12/14/2011 10:40 FAX 3605861181

PART A

TV#121424

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Bdx 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority					
	APPLICATIO	DN FOF	RPER	MIT	
(excluding	g Household Good	ds and Co	mmon C	rrier Brokers)	
	FORGERIC	Tracks		The second secon	11200
0.200.00	Safety:			Carrier ID#	149121
MANTE A STORY OF THE STORY OF T	Insurance:			Employee:	
New Common Coming B		100 100 100 100 100 100 100 100 100 100			
New Common Carrier Permit A Transfer of Existing Per	Authority, or mit Number	Exte	กรion c 	of Common Cari	rier Permit Authority
\$275 GENERAL COMMODITIE	SONLY	Ç	\$100	GENERAL COMM	ODITIES, including
\$275 GENERAL COMMODITIES  ARMORDED CAR SERVICE	, including	Ç)	\$100		ODITIES, including
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS	, including	<b></b>	\$100	GENERAL COM	MODITIES, including RIALS and ARMORED CAR
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS and SERVICE	, INCLUDING ARMORED CAR			KIND	
\$100 REINSTATEMENT OF CAN (Must be filed within 10 months of can	ICELLED COMM	ON CARE	RIER PEI	RMJN UN For C	compligation use only
	War Ine ion	50A YAV			
☐ Check ☐ Money Order ☐ Amex	☐ Discover □	Masterc	ard-W-Vi	sa Exp	iration Date
CERTIFICATION: I, the undersigned, until that I am authorized to execute and file valid.	under penalty for falls this document on the	se stateme penalt of th	ent, certify e applicar	that the following information, and that all information	mation is true and correct, ion on file is current and
Name (printed): 5-29-2012				2	
Signature: Site Title: Lic. Clerk					
	An altiform And Alle				
CC#: US DOT#	1843			FIED BUSINESS IDI 2 - 530 - 0	
APPLICANT NAME: OSE M. CAK	denas	Single Control		PHONE#: 579.575-	
d/b/a: MC TRA	ms poet	To the second		FAX#:	3-0244
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 10 Box 2187					
(city, state, zip)	_		<del>~~.</del>		
MAKIMA, WA	9890	γ	7187		
PHYSICAL ADDRESS: (street address, if different)					
5011 Miseas Rd:	MAKIM	A L	la.	78901	

12/14/2011 10:41 FAX 3605861181 LICENSING SERVICES

**2**005/007

Partie Contraction and the same	TATECRA NO.				
				E TEXES	
INDIVIDU	AL P/	RTNERSH	IIP   CORPO	U.C. M. S.	Annual An
' \				OF INCORPORATION	
NAME	II	TLE	ADDR		TOCK DISTRIBUTION OR
lese n	1	Ome	L 50(1)	$\rho_{1}$	ERCENTAGE OF SHARE
Carde	lan		MAX	Miera Rl ma, WA 9890	1
The state of the s				14, 200	
	in the Contract of the Contrac	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(1981) - 3 (0) 1 E	E EMMICONOMIECES AS	
ויטוטני ב	and bennik (36	illivuer to be	erring an existing particle transferred. The	ne mit to a new owner. List is current permit holder must s	name of <u>current</u> permit
transfer	of the permi	t number.	110	omnerit perant noider must	sign below to authorize the
NAME ON PER	RMIT:			PERMIT N	NUMBER.
Signature of c					Date
				n <mark>- Tanas</mark> ang mga akapagagaga	
☐ You will not h	naui	☐ You wil	not haul	in the second of	☐ You will haul
hazardous mate quantity. You w	erials in any ill only		s materials in ity. You will	hazardous materials	hazardous materials
operate vehicle	s with a	operate ve	ehicles with a	lequiring \$1 million in Public Liability and	requiring \$5 million in Public Liability and
GVWR of less to pounds. You mit	han 10,000 ust obtain	GVWR of	10,000 pounds ou must obtain	Property Damage	Property Damage
\$300,000 in Put	blic Liability		in Public Liability	Insurance. You must domplete Part C, Sections	Insurance. You must complete Part C,
and Property Da Insurance, You	amage do not	and Prope	erty Damage . You must	1 and 2.	Sections 1 and 2.
need to complet	te Part B.	complete	Part B.	verit de Arman	
UNIT#				in tallaration in the same of the same	
UNIT#	LICEN	SE#	STATE		VIN#
16	HPPI	Fd	WA	N.	57551
				· · · · · · · · · · · · · · · · · · ·	
the state of the s					
<u></u>	antenante de la composition de la comp	and the second second second second second		110	
I, as applicant,	understand	that the fi	ling of this applic	alion does not in itself co	nstitute authority to
rieleby declare	and affirm	tions may i that the inf	pe conqueted un formation contair	til a permit is received fro ned in this application is tr	m the Commission. I
knowledge and	l belief.			The section in property of the first that the	
	`				
	42.	H	7	<b>\$</b>	19 2012
	Signatu	re(s)	•		Date
			_		

12/14/2011 10:42 FAX 3605861181

Ø1 00B/007

## 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.

	Lead All Sandy Book and the
Name: Ose M Cardenas	Position: <u>Owner</u>
Any driver who operates a vehicle that meets the definition must have a valid CDL. The definition of a commercial more	in of a commercial motor vehicle as described below

 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.

in in the second of the second	in The said (in the said in th	Signal Commencer of the	TAG
Name fore m Card	Positio	on: 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.

F 17 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	· · · · · · · · · · · · · · · · · · ·
Distribute 110	
Name: Ose M Cardena	Position: Dune
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the W	I/SP in WAC 446-65-010. Owner/operators that work
exclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file or	ie limited exemptions. Owners/operators that conduct
Name: De M. Cardena	Position: Duure
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1(	pervice records for each individual that drives a motor plant by the WSP in WAC 446-65-010.
Name: Madena	Position: Owner
Each company must prepare a written "Driver Vehicle Insprequired by the FMCSA in 49 CFR, Part 396.11 and by the	ection Report" on each vehicle used each day as WSP in WAC 446-65-010. In addition, each
FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 4	vehicle that includes the following, as required by the
<ul> <li>Identification of the vehicle.</li> <li>The nature and due date of various inspect</li> </ul>	bn and maintenance operations to be performed.
<ul> <li>A record of inspections, repairs and mainte.</li> </ul>	lance indicating their date and nature.
All companies must conduct periodic inspections as requir WSP in WAC 446-65-010.	(ed by the FMCSA in 49 CFR, Part 396.17 and by the
My signature below certifies that I understand my comply with all the safety requirements which app	responsibility as a motor carrier and I will ly to my operations.
Signature of applicant	8-29-12
	Jace
•	

M 43927,

## FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with

**WASHINGTON UTILITIES & TRANSPORTATION COMM** 

(hereinafter called Commission)

This is to certify, that the

**GREAT WEST CASUALTY COMPANY** 

P.O. BOX 277 SO SIOUX CITY NE 68776

(hereinafter called Company)

has

JOSE M CARDENAS **DBA JMC TRANSPORT** 

issued to:

**5011 MIERAS RD YAKIMA WA 98901** 

a policy or policies of insurance effective from 09/06/12 12:01 A.M, standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776

this 1ST

day of NOVEMBER

2012

Insurance Company File No.

GWP98894A

1011

(Policy Number)

Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2). IRB 3539B