

PART A

TV# 130032

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)

RECEIVED

JAN 09 2013

OK# 1866

FOR OFFICIAL USE ONLY

WASH. UT. & TP COMM

Reception Number: 042307	Safety:	Carrier ID#: 1142
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	<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

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): \_\_\_\_\_ Date: 1/4/12  
 Signature: *Rich Wrentz* Title: Vice President

MOTOR CARRIER IDENTIFICATION

CC#: 64794 US DOT#: 2104238 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: see replacement

APPLICANT NAME: H K'S LLC PHONE#: 509 658 3499

d/b/a: \_\_\_\_\_ FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 227 SELAH NACHES RD

(city, state, zip) SELAH, WA 98942

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

**NAME**                      **TITLE**                      **ADDRESS**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**  
RIELY WENTZ    Vice President    227 Selah N. Rocked    KA

**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

- 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.
- 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.
- You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
- 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#

All Replacements

**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.

x Riely Wentz                      1/4/13  
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: Riely Wentz Position: Driver

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: Riely Wentz Position: Driver

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: Ridly Wentz Position: Driver

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: Riely Wentz 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**

Name: Riely Wentz Position: Driver

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.*

X Riely Wentz  
Signature of applicant

1/4/13  
Date

PART A

TV#

**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**  
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Reception Number: 111 0268 200 02	Safety:	Carrier ID#:
	Insurance:	Employee:

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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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MOTOR CARRIER IDENTIFICATION

CC#:	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-054-3350
APPLICANT NAME: 4k's LLC		PHONE#: 509 453 2476
d/b/a:		FAX #: 509 453 3986
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different)		

**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**

Riely Wentz      President      227 Seller Woods Rd      100%  
 Selah, WA 98942

**TRANSFER OF PERMIT NUMBER**

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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 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		WA	1N1K0XBEX3P5596218

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.*

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, SAM REED, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF FORMATION

to

4 K'S, LLC

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 10/7/2010

UBI Number: 603-054-335

APPID: 1843112



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Sam Reed

Sam Reed, Secretary of State



# MASTER LICENSE SERVICE REGISTRATIONS AND LICENSES

PHONE: (206) 462-9034 • (800) 864-1400

**Domestic Limited Liability Company**

Unified Business ID #: 603 054 335  
Business ID #: 1  
Location: 1

**G K'S, LLC**  
227 SELAR WACHES RD  
SELAR WA 98942 9298

TAX REGISTRATION  
INDUSTRIAL INSURANCE  
EMPLOYMENT INSURANCE

LICENSING RESTRICTIONS:  
Not authorized to hire persons under age 18 at this location.

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county and city regulations.

*Eliott A. Juice*  
Director, Department of Licensing



*Reading*

*7142*

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)  
of 9706 4<sup>th</sup> Ave NE, Suite 200, Seattle, WA 98115

has issued to 4KS LLC dba 4K Excavating & Trucking of 227 Selah Naches Road, Selah, WA 98942  
a policy or policies of insurance effective from 01/10/2013 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 9706 4<sup>th</sup> Avenue NE, Suite 200, Seattle, WA 98115  
this 20<sup>th</sup> day of February, 2013

Insurance Company File No. CPP 1051533-01  
(Policy Number)

Carol H. Garland  
(Authorized Company Representative)