

PART A

TV# 130250

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)

OK# 7599

FOR OFFICIAL USE ONLY

Reception Number: 044113

Safety:

Carrier ID#: 7188

111 0268 200 02 275.00

Insurance: Under Reid

Employee:

TYPE OF APPLICATION (check 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 ARMORED 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  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: \_\_\_\_\_

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

MOTOR CARRIER IDENTIFICATION

CC#: 64829 US DOT# under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 034 861

APPLICANT NAME: REMIGIO, CEA

PHONE#: (206) 497-8887

d/b/a: REMIGIO CEA

FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1292 42ND ST. NE

(city, state, zip) AUBURN, WA 98002

PHYSICAL ADDRESS: (street address, if different)

certificate of insurance (FORM E), or a written binder. If a binder is submitted, it may be effective for not longer than 60 days, during which time the carrier's insurance company must file the required FORM E. **THE NAME ON THE INSURANCE MUST MATCH THE APPLICANT NAME EXACTLY.**

**Required insurance limits for vehicles with GVWR of less than ten thousand pounds:**

**\$300,000** General Commodities Only

**\$5,000,000** Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

**Required insurance limits for vehicles with GVWR of ten thousand pounds or more:**

**\$750,000** General Commodities and/or Armored Car Service.

**\$1,000,000** Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in the description of the \$5,000,000 coverage requirements, below.

**\$5,000,000** Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2 and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 **OR** any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

**MOTOR VEHICLE LIST:** List all motorized vehicles, including any truck or truck tractor, that will be used to haul under this permit.

**PART B - SAFETY FITNESS SURVEY**

**SAFETY FITNESS SURVEY:** All applicants with a vehicle over 10,000 gross vehicle weight rating (GVWR) must complete the Safety Fitness Survey. All permitted motor carriers must comply with all of the applicable state and federal safety requirements for their operations.

**PART C - HAZARDOUS MATERIALS**

Applicants who will be hauling hazardous materials that require a placard must complete Part C, Sections 1 and 2.

**CONTACTS FOR ADDITIONAL ASSISTANCE**

FMCSA (Interstate) authority, DOT numbers, Hazardous materials placards	US DOT, FMCSA, Olympia, WA Office	(360) 753-9875
Interstate/Intrastate hazardous materials regulations	US Pipeline/Hazardous Materials Admin	(202) 366-4433
Vehicle licenses, Titles, Registrations	WA Dept of Licensing	(360) 902-3770
Commercial drivers licenses (CDL), Medical waivers	WA Dept of Licensing	(360) 902-3619
Prorate, IRP, Reciprocity	WA Dept of Licensing	(360) 664-1858
Master business license, Unified business identifier (UBI)	WA Dept of Revenue	(800) 451-7985
IFTA, Fuel bonds, Fuel permits, Fuel tax	WA Dept of Licensing	(360) 664-1868
Oversize and overweight permits, Log tolerance	WA Dept of Transportation	(360) 704-6340
Commercial vehicle size and weight, Driver and equipment safety, Hazardous material regulations, Ports of entry, Scales	Washington State Patrol	(360) 596-3800
Corporate registrations: Profit Corporation; Limited Liability Company (LLC); Limited Partnership; Domestic Partnership	WA Secretary of State	(360) 725-0377
Heavy vehicle use tax report	Internal Revenue Service	1-800-829-1040

**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
REMIGIO OCA	OWNER	12412 42ND ST NE AMBURY, WA 98002	

**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

- |  |  |   |   |
|--|--|---|---|
| <input checked="" 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	844 ZVB	WA	5FNRL30465BA09703

**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)

2/19/13  
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.

**Instruction:** 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.

CI CW A02 10 11

# CERTIFICATE OF INSURANCE

This certificate is issued for informational purposes only. It certifies that the policies listed in this document have been issued to the Named Insured. It does not grant any rights to any party nor can it be used, in any way, to modify coverage provided by such policies. Alteration of this certificate does not change the terms, exclusions or conditions of such policies. Coverage is subject to the provisions of the policies, including any exclusions or conditions, regardless of the provisions of any other contract, such as between the certificate holder and the Named Insured. The limits shown below are the limits provided at the policy inception. Subsequent paid claims may reduce these limits.

<b>Certificate Holder:</b> UTILITY & TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA, WA USA 985047250	<b>Named Insured:</b> REMIGIO CEA 1292 42ND ST NE AUBURN WA 98002-7799
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Automobile Liability			
<b>Insurer Name:</b> Allstate Insurance Company			
<b>Policy Number:</b> 648573612			
<input type="checkbox"/> 1 - Any Auto	<input type="checkbox"/> 2 - Owned Autos Only	<input type="checkbox"/> 3 - Owned Priv. Pass. Autos Only	
<input type="checkbox"/> 4 - Owned Autos Other Than Priv. Pass. Autos Only	<input checked="" type="checkbox"/> 5 - Owned Autos Subject to No Fault	<input checked="" type="checkbox"/> 6 - Owned Autos Subject to a Compulsory UM Law	
<input checked="" type="checkbox"/> 7 - Specifically Described Autos	<input type="checkbox"/> 8 - Hired Autos Only	<input type="checkbox"/> 9 - Nonowned Autos Only	
<b>Policy Effective Date:</b> 12-31-2012		<b>Policy Expiration Date:</b> 12-31-2013	
<b>Limits of Insurance:</b>	\$300,000	Combined Single Limit (each accident)	
	BI Per Person	BI Per Accident	PD Per Accident
<b>Description of Operations/Locations/Vehicles/Endorsements/Special Provisions</b>			
<b>Interested Party Type:</b> Additional Insured - All Other			
THIS CERTIFICATE DOES NOT GRANT ANY COVERAGE OR RIGHTS TO THE CERTIFICATE HOLDER. IF THIS CERTIFICATE INDICATES THAT THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED, THE POLICY(IES) MUST EITHER BE ENDORSED OR CONTAIN SPECIFIC LANGUAGE PROVIDING THE CERTIFICATE HOLDER WITH ADDITIONAL INSURED STATUS. THE CERTIFICATE HOLDER IS AN ADDITIONAL INSURED ONLY TO THE EXTENT INDICATED IN SUCH POLICY LANGUAGE OR ENDORSEMENT.			

<b>Producer:</b> RALLIE JAMERO INS & FIN SERV LLC	
<b>Authorized Representative:</b>	<b>Date:</b> 2/19/13

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**Allstate**  
You're in good hands.

**FAX**

**Date** February 19, 2013

**Number of Pages** 2 pages  
(Including Cover Sheet)

**To** Tina

**Company** Utility & Transportation Commission

**Department** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** 360.586.1181

**From** RALLIE JAMERO INSURANCE & FINANCIAL SERVICES, LLC

**Department** \_\_\_\_\_

**Phone** (206)367-1667 **Fax** (206)367-1184

**Subject** Re : Certificate of Insurance for Mr. Remigio Cea

**Notes**  
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