

PART A

TV# 130024

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

DEC 24 2012

APPLICATION FOR PERMIT

WASH. UT. & TP COMM

#1045

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 042132	Safety: <i>bundle rec'd</i>	Carrier ID#: 7138
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
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY <i>transfer</i>	<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 #:

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

Expiration Date: 12/15

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): Kathryn D. Fuller Date: 12-18-12

Signature: *K Fuller* Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 29722	US DOT#: 532531	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 00323320711
APPLICANT NAME: Kathryn Fuller DBA Fuller Logging		PHONE#: 360 930 1812
d/b/a: K. Fuller Logging		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 433		
(city, state, zip) Shelton wa. 98584		
PHYSICAL ADDRESS: (street address, if different) 630 SE. Phillips rd. Shelton wa. 98584		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Kathryn Fuller	owner	Pobox 433 Shelton WA 98584	100%

**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: Dennis Fuller logging    PERMIT NUMBER: 297.22  
K. Fuller P.R. Dennis Fuller    12-18-12  
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 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	B77865H	WA.	1XKDD69X5P5595214

**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.*

K. Fuller    12-18-12  
Signature(s)    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: \_\_\_\_\_ 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: \_\_\_\_\_ 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: Kathryn Fuller 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: Kathryn Fuller 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: Kathryn Fuller 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.**

K. Fuller  
Signature of applicant

12-18-12  
Date

7138



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
01/17/2013

**THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.**

AGENCY <b>Virgil R. Lee &amp; Son</b> <b>Lovsted Worthington LLC</b> <b>P.O. Box 1226</b> <b>Chehalis, WA 98532</b> <b>John O Thurston</b>		COMPANY <b>Sparta Insurance Company</b>		BINDER # <b>3782</b>	
PHONE (A/C, No, Ext): <b>360-748-0051</b>		FAX (A/C, No): <b>360-748-3941</b>		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: <b>044CP0102000</b>	
AGENCY CUSTOMER ID: <b>KFULL-4</b>		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) <b>1993 Kenworth #1XKDD89X5PS595214 1988</b> <b>General Log Trlr #1G9DAL12JA0008014</b>			
INSURED <b>Fuller, Kathryn</b> <b>P O Box 433</b> <b>Shelton WA 98584</b>					

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
<b>PROPERTY</b> CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$		
<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT \$ <b>1,000,000</b> BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ UNINSURED MOTORIST \$		
<b>AUTO PHYSICAL DAMAGE</b> DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: <b>1,000</b> <input checked="" type="checkbox"/> OTHER THAN COL: <b>SP</b>	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT \$ <input type="checkbox"/> OTHER		
<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS		
<b>WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY</b>		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
<b>SPECIAL CONDITIONS/ OTHER COVERAGES</b>		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

<b>NAME &amp; ADDRESS</b>		MORTGAGEE	ADDITIONAL INSURED
<b>Washington Utilities &amp; Transportation Commission</b> <b>P O Box 47250</b> <b>Olympia WA 98504-7250</b>		LOSS PAYEE	<input checked="" type="checkbox"/>
		LOAN #	
		AUTHORIZED REPRESENTATIVE	
		<i>John O. Thurston</i>	