

PART A

TV# 121577

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

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 039670

Safety:

Carrier ID#: 440451

111 0268 200 02 275.00

Insurance:

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or 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 ARMORED 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 COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only Auth # 068532

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): Laura Gomez

Date: 9-26-12

Signature: Laura Gomez

Title: Agent

MOTOR CARRIER IDENTIFICATION

CC#: 04732

US DOT# 19329516

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-233-8410

APPLICANT NAME:

PHONE#:

Modesto Saldana

509-839-7867

d/b/a:

FAX #:

M Saldana Trucking

509-837-8229

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) PO BOX 1590 Sunnyside WA 98944

(city, state, zip)

271 N Hornby Rd Grandview WA 98930

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Modesto Saldana	Owner	271 N Hornby Rd Grandview WA 98930	

TRANSFER OF 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.

NAME ON PERMIT: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received

- | | | | |
|---|---|---|---|
| <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 (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
007	89272PR	WA	1FU4DSEB3RH579280
64	B11729T	WA	4V1WDBCH7LN635091

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.

Taura James
Signature(s)

9-26-12

Date

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: Modesto Saldana Position: 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) Requirements

Name: Modesto Saldana Position: 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: Modesto Saldana 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: Modesto Saldana 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: Modesto Saldana 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.

Gaua Gomez
Signature of applicant

9-26-12
Date

POWER OF ATTORNEY

INSTRUCTIONS: 1) PROVIDE ALL INFORMATION AND CHECK APPLICABLE BOXES. 2) FORM MUST BE SIGNED BY THE OWNER, PARTNER, OR CORPORATE OFFICER.

KNOW ALL MEN BY THESE PRESENT THAT M. Saldana Trucking
(Complete Carrier Name)

AS: INDIVIDUAL PARTNERSHIP LIMITED LIABILITY COMPANY
 CORPORATION, OR: _____
(Please fill in)

office at 271 N Hornby Rd Grandview WA 98930
(Carrier Address)

does hereby designate and appoint One Stop Trucking Services
(Power of Attorney Name)

with offices at PO BOX 1590 Sunnyside WA 98944 509-839-7867
(Power of Attorney Address) (Power of Attorney Telephone)

to act as Attorney-in-Fact for the following limited and special purposes (check applicable provisions):

- To obtain, complete, and submit application and fees for permit authority
- To obtain, complete, and submit applications for highway use tax passes/markers/plates (original and renewals)
- To prepare, sign, and submit documents and checks that may be necessary for filing IFTA & Mileage tax reports
- To prepare, sign, and submit documents for Proration
- Registration of vehicles
- To hold, confer, and resolve all audits requested by any jurisdictions
- To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending with any agency and attend any meetings or hearings thereto.
- Other acts (specify): _____

This Power of Attorney will be in effect beginning 9-26-12 and continue until canceled in writing.

CARRIER BUSINESS NAME <u>M. Saldana Trucking</u>		ATTORNEY-IN-FACT BUSINESS NAME <u>One Stop Trucking Services</u>	
SIGNATURE (MUST BE CARRIER) <u>* Modesto Saldana Sr.</u>		SIGNATURE <u>Laura Gomez</u>	
PRINTED NAME OF SIGNATURE ABOVE <u>Modesto Saldana</u>		PRINTED NAME OF SIGNATURE ABOVE <u>Laura Gomez</u>	
TITLE OF GRANTOR <u>Owner</u>		TITLE OF ATTORNEY-IN-FACT <u>Agent</u>	
DATE <u>9-26-12</u>	TELEPHONE NUMBER <u>509-643-2929</u>	DATE <u>9-26-12</u>	TELEPHONE <u>509-839-7867</u>

Additional appointee's of Attorney-in-Fact

SIGNATURE OF APPOINTEE	SIGNATURE OF APPOINTEE
PRINTED NAME OF APPOINTEE ABOVE	PRINTED NAME OF APPOINTEE ABOVE
MAILING ADDRESS OF ATTORNEY-IN-FACT IF DIFFERENT FROM ABOVE	

M 40451

WN063784

US 1932956

Form E

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

(Executed in Triplicate)

Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)
(hereinafter called Company) of One Tower Square, Hartford, CT 06183

(Home Office Address of Company)

MODESTO SALDANA

(Name of Motor Carrier)

271 NORTH HORNBY GRANDVIEW WA 98930

(Address of Motor Carrier)

a policy or policies of insurance effective from 09/26/2012 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 One Tower Square, Hartford, CT 06183 this 26th day of September, 2012
(Address)

Insurance Company File No. WN063784
(Policy Number)


Authorized Company Representative