRIVER

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 Driver's License (CDL) Requirements

Name: DWAINE LITTLEJOHN Position: DRIVER

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.

Aug. 15, 2012 11:31AM

Licensing Services

No. 5475 P. 1/2

Driver Qualification Requirements

Name: DWAIN LITTLE JOHN Position: DRIVER

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: DWAIN LITTLE JOHN Position: DRIVER

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: DWAIN LITTLE JOHN Position: DRIVER

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.

David Littlejohn
Signature of applicant

8/6/12
Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/17/2012

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).

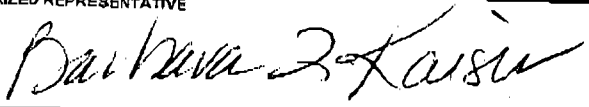
PRODUCER Sunset Insurance Agency LLC 1429 West Bay Drive NW Olympia WA 98502	CONTACT NAME: Diana Rieland PHONE (A/C No. Ext.): (360) 357-3353 E-MAIL ADDRESS: dianar@sunsetagency.com	FAX (A/C No.): (360) 357-6167
	INSURER(S) AFFORDING COVERAGE	
INSURED David Littlejohn Logging 11946 Case Rd SW Olympia WA 98512-9127	INSURER A: Progressive Insurance co.	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** **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	INSR W/O	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			01739358-0	07/20/2012	07/20/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ 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)
EVIDENCE OF INSURANCE

CERTIFICATE HOLDER WA Utilities & Transportation Commission P.O. Box 47250 Olympia, WA 98504-7250	CANCELLATION 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 
---	---

PART A

TV# 121316

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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

AUG 09 2012

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

WASH UT & TP COMM

CK# 20248

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: 039450 275.00	Carrier ID#: M7248
Insurance:	Employee:	

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	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): DAVE LITTLEJOHN Date: 8/6/12

Signature: David Littlejohn Title: DAVE LITTLEJOHN LOGGING

MOTOR CARRIER IDENTIFICATION

CC#: 29942	US DOT#: 1987792	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-071-551
APPLICANT NAME: DAVE Littlejohn		PHONE#: 360-352-5858
d/b/a:		FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 11946 CASE Rd. SW.
(city, state, zip) Olympia, WA. 98512

PHYSICAL ADDRESS: (street address, if different) SAME AS ABOVE

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
DAVE LITTLEJOHN		11946 CASE Rd SW.	
Logging			

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received.

- | | | | |
|---|---|---|---|
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|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
KW #3	HX 9548	WASH.	5347460GL

Signature *x David Littlejohn*

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.

David Littlejohn
Signature(s)

8/6/12
Date

PART B

SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

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Signature David Littlejohn

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.

David Littlejohn
Signature of applicant

8/6/12
Date