

## **PART A**

121385 TV#

# 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

APPLICATION FOR PERMIT					
(excluding Household Goods	and Common Carrier Brokers)				
Reception Number: 039520 Safety:	A USEONLY				
111 0268 200 02 2 (n. 00 Insurance: ())	Carrier ID#. 7015				
madrance.	MM WWW Employee: WWW				
New Common Carrier Permit Authority, or	A lengtheck one)				
Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority				
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$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 PERMIT For Commission Use Only: Auth #: (1)(1)(7)(7)(7)				
OESKE OF	ZAYMENE				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard Visa Expiration Date				
CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, whalf of the applicant, and that all information on file is current and				
Name (printed): Phi SCA	Date: 8 /2 ///2				
Signature: //	Title: Dans				
CC#: ( III 0 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #.				
69693 2140673	(003 /05 50)				
APPLICANT NAME: Rito (20+180)	PHONE#:				
d/b/a: R+R Example	FAX #:				
BUSINESS (MAILING) ADDRESS:	309-913-2936				
(street address, P.O. Box) 3601	1. Westinaton Avett1				
(city, state, zip)	2, WA 98903				
PHYSICAL ADDRESS: (street address, if different)	1315 Swan Ave				
4	Yak: ma, MA 98902				

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.   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.   Permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.   Permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.   Permit number   Permit n									
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#### **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.

Controlled Substances and Aucoliot Testing	
Name: Rito Gutierrez John Position: Dunen	
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below	.,

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.

		wwers License (CDIL)	Requiements	
Name:	buttere	2 Tb211-Position:	owne	_

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 Chebine attent Requirements	<u> </u>
Name: Rito Outrecer I barre Position: Own C	
Each company must maintain a complete Driver Qualification File for each employee authorized vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/ope exclusively in intrastate commerce within Washington have limited exemptions. Owners/operations interstate operations must maintain a complete file on themselves and any other driver that	erators that work
Orivers Hours et Service	
L'ta Carticage Thomas	
Name: RITO COUTICNEZ I barro Position: Owner	1
Each company must maintain true and accurate hours of service records for each individual the vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-0	nat drives a motor 010.
Vehicle Inspection, Repair, and Maintenance	
Name: Fito Outrerez There Position: Owne	
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In additional must maintain certain required records for each vehicle that includes the following, as FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010:  • Identification of the vehicle.	ion, each is required by the
<ul> <li>The nature and due date of various inspection and maintenance operations to b</li> <li>A record of inspections, repairs and maintenance indicating their date and nature</li> </ul>	e performed. re.
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 39 WSP in WAC 446-65-010.	96.17 and by the
: Signature	
My signature below certifies that I understand my responsibility as a motor carrie comply with all the safety requirements which apply to my operations.	er and I will
Signature of applicant Date	



### CERTIFICATE OF LIABILITY INSURANCE

To: 13605861181

DATE (MM/DD/YYYY) 11/5/2012

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

certificate holder in lieu of such endors		- '			is ceruficate does not co	omer F	gries to the
PRODUCER	CONTACT Natali RoQue						
Conover Insurance, Transportation Division,			PHONE (509)	965-2090	FAX (A/C, No):	(509) 96	6-3454
P.O. Box 10088		PHONE (509) 965-2090 FAX (A/C, No): (509) 966-3454  E-MAIL ADDRESS; natalir@conoverinsurance.com					
					RDING COVERAGE		NAIC#
Yakima WA 98	909-10	88			urance Company		10.00 #
INSURED			INSURER B :		15		
Rito Guiterrez Ibarra, DBA	: R &	R Express	INSURER C :		7017		
1315 Swan Ave		-	INSURER D ;		110,0		··· ·
			INSURER E :				
Yakima WA 98	902		INSURER F :				
COVERAGES CER	TIFICATI	E NUMBER:2012-2013			REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RECERTIFICATE MAY BE ISSUED OR MAY FEXCLUSIONS AND CONDITIONS OF SUCH	QUIREME PERTAIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF ANY CONTRACTED BY THE POLICIES BEEN REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS	DOCUMENT WITH RESPEC D HEREIN IS SUBJECT TO	י סד דכ	WHICH THIS
LTR TYPE OF INSURANCE	INSR WVD	POLICY NUMBER	(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED	\$	
COMMERCIAL GENERAL LIABILITY					PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	
POLICY PRO- LOC				<u> </u>	COMBINED SINGLE LIMIT	\$	
AUTOMOBILE LIABILITY					(Es accident)	\$	1,000,000
A ANY AUTO ALL OWNED SCHEDULED		WN063896	5/5/2012	5/5/2013	BODILY INJURY (Per person)	\$	
AUTOS AUTOS NON-DWNED		P121003030	5/3/2012	7 3/2013	BODILY INJURY (Per accident) PROPERTY DAMAGE	\$	
HIRED AUTOS AUTOS				]	(Per accident)	\$	
UMPRELLALIES		<del> </del>			Uninsured motorist combined		100,000
UMBRELLA LIAB OCCUR EXCESS LIAB CLABAS-MADE					EACH OCCURRENCE	\$	
CDAIMS-NACE					AGGREGATE	\$	
DED   RETENTION \$	-			1	WC STATU- OTH- TORY LIMITS ER	8	
AND EMPLOYERS' LIABILITY Y/N					į	<u> </u>	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				E.L. EACH ACCIDENT  E.L. DISEASE - EA EMPLOYEE	<del></del>	·
(Mandatory in NH) If yes, describe under	[ {				E.L. DISEASE - POLICY LIMIT	s	
DÉSCRIPTION OF OPERATIONS below		<u> </u>	5/5/2012	E /E /0013			100 000
A CARGO LIABILITY		WN063896	D/5/2012	5/5/2013	PER AUTO:		100,000
					DEDUCTIBLE:		1,000
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLE FORM E SOON TO FOLLOW FROM INC.	LES (Attack	I. n ACORD 101, Additional Remarks CE COMPANY	s Schedule, if more space	ls required)			
CERTIFICATE HOLDER			CANCELLATION				
	_		JANUAL LA NON	<u> </u>			
(360)586-1181 Washington Utilities	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES THE EXPIRATION DATE THEREOF, NOTICE W ACCORDANCE WITH THE POLICY PROVISIONS.  Utilities & Transportation				EREOF, NOTICE WILL	ANCEL' BE DE	LED BEFORE LIVERED IN
Commission			ANTHODIZED BERTS	ENTATR#			
30 D 400E0			AUTHORIZED REPRES	FILLWINE			

ACORD 25 (2010/05)

INS025 (201005).01

Olympia, WA 98504-7250

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Leslie Dawson/DAWSON Lucie a. Oaks