

PART A

TV# 121668

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

OCT 19 2012

Money Order #14-530823013

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 040477	Safety:	Carrier ID#: 7091
111 0268 200 02 275.00	Insurance: Farm Ered	Employee: [Signature]

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<input type="checkbox"/> \$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 #:

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): PATRICK A. ARMANN Date: 10/15/12  
 Signature: [Signature] Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 04753	US DOT#: undu 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-541-918
APPLICANT NAME: PATRICK A. ARMANN		PHONE#: 509-433 4681
d/b/a: A CAB		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 5608		
(city, state, zip) Wenatchee, WA 98807		
PHYSICAL ADDRESS: (street address, if different) 1025 CORUM CIRCLE #A		
East Wenatchee, WA 98802		

**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
N/A			

**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: N/A 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 checked="" 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 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#
1	618YDE	WA	2C3AD46R91H544049
2	955XIQ	WA	1G1ND52J61612317

**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.

*Patrick A. Armas*  
Signature(s)

10/15/12  
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](http://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](http://www.jjkeller.com), (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), (866) 512-1800.

#### Controlled Substances and Alcohol Testing

Name: WTA Position: \_\_\_\_\_

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: WTA Position: \_\_\_\_\_

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: \_\_\_\_\_ DA \_\_\_\_\_ Position: \_\_\_\_\_

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: \_\_\_\_\_ DA \_\_\_\_\_ Position: \_\_\_\_\_

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: \_\_\_\_\_ DA \_\_\_\_\_ Position: \_\_\_\_\_

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.***

Patrick A. Armo

Signature of applicant



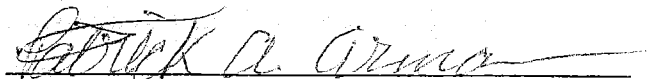
10/15/12

Date

06/29/2012 VEHICLE REGISTRATION CERTIFICATE

Lic/Plt 955XIQ	Iss-Dt 06/2008	Tab-No P318186	Reg-Exp 06/07/2013	Val-Cd/Year 17020/2001	Dep 1	Mo-Reg 12	Mo-Gwt	Pwr G	Use CAB	Mdyr 2001
Make CHEV	Body MALIBU	VIN or Serial No 1G1ND52J616111317	Res-Co 09	Sclwt 3077	Seats	Model/BT MA /4D	Gwt	Gwt-St / /	Gwt-Exp / /	Flt
Equip	Prev-Plt	Filing \$3.00	TBD 0902	RTA Tax	Subagent	Gwt/Veh Wt \$10.00	Other \$35.75	Total Fees \$48.75	Check \$48.75	Gwt Cr

ARMANN, PATRICK A DBA  
A-CAB  
1501 NW WEBSTER PARK TER # B  
EAST WENATCHEE WA 98802



\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

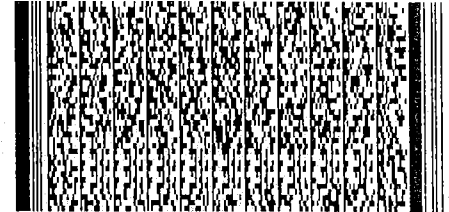
\_\_\_\_\_  
SIGNATURE OF REGISTERED OWNERS

COMMENTS:  
USE TAX WAIVED: GIFT - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:

WA 05/04/2012 ORIG TAXI



RPT ID: AREGPR-1      VALIDATION CODE    05040103121810629120057035135

THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP

FPD: AREG AREGPR:2009/30/6.00001(1)

TRANSMISSION VERIFICATION REPORT

TIME : 10/02/2012 15:03  
 NAME : THE UPS STORE 1712  
 FAX : 509-884-9504  
 TEL : 509-884-5800  
 SER.# : BROA9J903462

DATE, TIME : 10/02 15:02  
 FAX NO./NAME : 12064203284  
 DURATION : 00:00:52  
 PAGE(S) : 02  
 RESULT : OK  
 MODE : STANDARD



08/27/2012 VEHICLE REGISTRATION CERTIFICATE

618YDE

Lic/Plt 618YDE	Iss-Dt 06/2008	Tab-No P988086	Reg-Exp 02/28/2013	Val-Cd/Year 22410/2001	Dep 1	Mo-Reg 12	Mo-Gwt G	Pwr G	Use CAB	Mdyr 2001
Make CHRY	Body CON4D	VIN or Serial No 2C3AD46R91H544049	Res-Co 09	Slwt 3495	Seats 00	Model/BT CX /4D	Gwt / /	Gwt-St / /	Gwt-Exp / /	Flt
Equip 415SYR	Prev-Plt Filing	TBD 0902	RTA Tax	Subagent	Gwt/Veh Wt	Other	Total Fees NO FEE	Cash	Gwt Cr	

ARMANN, PATRICK A DBA  
 A CAB  
 1501 WEBSTER PARK TER APT B  
 EAST WENATCHEE WA 98802

WHAT ABOUT BOBS USED CARS  
 429 S CHELAN AVE  
 WENATCHEE WA 98801

SIGNATURE OF REGISTERED OWNERS

SIGNATURE OF REGISTERED OWNERS

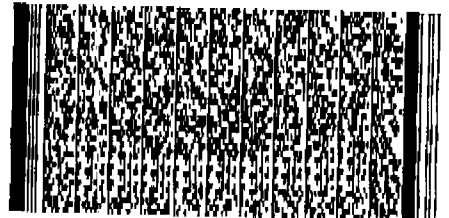
COMMENTS:  
 PL-F - 18 - COLOR-TAN - DISPLAY TAB ON BACK LICENSE PLATE ONLY - FRONT PLATE IS STILL REQUIRED.

REMARKS:

BRANDS:

WA 08/27/2012 ORIG TAXI

RPT ID: AREGPR-1 VALIDATION CODE 20090602122400827120023021994  
 THIS CERTIFICATE IS NOT PROOF OF OWNERSHIP



Pending  
7081

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Gateway Insurance Company  
(Name of Company)  
(herein after called Company) of 1401 S. Brentwood Blvd., Suite 1000, St. Louis, MO, 63144  
(Home Address of Company)

(DBA) A-CAB

has issued to PATRICK A. ARMANN of P.O. BOX 5608 WENATCHEE WA 98607  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 11/21/2012 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 1401 S. Brentwood Blvd Suite 1000 MO 63144 This 21st day of Nov 20 12  
Saint Louis (Address) (Day) (Month) (Year)

Insurance Company File No. CAP627091201  
(Policy No)

Richard E. Kleinschmidt  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :300,000.00