PART-A

## 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 FOR PERMIT

APPLICATION (excluding Kousehold Goods m		non wax	or Brokers)	The state of the s		
(excluding Kousehold Goods to	THE PARTY					
Safety:		/	Camer ID#			
ecuption Number: 030519	nt	<del></del>	Employee	luc .		
11 0268 200 02 2 15.00 Insurance NO	TION	check	one)	To Bankhantriby		
TYPE OF APPLICA	Extern.	sion 0	Common C	arrier Permit Authority		
New Common Carrier Permit Authority, or						
Transfer of Existing Permit Months		\$100	GENERAL COMMODITIES, including			
\$275 GENERAL COMMODITIES ONLY	<u> </u>		ARMORED CAR SERVI			
The state of the s		<b>\$100</b>	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE				The state of the s		
\$275 GEMERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100	HAZARDOUS I	COMMODITIES, INCOMED CAR		
	<del> </del>			1 V V V V V V V V V V V V V V V V V V V		
5275 GENERAL COMMODITIES, INCLUDING MAZARDOUS MATERIALS ENGARMORED CAR						
				For Commission Use Only:		
CANCELLED COMM	Cai Car	RIER P	ERMUT	Auth & QUALIOZI19B		
Must be filed within 10 months of cencellation		47-517	and the second s			
TYPE OF	- Par 4 M		Viga	Expiration Date		
☐ Check ☐ Money Order ☐ Arnex ☐ Discover X Mastercard ☐ Visa Explain.						
				Non in true and correct that I am		
CERTIFICATION: I, the understoned, under penalty for take attraction, cartify that the following information is true and correct, that I am customer to be understoned, under penalty for take attraction on the is current and valid.						
CERTIFICATION: I, the understyred, under penalty for take statement, certify that the following short-land and valid.  sufficient and the this document on banefi of the applicant, and that all information on the is comment on banefi of the applicant, and that all information on the is comment on banefi of the applicant.						
Dere:						
Name (printed):	7	Tide:	(600)C	KSPER		
Signature: The Signature of the Signatur						
		VEAL	NIFIED BUSIA	ESS IDENTIFIER (UBI) #:		
CC# 14 691 US DOT# 205720	<b>7</b> 7		601-9	63-925		
APPLICANT NAME:			PHONE	F264-112118		
ADALBERTO 18	MA	2E)	1509	139X- 439A		
			EAX#	1 (18 V- 20) RV		
A P TRUCKING			(20	1/400 505		
BUSINESS (MAILING) ADDRESS: 0 11	$\overline{\nu}$	CT	.02.			
(street address, P.O. Box)	<u> </u>	71	. 3 00			
	icV	i A	1A. 9	xx4x		
PHYSICAL ADDRESS: (street address, if different)						
		5/)/	VI C			
6						

		TVDE	of Busines	9 0	TRICTURE	
	(check	individual	or complete bayu	ershi	o/corporation information	<u>n)</u>
LINDIVIDUAL   PARTNERSHIP   CORPORATION - STATE OF INCORPORATION						
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE						
AOMBE	RID F	PENA	DO ONM	ΙΣ	L 10	070
D		TRA	nsfer of Pe	RM	it number	
Complete this se holder and perm of the permit nur	ill number to	ire transfer be transfer	ning an existing parent;	anit emi	to a new owner. List na it holder must sign below	me of <u>current</u> permit v to authorize the transfer
NAME ON PERI	MIT:		1//		PERMIT NU	IMBER:
· <u></u>			M/1+			Date
Signature of ca	ment permit	holder	, .			Date
	îN:	SURANC	E REQUIREM be issued until acc	SOS SOS	S (must check one) ble insurance is receive	) :d)
The application of the policies less the pounds gross we rating \$300.00 Liability and Propagation of the complete the Fitness Survey.	ant WILL ardous quantity operate an 10,000 reight 0 in Public operty Ince is to not need e Safety	The: NOT HAU materials \$750,000 and Proporting Insurance Complete Safety Fit Section 1	applicant Will Lapplicant Will Lapplicant Will Lapplic Lapplity — in Public Lapplity erty Damage is required. Hand submit the mess Survey—	HAI mai S1 Lia Suit Suit 2.	The applicant WILL UL hazardous terials requiring million in Public billty and Property mage Insurance and britthe Safety Fitness rvey – Sections 1 and	The applicant WILL HAUL hazardous materials requiring 55 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey — Sections 1 and 2.
	-	10-11	NT LIST (Attacl	200	ditional list if necessar	A)
UNITE -	+6260		WA		IFUVOXVB3	WL947796
<u> </u>	POLED	30	0011		710170777	
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.  Signature(s)  Date    Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date   Date						
Publication of 61						
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## 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).

available from several vendors, these include, but are not limited to:

Copies of the FMC3rs are available from several vertes/4, 5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-5-						
Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003. (800) 732-9019 or (253) 838-1650 J. J. Koller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54965 (877) 564-2333 Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 238-1183 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800						
Controlled Substances and Alcohol Testing (Part 362)						
Name: ADALBERTO PENADO Position: OWNELL						
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) Raquirements (Part 383)						
Name: ADABERO PENADO 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. 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 texting.) Contact local Department of Licensing office for additional information						
Driver Qualification Requirements (Part 391)						
Name! ADALBERTO PENADO Position: ONNER						
Each company must maintain a complete Oriver 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 490-14-370(7). Compressonerators that conduct any interstate operations must						

maintain a complete file on themselves and any casual or intermittent driver that they may use.

Orivers Hours of Service (Part 395)						
Name: ADALBERTO PENADO	Position:	OWNER				
lame:	er must complete a ceeds 12 hours.	ls for each individual that of the "100 air mile radius driver's daily log book when				
Vehicle Inspection, Repair, a	and Maintenance	Part 395)				
Anarcia Privado	Position:	owner				
The state of the s	orium Vohicle inst	pection Report" on each vehicle				
read each day. Refer to Fatt 330. It is a description						
Each motor carrier must maintain certain required	records for each ve	hicle that includes the following:				
(see Part 396,3(b)).						
<ul> <li>Identification of the vehicle</li> <li>A means to indicate the nature and due operations to be performed.</li> <li>A record of inspections, repairs and main an arrangement of the performed.</li> </ul> All companies must comply with Part 396.17 dealing must inspect, or have inspected, all motor vehicles preceding 12 months.	ntenance indicaling	their date and nature.				
My signature below certifies that I understand comply with all the safety requirements which	my responsibility apply to my oper	gas a motor carrier and I will rations.				
Signature of applicant		8 30 1 3				
	·					
	7					



## 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 ADALBERTO PENADO, AP TRUCKING of 211 K ST SW, QUINCY, WA 98848-0000 a policy or policies of insurance effective from 08/29/2012 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 29th day of August, 2012

Insurance Company File No. CA 01812063

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B