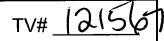
PART A



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 CK# 2117 (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Reception Number: 039672 Carrier ID#: Safety: Employee: Insurance 111 0268 200 02 TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority Transfer of Existing Permit Number** GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES ONLY \$100 ARMORED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE **HAZARDOUS MATERIALS** \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE For Commission Use Only: \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth # (Must be filed within 10 months of cancellation) TYPE OF PAYMENT ☐ Discover ☐ Mastercard ☐ Visa **Expiration Date** ☐ Check ☐ Money Order ☐ Amex CERTIFICATION: 1, 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): Date: Title: Signature: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDEA CC# IS DOT# 288 PHONE# APPLICANT NAME d/b/a: BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

			SS STRUCTURE nership/corporation information	tion)
□ INDIVIDUA	L D PARTNERSH		ATION (LP, LLP, LLC) F INCORPORATION	Wa.
NAME	TITLE	ADDRE		OCK DISTRIBUTION OR RECENTAGE OF SHARE
KATHL	S GOUTCHER	CHER M	BR/MGR	Q 2 1/A
			NUMBER E.	98373
holder ar	ection if you are transfe	erring an existing pe	ermit to a new owner. List recurrent permit holder must s	name of <u>current</u> permit sign below to authorize the
NAME ON PER	MIT:		PERMIT N	IUMBER:
Signature of cu	rrent permit holder			Date
	INSURA		MENTS (must check one) cceptable insurance is recei	
You will not h hazardous mate quantity. You wi operate vehicles GVWR of less th pounds. You mu \$300,000 in Publand Property Da Insurance. You need to complet	rials in any rials in any hazardon any quar operate of an 10,000 GVWR or more. \$750,000 and Propide on to e Part B.	ill not haul us materials in ntity. You will vehicles with a of 10,000 pounds You must obtain of in Public Liability perty Damage e. You must e Part B.	☐ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	☐ You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICENSE#	STATE		VIN#
34	35949 XP	hha	IXPS DBAXIL	D1038599
 				
operate and th	at no operations mag and affirm that the i	y be conducted ur	ture cation does not in itself contil a permit is received from this application is to	om the Commission. I
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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 Alc	

COBINE CONTRIER	Position: MBR/MCL
Name: CARLOS GOUTCHER	Position: MBC/MCE

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.

) I							

Name:	Position:
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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.

	Drive	er Qualification Requir	ements .
Name:	Same	Position	n:
vehicles as re exclusively in	equired by FMCSR Part 391 intrastate commerce within	.51 and by the WSP in Washington have limited	for each employee authorized to drive motor AC 446-65-010. Owner/operators that work exemptions. Owners/operators that conduct wes and any other driver that they may use.
		Drivers Hours of Serv	ice
Name: ——	Same	Position	n:
			ecords for each individual that drives a motor the WSP in WAC 446-65-010.
		spection, Repair, and	
Name: ——	SAME	Position	n:
required by the company mu	ne FMCSA in 49 CFR, Part is st maintain certain required CFR, Part 396.3 and by the Identification of the vehicle The nature and due date of	396.11 and by the WSP in records for each vehicle the WSP in WAC 446-65-01 e. of various inspection and r	eport" on each vehicle used each day as WAC 446-65-010. In addition, each nat includes the following, as required by the 0: maintenance operations to be performed. dicating their date and nature.
All companie WSP in WAC		pections as required by the	e FMCSA in 49 CFR, Part 396.17 and by the
		Signature	
, ,	re below certifies that I that I the safety requirem	-	nsibility as a motor carrier and I will by operations.
Le	2 Seen	POA	9/26/12
Signature of	applicánt		Date

CORD

CERTIFICATE OF LIABILITY INSURANCE

To:

09/26/2012

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 PERPESSENTATIVE OR PRODUCER AND THE CERTIFICATE HOLDER.

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

PRODU AM 2		2			CONTACT NAME:	GREG			Text.		
	BASSADOR SERVICE GROUP 16TH ST NE, STE 106		PHONE (A/C, No, E				FAX (A/C, No):	425-65	6-9052		
	161H STNE, STE 106 BURN WA 98002				E-MAIL ADDRESS:	gregs@s	ound-service				
						INSU		RDING COVERAGE			NAIC #
NI~			A	gency Lic#: AMBASGL961LZ	INSURER	A : UNITED	FINANCIAL	CASUALTY C	0.		11770
NSUR!	LOGISTICS LLC	_	_		INSURER	B :					
	08 CANYON RD E			Ì	INSURER	C :					
PUY	ALLUP WA 98373			1	INSURER						
					INSURER	E :					
					INSURER						
				MBER: 35125				REVISION NUM			
INI CE EX	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY F ICLUSIONS AND CONDITIONS OF SUCH P	DUIREN PERTA OLICIE	MENT, T VIN, THE ES.LIMIT	ERM OR CONDITION OF INSURANCE AFFORDE	OF ANY ED BY T	CONTRACT OF THE POLICIES DUCED BY PAI	OR OTHER D DESCRIBED ID CLAIMS.	DOCUMENT WIT	H RESPE	CT TO	WHICH THIS
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}							1	PERSONAL & ADV		\$	
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	DÉSCRIPTION OF OPERATIONS below	+	-			<u> </u>	 	I.I. DIOLAGE-PC			····
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DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	CLES (A	Attach AC	ORD 101, Additional Remarks	s Schedul	e, if more space	is required)				
	6 PETERBILT TRACTOR VIN# 1XP5D					•	•				
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FOF	RM E REQUESTED FROM UNITED FIN	IANCI	AL CAS	SUALTY CO.							
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CEF	RTIFICATE HOLDER				CANC	ELLATION					
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					sно	ULD ANY OF	THE ABOVE D	DESCRIBED POL	ICIES BE	CANCEL	LLED BEFORE
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	PO BOX 47250							CY PROVISIONS	·		
	1300 S EVERGREEN PK DR, SW				LAUTHOR	RIZED REPRESENT	TATIVE				

ACORD 25 (2010/05)

Attention:

Olympia WA 98504

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Greg Stave

PS

TINA / 360-586-1181