PART	4	TV# 124613							
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 – Fak (360) 586-1181 Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)									
Reception Number: 0.20mms   Safety:	The second secon								
033/78	1 VIO a Cal	ier ID#;							
THE STATE OF THE S		oloyee:							
New Common Carrier Permit Authority, or	TION (check one)	on Carrier Permit Authority							
Transfer of Existing Permit Number	Extension of Comm	on Carner Permit Authority							
\$275 GENERAL COMMODITIES ONLY		AL COMMODITIES, including							
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		AL COMMODITIES, including OUS MATERIALS							
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERA HAZARDO SERVICE	AL COMMODITIES, including DUS MATERIALS and ARMORED CAR							
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE									
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT	For Commission Use Solv:							
	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): SHANBEL EMAMUZ	VenDate: 10 41	2012							
Signature:	Title: M&NO	rger							
MOTOR CARRIER	IDENTIFICATION								
us dot#	WA UNIFIED BUSI	INESS IDENTIFIER (UBI) #:							
SHANBEL Emahazien (206) 335-0090									
United Star Freight DAX)#:									
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 22440 Benson Rd #-B6 SE									
(city, state, zip) Kent WA 98031									
PHYSICAL ADDRESS: (street address, if different)									
Received Time-Oct. 3. 2012-12:38 PM-No. 61432-4									

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NAME ON PER	MIT:	noon	<u>~e</u>		PERMIT N	UMBER:
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Signature of cu			Ne Elegine E	VIENTS	(must check one)	Date
☐ You will not h	Ape		ot be issued until a	cceptab	le insurance is recei	Ved .
hazardous mate quantity. You wi operate vehicles GVWR of less the pounds. You mu \$300,000 in Public and Property Dainsurance. You need to complet	erials in any Il only s with a nan 10,000 ust obtain olic Liability amage do not e Part B.	hazardou any quar operate v GVWR of or more. \$750,000 and Prop Insurance complete	ill not haul us materials in htty. You will vehicles with a f 10,000 pounds You must obtain o in Public Liability herty Damage e. You must Part B.	hazard requiri Public Proper Insural comple 1 and	u will haul dous materials ng \$1 million in Liability and ty Damage nce. You must ate Part C, Sections 2.	You will hau! hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICEN	SE#	STATE			VIN#
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operate and tha	at no opera: and affirm	tions may that the ir	' be conducted ur	itil a nei	rmit is received fro.	nstitute authority to m the Commission. I ue to the best of my
	2.3.14.6	(-)				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: SHANBEL EMANAZIEN Position: Manager

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.

## Commercia Drivers License (CDL) Requirements

Name: SHANBEL Emahazien Position: Driver/manager

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.

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Driver Q	ualitical	ion Rec	uiren	ents

Name: SHANBEL Emahuzian Position: manager (Dhiver

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

halien Position: Driver

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

re above Position: Some

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.

Signature of applicant

## ACORD

#### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2012

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 INTERANCE 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 ABBUTIONAL 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 the terms and conditions of the policy, certificate holder in lieu of such endersement(s), CONTACT
NAME: Certificate Depl
PHONE
(A/C. No. Ext): 360-293-2135
E-MAIL Certificate Dept R.I.S. Insurance Services FAX (A/C, No):360-293-2385 P. O. Box 1059 ADDRESS: Certs@RISNET.COM Anacortes WA 98221 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A : CONTINENTAL DIVIDE INS. CO INSURED UNITE01 INSURER B : LIBERTY NORTHWEST SHANBEL EMAHAZIEN INSURER C DBA: UNITED STAR FREIGHT INSURER D 22440 SE BENSON RD #B6 INSURER E **KENT WA 98031** INSURER F CERTIFICATE NUMBER: 426420864 REVISION NUMBER: COVERAGES 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

С	ERTIFICATE MAY BE ISSUED OR MAY I	PERTA	AIN, 1	THE INSURANCE AFFORDED	BY THE POLICIE	S DESCRIBE	D HEREIN IS SUBJECT TO	
NSR LTR		ADDL S	SUBR	POLICY NUMBER	POLICY EFF	POLICY EXP (MM/DD/YYYY)	LIMIT	s
3	GENERAL LIABILITY			55316102	10/17/2012	10/17/2013	EACH OCCURRENCE DAMAGE TO RENTED	\$1,000,000
	CLAIMS-MADE X OCCUR		İ				PREMISES (Ea occurrence)  MED EXP (Any one person)	\$1,000,000 \$10,000
							PERSONAL & ADV INJURY	\$1,000,000
					i		GENERAL AGGREGATE	\$2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:  X POLICY PRO- JECT LOC					İ	PRODUCTS - COMP/OP AGG	\$2,000,000 \$
· -	AUTOMOBILE LIABILITY			05TRM001508-01	9/15/2012	9/15/2013	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS			1			BODILY INJURY (Per accident)	
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	UMBRELLA LIAB OCCUR			· · · · · · · · · · · · · · · · · · ·			EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	S
	DED RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	İ			!		WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				İ	E.L. EACH ACCIDENT	\$
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
4	CARGO PHYSICAL DAMAGE TRAILER INTERCHANGE	i		05TRM001508-01	9/15/2012	9/15/2013	\$1,000 DED \$1,000 DED \$1,000 DED	\$100,000 COMP/COLL \$30,000 LIMIT
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	ttach	ACORD 101, Additional Remarks So	chedule, if more space i	is required)	1	

CERTI	FICATI	E HOLDER	

CANCELLATION

WASHINGTON UTILITIES & TRANSPORTATION PO BOX 47250 OLYMPIA WA 98504

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

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