

Fax: 360-586-1181

PART A

TV# 121418

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
 (Including Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 039560	Safety:	Carrier ID#: 1025
111 0268 200 02 275.00	Insurance: OK	Employee: OK

TYPE OF APPLICANT		TYPE OF PAYMENT	
<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority	<input type="checkbox"/> Check	<input type="checkbox"/> Money Order
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> Mastercard	<input checked="" type="checkbox"/> Visa
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	Expiration Date: 11/11/12	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		For Commission Use Only: 014304	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)			

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): Lisa M. Conner Date: 8-25-2012
 Signature: Lisa M. Conner Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 64702	US DOT#: 2337144	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-233-145
APPLICANT NAME: Lisa M. Conner		PHONE#: 509-949-6455
d/b/a: L & D Hauling Service	FAX #: 509-453-0244	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 2187		
(city, state, zip) Yakima, WA 98902-2187		
PHYSICAL ADDRESS: (street address, if different) 71 CEDNER LAKE; Zillah, WA 98953		

TYPE OF BUSINESS STRUCTURE <small>(check in individual or complete partnership/corporation information)</small>			
<input checked="" type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> PARTNERSHIP	<input type="checkbox"/> CORPORATION (LP, LLP, LLC)	
STATE OF INCORPORATION _____			
NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Risa M Conner	OWNER	60 Conner Lane Zillah Wash 98953	
TRANSFER OF PERMIT NUMBER			
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 <small>(must check one)</small>			
<small>permit will not be issued until adequate insurance is received</small>			
<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.
MOTOR VEHICLE LIST <small>(Attach additional pages if necessary)</small>			
UNIT#	LICENSE#	STATE	VIN#
1	TBD	WASH	1FUYDZYB15H786213
1	T.B.D.	WASH	1FUYDZYB15H786213
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.			
<input checked="" type="checkbox"/> Risa M. Conner Signature(s)		8-25-2012 Date	
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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.wttraffic.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 TestingName: Lisa M. ConnerPosition: 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 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 License (CDL) RequirementsName: Lisa M ConnerPosition: OWNER

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 Qualification Requirements

Name: Lisa M Conner

Position: OWNER

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: Lisa M Conner

Position: OWNER

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: Lisa M Conner

Position: OWNER

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

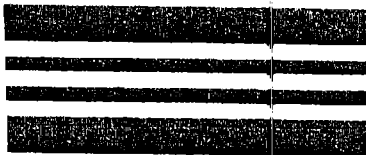
My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

Lisa M Conner

Signature of applicant

8-25-2012

Date



Conner Lisa M
 Legal Entity/Owner Name
 603 233 145
 Unified Business Identifier (UBI)
 Federal Employer Identification Number (FEIN)

For Validation - Office Use Only

03N-400-925-0003

License Application

Service - Apply online @

business.wa.gov/BLS

or mail to Business Licensing Service



Washington State
Department of Revenue

8/27/2012 1:53:06 PM

Receipt Number 1682659
 Office Location YAKIMA
 Issued By 9492

Receipt To

603233145
 CONNER LISA M
 WED HAULING SERVICE

Amount Paid

Cash Amount \$20.00
 Check Amount \$0.00
 Total Paid \$20.00

Thank You!

- Add License/Registration to Existing Location
complete sections 2, 3, 4, and 6
- Business Has or Will Have Employees
complete all sections
- Business Has or Will Have Employees Under Age 18
complete all sections
- Hire Persons to Work In or Around Your Home
complete all sections
- Other - complete all sections _____

4 and 6

needed to complete this list.

Do you want a separate tax return for each business? Yes No

- Required if you will have employees.

If you will have employees.

If you will have employees under age 18.

Fees Due

No Fee
 No Fee
 No Fee
 No Fee
 \$ 5.00

List Additional Trade Names (\$5 each name) or Other Licenses (such as Lottery Retailer):

	\$
	\$
	\$
	\$
	\$
	\$
	\$

RECEIVED
 AUG 27 2012
 Dept. of Revenue
 Yakima

Enclose check for total amount due, including the Processing Fee, which MUST be submitted with this form.

Processing Fee \$ 15.00

Total Amount Due \$ 20.00

Make check payable to the Department of Revenue.

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 LISA M CONNER, L & D HAULING SERVICES of 71 CONNER LANE, ZILLAH, WA 98953-0000 a policy or policies of insurance effective from 08/28/2012 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 4th day of September, 2012

Insurance Company File No. CA 01809478
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B