## PART A WASHINGTON UTILITIES AND TRANSPORTATION COMMISSRECEIVED 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 -FEB 0 7 2013 Telephone (360) 664-1222 - Fax (360) 586-1181 / Intrastate Common Carrier Operating Authority APPLICATION FOR PERMIT NASH UT & TP COMM 043834x(excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Carrier ID#: Reception Number: Safety: Employee: 111 0268 200 02 Insurance: TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority Transfer of Existing Permit Number** $\mathbf{Z}$ \$100 **GENERAL COMMODITIES, including** \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR **SERVICE** For Commission Use Only: \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth #: (Must be filed within 10 months of cancellation) TYPE OF PAYMENT **Expiration Date ☑** Check □ Discover ☐ Mastercard ☐ Visa ☐ Money Order ☐ Amex 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): Title: Signature: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# CC# APPLICANT NAME: PHONE#: d/b/a:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)

6736 64HM OF NE

(city, state, zip)

Maysulle , WA 98270

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 Washington								
NAME	ME TITLE			ADDRESS STOCK DISTRIBUTION C				
Shauna P	Bames	mer	4736 64th	Dr	NE Manysullebat	RCENTAGE OF SHARE		
					J			
		TR	ANSEET (OF P		NIT NUMBER			
		are transfe	rring an existing p	ermi	it to a new owner. List na			
	nd permit nui of the permit		transferred. The	curr	ent permit holder must siç	gn below to authorize the		
NAME ON PERI	MIT:				PERMIT NU	JMBER:		
Signature of cu		THE PROPERTY OF STREET STREET,		acanomicane		Date		
					NTS (must check one) otable insurance is receiv	ed		
☐ You will not h	aul	☑ You wi		•	You will haul	☐ You will haul		
hazardous mate	-	i	s materials in		zardous materials	hazardous materials requiring \$5 million in		
quantity. You will operate vehicles			tity. You will ehicles with a	•	quiring \$1 million in iblic Liability and	Public Liability and		
GVWR of less th		GVWR of	f 10,000 pounds	Pr	operty Damage	Property Damage		
pounds. You mu			You must obtain		surance. You must	Insurance. You must		
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Insurance. You	•		e. You must	l '				
need to complet		complete	The control of the Section of the Se					
				h ac	iditional pages if neces			
UNIT#	LICEN	ISE#	STATE		\	/IN# 		
Truck 9	B884	44N	WA		INPFLBEXX50872732			
Traver 9	4887VT		WA		5RETE-048355056109			
Truck29	B42292V		WA		IXP5XBOXORE	03.00013		
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.								
Quina Bamer 3/4/13								

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: Shawa Barnes Position: Owner					
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul>					
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: Shawa Barnes Position: aunar					

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.

ds.		Driver	Qualification	Requirem	ents
Name:	auna	Bames		Position: _	avner
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.					
		<u>d</u>	rivers Hours o	of Service	
Name:	una	Barnes		Position: _	and
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 Ins	pection, Repai	ir, and Ma	intenance
Name:	launa	Bames		Position: _	ainer
required by the company mus	e FMCSA in t maintain o CFR, Part 3 Identification The nature	n 49 CFR, Part 39 ertain required re 896.3 and by the Von of the vehicle. and due date of	6.11 and by the cords for each v NSP in WAC 44	WSP in WAvehicle that in 6-65-010: on and main	ort" on each vehicle used each day as AC 446-65-010. In addition, each includes the following, as required by the ottenance operations to be performed.
All companies WSP in WAC	must cond	uct periodic inspe			MCSA in 49 CFR, Part 396.17 and by the
			Signatu	ire	
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.					
Signature of a	Lha J	Bu			



## CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY) 2/11/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER INSURANCE PLUS+ LARRY LOGAN 1238 State Ave Suite B		CONTACT NAME:  PHONE (A/C, No, Ext): (360) 659-4114  F-MAIL ADDRESS: larrylogan@aol.com					
Marys	ville, WA 98270	INSURER(S) AFFORDING COVERAGE	NAIC#				
		INSURER A: Mid-Century Insurance	27687				
INSURED	Jayme Barnes Trucking, LLC	INSURER B :					
	6736 64th Dr NE	INSURER C:					
Marysville WA 98270		INSURER D :					
		INSURER E :					
	425.750.8780	INSURER F:					

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY  X COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE X OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER:  POLICY X PRO- JECT LOC	x		604848654	09132010		EACH OCCURRENCE \$ 1,000,000  DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000  MED EXP (Any one person) \$ 5,000  PERSONAL & ADV INJURY \$ 1,000,000  GENERAL AGGREGATE \$ 2,000,000  PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY  ANY AUTO ALL OWNED SCHEDULED AUTOS NON-OWNED AUTOS  X HIRED AUTOS X AUTOS	x		604848654	09132010	09132013	COMBINED SINGLE LIMIT S 1,000,000  (Ea accident) \$ 1,000,000  BODILY INJURY (Per person) \$  BODILY INJURY (Per accident) \$  PROPERTY DAMÂGE (Per accident) \$  \$ (Per accident) \$
A	UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$ 10,000			065134999	09132010	09132013	EACH OCCURRENCE \$ 1,000,000  AGGREGATE \$ 1,000,000  \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		604848654 STOP GAP	09132010	09132013	X   WC STATU- TORY LIMITS   OTH- ELL EACH ACCIDENT   S 1,000,000   E.L. DISEASE - EA EMPLOYEE   S 1,000,000   E.L. DISEASE - POLICY LIMIT   S 1,000,000
A	Owned vehicles			604848654	09132010	09132013	Ded \$100 Coll \$500 Comp

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

2008 Peterbilt Dump . . . 1NPFBEXX5D872732

2005 Reliance Pup Trailer . . . SRETE04835S056109

1994 Peterbilt Dump . . . 1XP5XBOXORD360013

Certificate holders are listed as additional insureds on this contract.

CERTIFICATE HOLDER	CANCELLATION				
UTC 1300 Evergreen Park Drive Olympia WA 98503	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
,	AUTHORIZED REPRESENTATIVE				