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	PART A			TV#	301/201
WASHINGTON UTI 1300 S Evergreen P Teleph Intrasta	ILITIES AND TR Park Dr SW, PO Bo none (360) 664-122 ate Common Carr APPLICATION	ox 47250, Oly 22 – Fax (360) ier Operating	ympia, WA) 586-1181 g Authority	OMMISSIC 98504-7250	ON)
(excludi	ing Household Goods a	and Common Car	rier Brokers)		
	FOR OFFICIA	L USE ONLY		1	1
Reception Number: 044914	Safety:		Carrier II	- 1918	
111 0268 200 02 275.00	Insurance:		Employ	ee:/ / //////	
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New Common Carrier Permit Transfer of Existing Pe		Extension of	of Common	Carrier Per	mit Authority
\$275 GENERAL COMMODIT	IES ONLY	\$100	GENERAL C	OMMODITIES AR SERVICE	S, including
\$275 GENERAL COMMODITI ARMORDED CAR SERVICE		\$100	GENERAL C	OMMODITIES MATERIALS	5, Including
\$275 GENERAL COMMODITION HAZARDOUS MATERIALS		\$100	GENERAL (HAZARDOUS SERVICE	COMMODITIE MATERIALS and	S, including ARMORED CAR
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS & SERVICE	ES, INCLUDING and ARMORED CAR				
\$100 REINSTATEMENT OF C (Must be filed within 10 months of		N CARRIER PE	RMIT	For Commission	n (isla long)
	TYPE OF	PAYMENT	And the second state of the second se	to braining a straight of the	All the advantage particles of the control of the c
☐ Check ☐ Money Order ☐ Am	ex 🗆 Discover 🗖	Mastercard 12 V	'isa	Expiration [Date
CERTIFICATION: I, the undersigne that I am authorized to execute and valid.	ed, under penalty for fals d file this document on be	e statement, certife shalf of the application	y that the following that all i	ing information i information on fi	s true and correct, le is current and
Name (printed): Margaret	<u> </u>	Date:	4-3	39-13_	<u></u>
Signature: Marantes A	MOTOR CARRIES	Title:	YOMELS TION	espes	
	the second secon		IFIED BUSINE	SS IDENTIFI	ER (URI) #
CC#14899 US DOT:	# 89723 =	VVA OI	02-1310	-815	
APPLICANT NAME:	^		PHONE#:	35-551	5
dipla: Chuch's auto body	LLC		FAX #: 360-	835-117	708
BUSINESS (MAILING) ADDRÉS	SS: 				
PHYSICAL ADDRESS: (street a	ddress, if different)	2950	E Strad L	est as	1671
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Commission of the Commission o	Chac		PE OF BUSINE	1 15 19 2 1 10	STRUCTURE	
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Brian Q. A	Knapp L)wrep	29110 R	St	Washougellen.	RCENTAGE OF SHARE
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Complete this se	ection if you a	Sur merit it in dalk.	ANSEER OF PL	Pro Artific seran	I NUMBER to a new owner. List na	me of current permit
holder and perm of the permit nu	nit number to b	e transfe	erred. The current	perm	nit holder must sign below	w to authorize the transfer
NAME ON PERMIT: PERMIT NUMBER:						
Signature of cu	irrent permit h	older			· <u></u>	Date
			NCE REQUIRE	ИEN	TS (musticheckone)	Search Committee of the
☐ You will not h			ot be issued until a ill not haul		table insurance is receiv	éd. □ You will haul
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hereby declare	and affirm th	hat the in	nformation contai	ned i	in this application is tru	ue to the best of my
knowledge and	l belief.				, ,	•
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	Signatur	e(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, 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 S	Substances	and Alcoho	ol Testing	
Name: -	Bna	n knapp		Position: _	Ounex)
must ha	ve a valid CD nas a gross co weight rating o nas a gross ve s designed to s of any size a	The definition of a c mbined weight rating f more than 10,000 po hicle weight rating of t transport 16 or more p	commercial mo of 26,001 pour ounds; or 26,001 pounds passengers, in	otor vehicle is nds that incli s or more; or acluding the o	s a vehicle that: udes a towed ur driver; or	nicle as described below nit with a gross vehicle equires placarding und
and alco	son who drive thol testing pr 446-65-010.	s a commercial motor ogram as required by	vehicle requir FMCSA in 49	ing a CDL m CFR Part 38	oust participate i 32 and 49 CFR I	n a controlled substand Part 40, and by the WS
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		Commetcial D	rivers Licen	se (CDL) R	equirements	
Name:	Rejai	1 Knapp	·	Position:	Dione	
•	must have a va a commercial has a gross co weight rating o	alid CDL, as required motor vehicle is a veh	by the Washir licle that: of 26,001 pou ounds; or	ngton State E unds that incl	Department of Liudes a towed u	nicle as described belo icensing. The definition nit with a gross vehicle

is of any size and is used to transport hazardous materials of an amount that requires placarding under

is designed to transport 16 or more passengers, including the driver; or

hazardous materials regulations.

Briver Qualification Requirements
Name: Bran Knapp Position: Dunce
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: Brian Knapp 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 Maintenance
Name: Sonan Knapp Position: Dunce
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.
Beauge Maple 4-29-13
Signature of applicant Date

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

Filed with Public Utility Commission of Oregon (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)

of 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143

has issued to Chuck's Auto Body, LLC of P.O. Box 629, Washougal, WA 98671

a policy or policies of insurance effective from 04/22/13 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 effected 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 9706 - 4th Avenue NE, Suite 200, Seattle, WA 98115-2143 this 2nd day of May, 2013

Insurance Company File No. CPP1046739 (Policy Number) Rachel Jones (Authorized Company Representative)