



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

PS&L, Inc. dba Produce Services and Logistics, Inc.
1039 Valley Ave. NW
Puyallup, WA 98371

December 7, 2012

Insurance Binder Notification

State law requires you to file and maintain proof of public liability and property damage insurance to keep your permit active with the Washington Utilities and Transportation Commission. We have received an insurance binder that is valid for up to 60 days. You must file a Form E insurance certificate within these 60 days or your permit will be suspended.

What happens if a Form E insurance certificate is not filed within 60 days?

If your insurance certificate (Form E) is not filed by February 7, 2013 we will send you an order suspending your operating authority.

What happens if my operating authority is suspended?

If your operating authority is suspended, you must stop your operations until we receive proof of insurance (Form E) and send you an order that removes the suspension. If you do not file proof of insurance within 30 days after the service date of the suspension order **we will cancel your authority without further notice.**

What if I do not agree with the suspension or cancellation of my permit?

If you do not agree you may file a written request for a hearing within 10 days following the date of this notification. Once we receive your written request we will notify you of the date, time and location of the hearing. **NOTE:** At the hearing the only issues we can address are whether you had proof of insurance on file during the period of suspension, and whether you have proof of insurance on file to avoid cancellation.

Where do I send my request for a hearing?

Washington Utilities and Transportation Commission
PO Box 47250
Olympia, WA 98504-7250

Who do I contact if I have questions?

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

Thank You.

PART A

TV# 121539

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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

(excluding Household Goods and Common Carrier Brokers)

SEP 19 2012

12/7 WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	039644 276.00	Safety: blacked out	Carrier ID#: 2052
		Insurance:	Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration 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): John Thomas Date: September 14, 2012

Signature: [Signature] Title: President

MOTOR CARRIER IDENTIFICATION

CC#: 64726	US DOT# 2341170	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 793 536
APPLICANT NAME: PSEL, Inc DBA Produce Services and Logistics		PHONE#: 3-770-5524
d/b/a: Produce Services & Logistics		FAX #: 253-770-5528
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1039 Valley Ave. NW (city, state, zip) Puyallup, Washington 98371		
PHYSICAL ADDRESS: (street address, if different)		

Same as above

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 Alcohol Testing

Name: Mickey Gridley Position: Logistics Mgr.

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) Requirements

Name: Mickey Gridley Position: Logistics Mgr.

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.

STATE OF WASHINGTON
DEPARTMENT OF REVENUE
REGISTRATION

REGISTRATION
AGENCY, INC

CARRIER RESPONSIBLE FOR SAFETY FEES AND L-ONE FEE

VEHICLE TITLE APPLICATION/REGISTRATION CERTIFICATE

HI/30/2012 129927/2039000 822083W

LIC (PL)	Issue Date	Trd No	Reg Exp	Reg No	Mo-Reg	Mo-Gwt		
822083W	11/2012	945687	11/30/2012	12	12			
Power	Reg	Mod Yr	Make	Year/Spec	Class	Serial No	Reg Co	Prev-PL
P	COM	2005	TRB	2005/3500	3500	20050000	27	
Sol-Int	Seas	Gwt	Gwt-Seq	Gwt-Exp	Fleet	Equip	Prac-Title	Prev-St
15689	00	20000	11/30/2012	11/30/2012			20050000	CA

