PART A

TV# 121349

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

APPLICATION (excluding Household Goods					
FOROPSICA					
Reception Number: Safety;		Carrier ID#:	7006		
111 0268 200 02 2 7 00 Insurance:		Employee:	EW C		
a chi estatede.					
New Common Carrier Permit Authority, or	Extension of	f Common Ca	rrier Permit Authority		
Transfer of Existing Permit Number					
\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL COM	MODITIES, including BERVICE		
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100	GENERAL COM HAZARDOUS MA	MODITIES, including TERIALS		
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100		IMODITIES, including ERIALS and ARMORED CAR		
\$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 PE	RMIT For	Commission Use Only:		
1117505					
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard LAV	sa E	opiration 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): Clara Jung	Date:	8/14/2	ાગ્ય		
Signature:	Title:	Regional V.	P		
	Contraction of the Contraction o	Particular Commission of Commi			
CC# 64685 US DOT#2336371	WA UNI	FIED BUSINESS 1	DENTIFIER (UBI) #: 3820		
APPLICANT NAME. EW C GIVEP. Inc.		PHONE#: .	-767-9950		
d/b/a:		FAX #: 206	767-066 1		
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 410 Andover Park E					
(city, state, zip) Tutwila. WA 98188					
PHYSICAL ADDRESS: (street address, if different)					
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NAME	nn	<u>-E</u>	ADDRE	SS			CK DISTRIBUTION OR
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Complete this se	ction if you		mno an existing p	4500		ist na	me of <u>current</u> permit
holder an	d permit nur	mber to be	transferred. The	curre	ent permit holder mi	ust sig	n below to authorize the
	f the permit	number.	i\ /	Ί	DEDI		IN ADED.
NAME ON PERM	ИIТ:		[7]	n	PERIV	III NU	JMBER:
Signature of cu	rrent permit	holder			·		Date
You will not ha		☐ You wi	ll not haul	Ø	You will haul		☐ You will hau!
hazardous matei quantity. You wil			s materials in tity. You will		zardous materials quiring \$1 million in		hazardous materials requiring \$5 million in
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\$300,000 in Pub	lic Liability	\$750,000	in Public Liability		mplete Part C, Sect	ions	complete Part C,
and Property Da Insurance, You			erty Damage` e. You must	1 6	and 2.		Sections 1 and 2.
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			Sant				
l as applicant	understand	d that the	filing of this apoli	catio	on does not in itse	elf cor	stitute authority to
operate and the	at no opera	itions may	be conducted u	ntil a	a permit is receive	d froi	m the Commission. I
hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.							
	_	_					
		\rightarrow				8/	14/2012
	Signatu	ure(s)	 				Date
i			_				

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.

			melled Sjibstances and Arcitor Sessing
Name: —	Clara	Jung	Position: Regional V.P.

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.

	Блеже на	William Carence (CDL) Requirement
Name: —	Clara Jung	Position: Legiane V.P.

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.

Trong Definitions		enge :			
Name: Clara Jung	Position: _	Regional	V. P.		
Each company must maintain a complete Driver Qualificative vehicles as required by FMCSR Part 391.51 and by the Wexclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file or	VSP in WAC 4 re limited exe	146-65-010. Ov mptions. Owne	vner/operators that work rs/operators that conduct		
Brivers Hours	6 (5a) vi				
Name: LUI) Monder	Position: _	Manager			
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.10	service record (e) and by the	ds for each indi WSP in WAC	ividual that drives a motor 446-65-010.		
We hade served the Acceptance					
Name: Luis Monter	Position: _	Manager			
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 requ WSP in WAC 446-65-010.	ired by the FA	/ICSA in 49 CF	R, Part 396.17 and by the		
Skyna					
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.					
Signature of applicant		<u>్</u> రి Dat	<mark>/H / 2</mark> e		

2067670661





Fax

Γο: Ken Chapman	From: Clara Jung
Company: WA Utilities & Transportation Comm	Date: 08/14/2012
Fax: 360-586-1181	Time: 3:11pm
Phone: 360-664-1222	Pages(including cover): 8
Re: Application for Permit	CC:
☐ Urgent ☐ For Review ☐ Please Comment	☐ Please Reply ☐ Please Recycle
Hi Ken,	
4.	

Please see attached application.

If you have any questions, concerns or comment, please feel free to contact me at 206-767-9950 or clara@ewastecenter.com.

Thanks again for all your help, I hope that I followed your directions/advice correctly.

Best Regards, Clara Jung

EWC Group Inc.

PART C - SECTION 1

SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

	Companies applying to transport hazardous materials must complete this survey.				
1.	Name the person or position responsible for maintaining and understanding current hazardous material regulations.				
	clara lung / kenome VP				
2.	Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? Yes No				
3.	Are drivers trained in the use of Emergency Response Information?				
4.	Is the Emergency Response Information carried in the vehicle? XYes No				
5 .	Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.				
	Clara Jung / Regional V.P.				
6.	Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? Yes \(\square \) No				
7.	Who is responsible for completing hazardous materials shipping papers? Shipper responsible for				
8.	Where are hazardous material shipping papers located during transportation? Within drivers away when sentherted in.				
9.	If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.				
	N/A - not transporting Radioactive Later-Or				
10	Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.				
	Symptope:				
M	My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.				
	8/14/2012				
Si	gnature of applicant Date				

PART C - SECTION 2

HAZARDOUS MATERIALS QUESTIONNAIRE

mpanies applying to transport hazardous materials must complete the following questions.
прилос арругад со и инсритентация
Please indicate if you plan to transport: • Petroleum or petroleum products in bulk in tank-type vehicles • Radioactive substances • Explosives • Corrosives Please indicate if you plan to transport: □ Yes No □ Yes □ No □ Yes □ No
As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No If yes, which governmental agency will issue the permit? If yes, please explain what you intend to build:
In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts: a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010? Yes No Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010? Yes No Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator? Yes No If your answer to a, b, or c is no, please explain:
11 your answer to a, b, or o to the, produce experience

UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION FOR REGISTRATION YEAR(S) 2012-2014

Registrant:

EWC GROUP INC. Attn: CLARA JUNG 410 ANDOVER PARK E TUKWILA, WA 98188

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 081412 550 094UV

Issued: 08/14/2012

Expires: 06/30/2014

HM Company ID: 159283

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

2067670661



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

EWC Group Inc 410 Andover Park E. Tukwila WA 98188

August 16, 2012

Notice of Deficient Application TV-121349

The following items either need to be completed and/or corrected for prompt processing of your application for common carrier permit CC-64685 including Hazardous Materials operating authority:

- Your application is missing some information. Please complete Part C and return X to our office by September 15, 2012.
- Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is X shown above.
- You need to have a USDOT number. I have enclosed a MCS-150B form for registration by hazardous materials carriers for a USDOT number. You can obtain X one online at www.fmcsa.dot.gov/online-registration or you can contact the WSP (360)596-3810 for assistance.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You Um W. C.

Ken Chapman

Transportation Specialist II

Rending



Form E 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 EWC GROUP, INC of 410 ANDOVER PARK E, TUWKILA, WA 98188-0000 a policy or policies of insurance effective from 10/01/2012 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 10th day of September, 2012

Insurance Company File No. CA 01805118

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B