PART A

RECEMASHID NGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

FEB 0 1 2013 CK#8523

Telephone (360) 664-1222 - Fax (360) 586-1181 **Intrastate Common Carrier Operating Authority**

WASH. UT. & TP COMM (excluding Household Goods and Common Carrier Brokers)				
FOR OFFICIAL USE ONLY				
Reception Number: 043602 Safety:		Carrier I	D#:	
111 0268 200 02 275.00 Insurance	MIC	Employ	ee:	
TYPE OF APPLICA	ATION (chec	k one)		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension	of Common	Carrier Permit Authority	
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$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				
\$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 □ \	/isa	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): 57 EUEN C. Simith Date: 1-28-20/3 Signature: Title: President				
MOTOR CARRIER IDENTIFICATION				
CC#: 493 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 928 592 PHONE#: 509 762-9366 DESERT WINDS, INC ON				
d/b/a: DESERT WINDS, INS		FAX #: 5	09 762-9355	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 4017 Rd. 6.5 NE				
(city, state, zip) MOSES LAKE, WA, 98837				
PHYSICAL ADDRESS: (street address, if different) SAME AS ABOUE				

NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE STEVENCE SULTEN TRANSFER OF PERMIT NUMBER Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder must sign below to authorize the transfer of the permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number. NAME ON PERMIT: Signature of current permit holder INSURANCE REQUIREMENTS (must check one) A permit will not haul hazardous materials in any quantity. You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of less than 10,000 pounds you must obtain \$300,000 in Public Liability \$750,000 in Public Liability CORPORATION (LP, LLP, LLC) STACE OF INCORPORATION (LIASKI/IJGETON) ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE PERMIT NUMBER: Date INSURANCE REQUIREMENTS (must check one) A permit will not haul hazardous materials in any quantity. You will acceptable insurance is received You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections STOCK DISTRIBUTION OR PERCENTAGE OF SHARE PERMIT NUMBER: Date INSURANCE REQUIREMENTS (must check one) A permit will not haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections STOCK DISTRIBUTION OR PERCENTAGE OF SHARE PERMIT NUMBER: Signature of current permit holder Date INSURANCE REQUIREMENTS (must check one) A permit will not haul hazardous materials in any quantity. You will acceptable insurance is received Property Damage Insurance. You must complete Part C, Sections STOCK DISTRIBUTION OR PERCENTAGE OF SHARE PERMIT NUMBER: Signature of current permit holder INSURANCE REQUIREMENTS (wu will acceptable insurance is received Property Damage Insurance. You must complete Part C, Sections				
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and Dranativ Dawara Land Dranativ Dawara 1 and 2 Castiana 1 and 2				
and Property Damage and Property Damage 1 and 2. Sections 1 and 2.				
Insurance. You do not Insurance. You must				
need to complete Part B. complete Part B.				
MOTOR VEHICLE LIST (Attach additional pages if necessary)				
UNIT# LICENSE# STATE VIN#				
23 /2008X WA U90LUU07781				
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.				
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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.
- 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: STEVEN & SmITN Position: PRESIDENT

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: STEUEN & SMITH Position: PRESIDENT

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			
Hame: STEUEN C 5miTN	Position: PRESIDENT		
vehicles as required by FMCSR Part 391.51 and be exclusively in intrastate commerce within Washing	Qualification File for each employee authorized to drive motor by the WSP in WAC 446-65-010. Owner/operators that work gton have limited exemptions. Owners/operators that conduct be file on themselves and any other driver that they may use.		
Drivers Hours of Service			
Name: STEUZN C SmITW	Position: PRESIDENT		
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: STEVEN C SmITH	Position: PRESIDENT		
required by the FMCSA in 49 CFR, Part 396.11 arcompany must maintain certain required records fFMCSA in 49 CFR, Part 396.3 and by the WSP in Identification of the vehicle. The nature and due date of various A record of inspections, repairs and	s inspection and maintenance operations to be performed. If 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.			
the min	/-28-po/3		
Signature of applicant	Date		

1946991;

7/10

RECEIVED

FORM E

UNIFORM MOTOR CARRIER BODILIY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

MAR 15 2013

(EXECUTED IN TRIPLICATE)

WASH, UT, & TP, COMM

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)

This is to certify, that the Mutual of Enumciaw Insurance Company #1359

(hereinafter called Company) of 1460 Wells Street, Enumciaw WA 98022

has issued to DESERT WINDS INC of 4017 RD 6.5 NER MOSES LAKE WA 98837

a policy or policies of insurance effective from 02/22/2013 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 affected 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 1460 Wells St, Enumciaw WA 98022

this 14TH day of MARCH 2013.

Insurance Company File No: CPP0008858

(Authorized Company Representative)

IRB 3539B