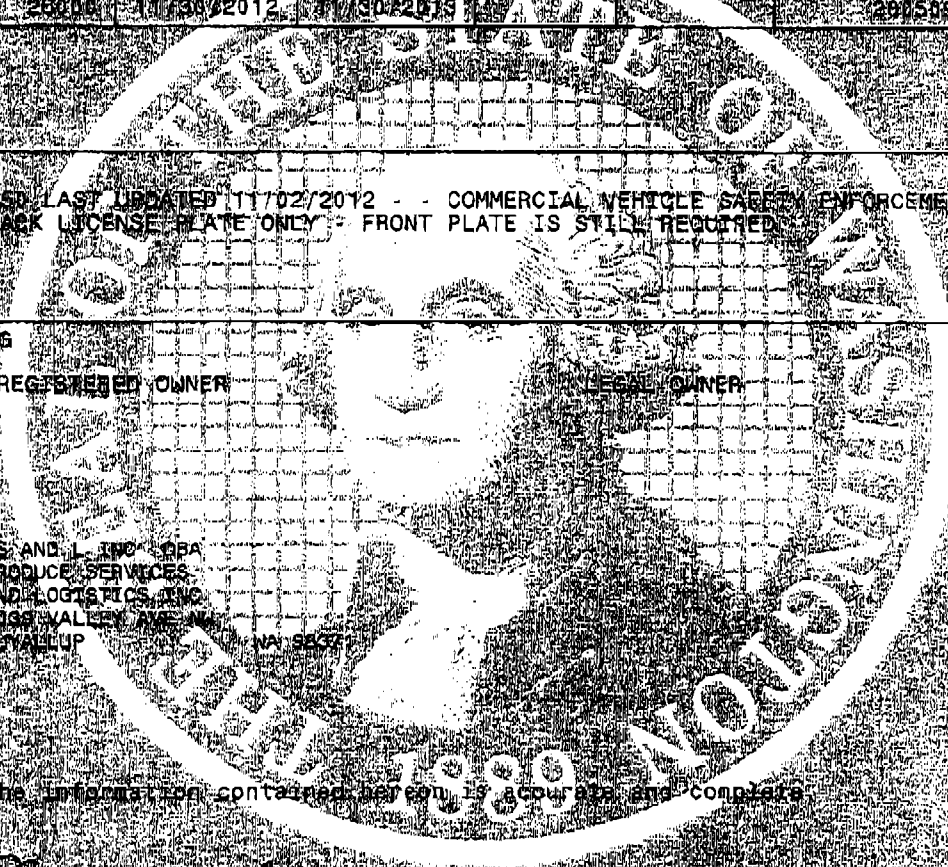
BRANDS

COMMENT
DOT 2347176 MCS450 LAST UPDATED 11/02/2012 - - COMMERCIAL VEHICLE SAFETY ENFORCEMENT FEE PAID
DISPLAY TAG ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED

MILEAGE: 6

REGISTERED OWNER: PS&L, INC. LEGAL OWNER:

PS&L, INC. DBA
PRODUCE SERVICES
AND LOGISTICS, INC
1488 VALLEY AVE NW
PEWEE, WA 98271



I certify that the information contained herein is accurate and complete

John E. Thomas
Signature of Registered Owner(s)

Signature of Registered Owner(s)

Subscribed and sworn to before _____ Day of _____

FILING	\$ 7.00	TBD FEE	\$ 27.75	CHECK	\$ 1274.50
SUBAGENT	\$ 12.00	RTA EXCISE	\$	CASH	\$
LOCAL FEE	\$	USE TAX	\$ 277.75	TOTAL FEES	\$ 1274.50
LICENSE SRVC	\$	OTHER	\$ 76.50		
GWT/VMT FEE	\$ 200.00	DONOR AWARENESS	\$		
QUICK TITLE	\$	STATE PARKS	\$		

VALIDATION CODE: 131277000122251631200070388000 ORIGINAL

RPT ID: AT1PR THIS DOCUMENT IS NOT VALID IF COPIED

FPO AT1PR 2008/01/02 000002



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/7/2012

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Alaska USA Insurance Brokers P.O. Box 196530 Anchorage AK 99519		CONTACT NAME: Breandan Coleman PHONE (A/C, No, Ext): (907) 561-1250 FAX (A/C, No): (907) 561-4315 E-MAIL ADDRESS: b.coleman@alaskausainsurance.com PRODUCER CUSTOMER ID #: 00012930	
INSURED PS&L, Inc., d/b/a Produce Services & Logistics, Inc. P.O. Box 100680 Anchorage AK 99510-0680		INSURER(S) AFFORDING COVERAGE INSURER A: American Fire & Casualty INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 12/13 Cargo **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			BKA1353752485	10/1/2012	10/1/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAA1353752485	10/1/2012	10/1/2013	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Trailer Interchange \$ 75,000 Uninsured motorist combined \$ 1,000,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Cargo/Transportation			BKA1353752485	10/1/2012	10/1/2013	Limit \$100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Re: Evidence of Insurance
 For operations for the following vehicles: 2006 International Truck, S/N 1HTMNAAL76H239673 and 2005 Freightliner Columbia, S/N 1FUJA6CK75LN60436

CERTIFICATE HOLDER (360) 586-1181 Washington Utilities Transportation Commi Attn: Tina P.O. Box 47250 1300 S Evergreen Park Dr SW Olympia, WA 98504-7250	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE B Coleman, CISR/BREAN <i>Breandan Coleman</i>
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