PART A

TV# 130022

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 | | | | | |
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| AND DESCRIPTION OF THE PARTY OF | TO THE PROPERTY OF THE PROPERT | | | | |
| New Common Carrier Permit Authority, or | Extension of Common Carrier Permit Authority | | | | |
| Transfer of Existing Permit Number | | | | | |
| \$275 GENERAL COMMODITIES ONLY | \$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE | | | | |
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| \$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 | Se to | | | | |
| \$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation) | ON CARRIER PERMIT For Complission Declaration Auth # | | | | |
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| | 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): ELLIS G. WALLER | Date:/2 - /9 - 20/2 | | | | |
| Signature: E'S Wallow | Title: TREASONER | | | | |
| | | | | | |
| CC#: 64792 US DOT# 5087 0 | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: | | | | |
| APPLICANT NAME: WALLEN TRUCKING IN | C 1 PHONE#: 253 537 2465 | | | | |
| d/b/a: | FAX#: | | | | |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) /5625 58 AUE & | | | | | |
| (city, state, zip) PUYALLU | 58 AUE E 1P, WA 98375 | | | | |
| PHYSICAL ADDRESS: (street address, if different) | | | | | |
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| | | Maria Haranga | | | | | |
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| Signature of cu | irrent permit hol | der | | | | Date | |
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| I, as applicant, understand that the filing of this application does not in itself constitute authority to | | | | | | | |
| operate and th | at no operation | ns mav be co | onducted ur | ntil a permit is r | eceived from | m the Commissio | n. I |
| hereby declare and affirm that the information contained in this application is true to the best of my | | | | | | | |
| knowledge and | | , | | , , | | | • |
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| | Signature | (s) | | , | | Date | _ |
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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.
- Williamette 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.

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Name: FLUE G. WALLEN

Position: TREASUNER

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.



Name: ELLS & WALLEN

Position: TREASURE

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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| Name: ELLIS G. WALLER | Position: _ | TREASURER |
|--|--|---|
| Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the Vexclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file or | VSP in WAC ve li m ited exe | 446-65-010. Owner/operators that work mptions. Owners/operators that conduct |
| | \$1.77 \ \(\frac{1}{2}\) \(\frac{1}{2}\) | "。到111.482 |
| Name: ELLIS 6. WALLER | Position: _ | TREASURER |
| Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1(| service record (e) and by the | ds for each individual that drives a motor WSP in WAC 446-65-010. |
| Harris I was the state of the s | | |
| Name: ELLS 6 WALLER | Position: _ | Theacunen |
| Each company must prepare a written "Driver Vehicle Instrequired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 4 • Identification of the vehicle. • The nature and due date of various inspect A record of inspections, repairs and mainted All companies must conduct periodic inspections as required with the companies of the vehicle. | e WSP in WA vehicle that in 46-65-010: tion and main enance indica | AC 446-65-010. In addition, each necludes the following, as required by the tenance operations to be performed. ting their date and nature. |
| | | |
| My signature below certifies that I understand my comply with all the safety requirements which ap | / responsib ply to my o | ility as a motor carrier and I will perations. |
| Ell Cowalla | ~ | 12-19-12 |
| Signature of applicant | • | Date |
| | | |

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

Filed with

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

(hereinafter called Commission)

This is to certify, that the

GREAT WEST CASUALTY COMPANY P.O. BOX 277 SO SIOUX CITY NE 68776 (hereinafter called Company)

has

WALLER TRUCKING INC 15625 58TH AVE E

issued to:

PUYALLUP WASHINGTON 98375

2/11/13 a policy or policies of insurance effective from 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 bodilyinjury 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 1100 W 29TH ST

SOUTH SIOUX CITY NE 687760277

13 TH

day of FEBRUARY

2013

Insurance Company File No.

MCP01395A

(Policy Number)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

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