

PART A

TV# 130295

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)

FOR OFFICIAL USE ONLY

Reception Number: 044198

Safety:

Carrier ID#: 7204

111 0268 200 02 215.00

Insurance: binder

Employee: [Signature]

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 #: 008169

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): Robert L. Bloom

Date: 2/25/13

Signature:

Title: Director

MOTOR CARRIER IDENTIFICATION

CC#: 20804 US DOT#: 348557

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601652641

APPLICANT NAME:

PHONE#:

Three B's Construction LLC

3606294819

d/b/a:

FAX #:

3606295451

BUSINESS (MAILING) ADDRESS:

26615-64th Ave NW Stanwood WA 98292

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 MA**NAME****TITLE****ADDRESS****STOCK DISTRIBUTION OR
PERCENTAGE OF SHARE**

Robert L Bloom partner 26615-64th Ave NW Stanwood 50%
William O. Bloom partner 26615-64th Ave NW Stanwood 50%

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: Three B's Logging CoPERMIT NUMBER: 20804

Robert L Bloom
 Signature of current permit holder

2-25-13

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 checked="" 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	A19988K	MA	1M2AX12Y5Fm001258

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.

Robert L Bloom
 Signature(s)

2-25-13

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.**

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:

Robert L. Blom

Position:

Owner

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:

Robert L. Blom

Position:

Owner

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 RequirementsName: Robert L Bloom 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 ServiceName: Robert L Bloom 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 MaintenanceName: Robert L Bloom 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.

Robert L Bloom

Signature of applicant

2-25-13

Date

FILED

SEP 26 2006

PAM DANIELS
COUNTY CLERK
SNOHOMISH CO. WASHIN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH

In the Matter of the Probate of

No. 05 4 01530 1

LEE M. BLOOM
Deceased.INVENTORY AND
APPRAISEMENTSTATE OF WASHINGTON)
COUNTY OF SNOHOMISH)

ss.

WILLIAM O. BLOOM and ROBERT L. BLOOM, the undersigned Personal
Representatives of the above-entitled Estate being first duly sworn on oath states:

The schedules attached hereto contain a true inventory of all of the property of this Estate that has come into my possession or knowledge, and I have determined and stated in figures opposite each item contained in said schedules the net fair market value thereof as of the date of death, after deducting therefrom the encumbrances, liens, and other secured charges thereon, which net fair market values are summarized and totaled as follows:

1. REAL PROPERTY

½ Interest in Real property located at 8101 274th st NW, Stanwood, WA
Appraised at \$260,000.00

Total Real Estate:

\$130,000.00

2. STOCKS AND BONDS

Total Stocks and Bonds:

0.00

INVENTORY AND APPRAISEMENT Page 1

COPY

JONES, & BUTLER, P.S.
ATTORNEYS AT LAW
10027 BR 532
P.O. BOX 458
STANWOOD, WASHINGTON 98292
(360) 629-3833

FAX COVER SHEET**Three B's Construction LLC**

26615 64th Ave NW
Stanwood, WA 98292
Phone: 360.629.4819
Fax: 360.629.5451

Send to: <i>WA Utilities & Trans Commission</i>	From: <i>Judi Bloom</i>
Attention:	Date: <i>2/28/13</i>
Fax number: <i>360 586 1181</i>	Phone number: <i>360 629 4819</i>

☐ Urgent/ ☐ Reply ASAP/ ☐ Please comment/ ☒ Please review/ ☐ For your information/

Total pages, including cover sheet:

Comments/

*Could you please fax the
new permit?*

*Thanks,
Judi*



CERTIFICATE OF LIABILITY INSURANCE

OP ID: RS

DATE (MM/DD/YYYY)

02/25/13

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 Northwest Insurance Center Inc 7330 NE Bothell Way, Suite 203 Kenmore, WA 98026 Ray A. Smith		425-742-3212 425-743-8888	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No.): E-MAIL ADDRESS: PRODUCER CUSTOMER ID: THREE-2
INSURED Three B's Construction LLC 28615 - 84th Avenue NW Standwood, WA 98292		INSURERS AFFORDING COVERAGE INSURER A: Liberty Northwest INSURER B: Insurance Company INSURER C: INSURER D: INSURER E: 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 BDR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		BHO63759308	09/27/12	09/27/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 200,000 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 <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAW53759308	09/27/12	09/27/13	COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	BKW53759306 WA STOP GAP	09/27/12	09/27/13	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)
 Verification of automobile liability insurance

CERTIFICATE HOLDER

CANCELLATION

WASH15

Washington Utilities And
 Transportation Commission
 1300 South Evergreen Park
 Drive SW
 Olympia, WA 98504

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

© 1988-2009 ACORD CORPORATION. All rights reserved.