P	AF	71	1	١

TV# 1305

# 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 OFFICIA					
Reception Number: 044553 Safety: 0	Carrier ID#: 1103				
111 0268 200 02 276.00 Insurance: WW	VANV Employee: (1977)				
THE RESERVE OF THE PROPERTY OF	ATION (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 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 COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT  For Commission Use				
TYPE OF	BAYMENT				
	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): TATELILE Date: 4/1/13  Signature: Title: HW REGIONAL MANGEE					
MOTOR CARRIER	LIDENTIFICATION				
CC#: US DOT# 1769376  APPLICANT NAME:  CERTIFIED FREIGHT LEXISTICS /NO.	WA UNIFIED BUSINESS IDENTIFIER (UB) #: 603 670 268 PHONE#: 800 592 5906				
d/b/a:	FAX#: 				
BUSINESS (MAILING) ADDRESS:	819, SANTA MARIA, CA 93456				
PHYSICAL ADDRESS: (street address, if different)	1344 WHITE CT. SANJA MARIA CA 93458				

## Murphy, Catrina (UTC)

From:

Steven Geraci <Sgeraci@cfl-usa.com>

Sent:

Wednesday, April 24, 2013 11:12 AM

To:

Murphy, Catrina (UTC)

Subject:

Certified Freight Logistics, Inc. Motor Carrier Application

In response to your letter of April 16<sup>th</sup>, 2013 below is the additional information you required.

- 1. An insurance filing was requested by us to our carrier on April 16<sup>th</sup>, 2013. Please advise if you have not received it.
- 2. The owners and officers of the corporation are as follows.
  - a. James O. Nelson, President, 33.3% ownership
  - b. Jon D. Cramer, Vice President, 33.3% ownership
  - c. Edwin F. Nelson, Jr. Owner, 33.3% ownership
  - d. Scott D. Cramer, Secretary, 0.0% ownership

Thank you for your attention to this matter. If there is anything further you require, please let us know.

Steven V. Geraci Director of Fleet Operations Certified Freight Logistics, Inc. Phone: 805.925.9900 x207

Fax: 805.346.7827

CFL

"Satisfied with Certified"

			*******	<del></del>		
	(check individu	PE OF BUSINE	SS STRUCTURE	ion)		
□ INDIVIDUA		IIP 🛛 CORPOR	RATION (LP, LLP, LLC) OF INCORPORATION			
NAME	TITLE	ADDRE		OCK DISTRIBUTION OR RCENTAGE OF SHARE		
SCOTT CRAM	ER SECRATARY	1 POTOK SE	BIG SANTA MARIA CA 95	456		
			······			
	TR	ANSFER OF PI	ERMIT NUMBER			
	it number to be transfe		ermit to a new owner. List n permit holder must sign belo			
NAME ON PERI	MIT:		PERMIT N	UMBER:		
Signature of ou	irrent permit holder			Date		
1	INSURAL		VENTS (must check one)			
You will not he	aul 🗵 You w	ill not haul	You will haul	☐ You will haul		
hazardous mate quantity. You wil		us materials in itity. You will	hazardous materials requiring \$1 million in	hazardous materials requiring \$5 million in		
operate vehicles		rehicles with a	Public Liability and	Public Liability and		
GVWR of less than 10,000   GVWR of 10,000 pounds   P			Property Damage	Property Damage		
pounds. You mu \$300,000 in Pub		You must obtain In Public Liability	Insurance. You must complete Part C, Sections	Insurance. You must complete Part C,		
and Property Da		perty Damage	1 and 2.	Sections 1 and 2.		
Insurance, You	do not Insuranc	e. You must				
need to complet	e Part B.   complete	Part B.	 hadditional pages if neces			
UNIT#	LICENSE#	STATE	the state of the s	ssary)。 VIN#		
		J. J.A.L		V 1144		
).EE A	TAGES NOT					
		Signa	tura			
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		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noa in une application le tr	do to the book of my		
10	91.		1	/		
1/10	Slanatura(a)		4/1	<u>/ / 3</u> Date		
<i>,</i>	olynature(s)			Date		
		5				

#### 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, liet 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: PAT ELMER	Position: NW MANAGER

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 Licens	se (CDL) Requirements
Name: PAT ELANEIE	Position: HW MANAGER

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.

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Driver Qualification Requirements					
Name: PAT ELLER Position: NEW MANAGER					
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: PAT ELMER Position: NW MANAGER					
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: PAT ELLYER Position: NW MANAGEL					
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.					
10000					
Signature of applicant Date					

