

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)

Handwritten initials and date: JME w/2012

FOR OFFICIAL USE ONLY

Handwritten number: 2082

Reception Number: 040623	Safety: <i>DD</i>	Carrier ID#: <i>2082</i>
111 0268 200 02 <i>275.00</i>	Insurance: <i>DD</i>	Employee: <i>[Signature]</i>

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only
Auth #: *824967*

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): *Bryan Goad* Date: *10-18-12*

Signature: *Bryan Goad* Title: *Member*

MOTOR CARRIER IDENTIFICATION

CC#: <i>64794</i>	US DOT#: <i>235 1315 DD</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603 072 188 DD</i>
APPLICANT NAME: <i>Pacific Northwest Pool and Spa Care LLC</i>		PHONE#: <i>253-232-8353</i>
d/b/a: _____		FAX #: <i>no Fax</i>

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) *1712 S. Prospect St*
(city, state, zip) *Tacoma WA 98405*

PHYSICAL ADDRESS: (street address, if different)
Same

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
Bryan Good	Member	112 S. Prospect St Tacoma WA 98405	50%
Christi Good	Member	112 S. Prospect St Tacoma WA 98405	50%

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 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.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B150256	WA	1D74W182783530491

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.

Bryan Good
Signature(s)

10-18-12
Date

Leipski, Tina (UTC)

From: Bryan Goad, President <bryan@pnwpoolspacare.com>
Sent: Thursday, October 18, 2012 5:21 PM
To: Leipski, Tina (UTC)
Subject: Re: COMMON CARRIER APPLICATION
Attachments: utc app pg 4 001.jpg; utc app pg 5 001.jpg

Tina Leipski,
Ok, here is the application. I am only driving a 1/2 ton pickup truck and pulling a light trailer and max 1500 pound hot tubs, one at a time so it appears I don't need to fill out part B. I will contact my insurance company (I have a new Rep I've never spoken to yet) and get the proper forms etc you need. Should I have them send me the stuff and then forward it or should it go directly to you?
Thanks for your help.

Bryan

Bryan Goad, President
Pacific Northwest Pool and Spa Care LLC
CPO, NSPF; Member APSP
253.232.8353

On Thu, 18 Oct 2012 23:25:34 +0000, "Leipski, Tina (UTC)" <TLeipski@utc.wa.gov> wrote:

Tina Leipski
Utilities & Transportation Commission
Licensing Services
360-664-1170
fax 360-586-1181

7082

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

(Executed in Triplicate)

Filed with WA DEPARTMENT OF TRANSPORTATION
(Name of Commission) (hereinafter called Commission)

This is to certify, that the AMERICAN FAMILY MUTUAL INS CO
(Name of Company) USDOT#2351315

(hereinafter called Company) of 6000 AMERICAN PARKWAY MADISON, WI 53783
(Home Office Address of Company)

has issued to PACIFIC NORTHWEST POOL AND SPA CARE LLC of 1712 S PROSPECT ST TACOMA, WA 98405-2664
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 11-09-2012 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 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 cancelled 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 4802 MITCHELL AVE ST. JOSEPH, MO 64507
(Street Address) (City) (State) (Zip Code)

this 19TH day of NOVEMBER 2012

Insurance Company File No. 46X03507
(Policy Number)

Janet A. Embrey
(Authorized Company Representative)