Unit Id	License	State	VIN
718	VP00273	CA	1XKAD49X09J244565
746	∨P01553	CA	4V4NC9TG65N388473
758	UP72223	CA	1XKAD49X4BJ291071
759	UP72224	CA	1XKAD49X6BJ291072
760	UP72225	CA	1XKAD49X8BJ291073
761	UP72226	CA	1XKAD49XXBJ291074
762	VP01550	CA	1XKAD49X1BJ291075
763	VP65923	CA	1XKAD49X7BJ293560
764	VP65924	CA	1XKAD49X9BJ293561
765	VP65925	ÇA	1XKAD49X0BJ293562
766	VP65926	ÇA	1XKAD49X2BJ293563
767	∨P65927	ÇA	1XKAD49X4BJ293564
768	VP68699	CA	1XKAD49X0BR295457
759	VP68700	CA	1XKAD49X2BR295458
770	VP68701	CA	1XKAD49X4BR295459
771	VP68702	CA	1XKAD49X9CR295460
772	∨P68703	CA	1XKAD49X0CR295461
773	VP82577	CA	1XKAD49X4CJ331022
774	VP82578	CA	1XKAD49X6CJ331023
7 <b>75</b>	VP82579	CA	1XKAD49X8CJ331024
776	VP82580	CA	1XKAD49XXCJ331025
77 <b>7</b>	VP82581	CA	1XKAD49X1CJ331026
778	VP82582	CA	1XKAD49X3CJ331027
779	VP82583	CA	1XKAD49X5CJ331028
760	VP82584	CA	1XKAD49X7CJ331029
781	VP82585	CA	1XKAD49X3CJ331030
782	VP82586	CA	1XKAD49X5CJ331031
783	∨P86366	ÇA	4V4NC9EH0CN562847
784	VP86367	CA	4V4NC9EH2CN562848
785	VP <b>8</b> 6368	ÇA	4V4NC9EH4CN562849
786	VP86369	ÇA,	4V4NC9EH0CN562850
787	∨P86370	CA	4V4NC9EH2CN562851
788	VP86630	CA	4V4NC9TH1CN562102
789	VP86631	CA	4V4NC9TH3CN562103
790	VP86632	CA	4V4NC9TH5CN562104
791	VP86633	CA	4V4NC9TH7CN562105
792	VP86634	CA	4V4NC9TH9CN582106
793	VP90293	CA	1XKFDP9XXDJ347914
794	VP90294	CA	1XKFDP9X1DJ347915
795	VP90295	CA	1XKFDP9X3DJ347916
796	VP90291	CA	1XKFDP9X5DJ347917
797 	VP90292	CA	1XKFDP9X7DJ347918
798	VP90756	CA	1XKFDP9X9DJ347919
799	VP90757	CA	1XKFDP9X5DJ347920
800	VP90761	CA	1XKFDP9X7DJ347921
801	VP90778	CA	1XKFDP9X9DJ347922
802 80 <b>7</b>	VP90779	CA	1XKFDP9X0DJ347923
807 808	VP93860	CA	1HSHXSJR3DJ236723
	VP93859	CA	1HSHXSJR5DJ236724
809	WP02513	CA	4V4NC9EH7DN147252

Received Time Apr. 12. 2013 1:34PM No. 8712

Unit ld	License	State	VIN
810	WP02514	CA	4V4NC9EH9DN147253
811	WP02515	CA	4V4NC9EH0DN147254
812	WP02516	CA	4V4NC9EH2DN147255
813	WP02517	CA	4V4NC9EH4DN147256
814	WP02518	CA	4V4NC9EH6DN147257
815	WP02519	CA	4V4NC9EH8DN147258
816	WP02620	CA	4V4NC9EHXDN147259
817	WP02521	CA	4V4NC9EH6DN147260
818	WP02522	CA	4V4NC9EH8DN147261
819	WP02523	CA	4V4NC9TH6DN147262
820	WP02524	CA	4V4NC9TH8DN147263
821	WP02504	CA	4V4NC9THXDN147264
822	WP02505	CA	4V4NC9TH1DN147265
823	WP02506	CA	4V4NC9TH3DN147266
824	WP02507	CA	4V4NC9TH5DN147267
825	WP02508	CA	4V4NC9TH7DN147268
826	WP02510	CA	4V4NC9TH9DN147269
827	WP02511	CA	4V4NC9TH5DN147270
828	WP02512	CA	4V4NC9TH7DN147271

Form E

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

Tribula	:41	I A CE III I CECA	T T TOOTT TO	WEG AND	(la ovrois	after call	d Commission	m)	
Filed wi	*	VASHINGTON			(пегец	ianer cane	ed Commission	11)	
	T	RANSPORTA	TION C	OMMISSION					
		(Na	me of Co	mmission)					
This is t	o certify, th	at the	WAUS	au underwriti	ERS INSURA	NCE CO	MPANY		
						(Name	of Company)		
(hereina	after called (	Company) of	17	5 BERKELEY ST 1	BOSTON M.	N MA 02117			
					(Hon	ne Office A	Address of Co	mpany)	
has issu	ed to	CERTIFIED FR	EIGHT L	OGISTICS INC	OF 1	344 WH	TE CT SAN	TTA MARIE CA 93458	}
		(]	Name of 1	Motor Carrier)				of Motor Carrier)	
a policy	or policies of	insurance effectiv	e from	04/17/2013	12:01 A.M. st	andard tim	e at the address	s of the insured stated in sa	ud
erty Dar insuranc sion has When	nage Liabilite covering the jurisdiction of the covering	y Insurance Endo e obligations import or regulations prot	orsement, l osed upon nulgated i	has or have been amend such motor carrier by n accordance therewith	ded to provide the provisions c n.	automobil f the motor	le bodily injury carrier law of t	Carrier Bodily Injury and Pr y and property damage lial the State in which the Comr or policies and all endorsen	bility nis-
cancellat	tion may be e	ffected by the Cor	npany or t		y (30) days' not	ice in writ	ting to the State	to which it is attached. Such e Commission, such thirty (3	
Counter	rsigned at	2000 WESTW	OOD DR	IVE	WAUSAU	WIS	SCONSIN	54401	
			(Street A	ddress)	(City)		(State)	(Zip Code)	
this	18th		day of	APRIL		2013	· •		
Insuran	ıce Compan	y File No.	AII-791.	.459229-01		****	Frank 1	Jeden	

(Authorized Company Representative)

AIJ-Z91-459229-01

(Policy Number)

MC1633 (Ed. 6-71) IRB 3539B



#### STATE OF WASHINGTON

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

Certified Freight Logistics, Inc. P.O. Box 5819
Santa Maria CA 93456

April 16, 2013

# **Notice of Deficient Application**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X Business Structure listed as a Corporation. We will need the list of names, title and percentage of share for each member. This can be emailed to me at <a href="mailto:cmurphy@utc.wa.gov">cmurphy@utc.wa.gov</a> or faxed to 360-586-1181.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.