PART A

TV# 130/19

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 ORIGINAL								
Reception Number: Safety:	Carrier ID#:							
111 0268 200 02 279.00 Insurance:	Employee:							
A TOTAL CONTRACTOR AND A STREET OF THE STREE	-MRKCIN Exercise Coppers							
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority								
/ Transfer of Existing Permit Number								
\$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 filled within 10 months of cancellation)	For Commission Vise Only: 8							
	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): DANA BRANY	Date: 5/10/8013							
Signature: De Bracky Title: COMPNANCE AGENT								
A PARCOCORRECT	C(P)ERER(EID/ARREN)							
CC#: 49 US DOT# 1085740 WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
APPLICANT NAME: Northwest Exoress Transportation !	PHONE#: NC 253 (270 9)150							
d/b/a: NWEX								
BUSINESS (MAILING) ADDRESS:								
730 67th Lane SE Awarn WA 99092								
PHYSICAL ADDRESS: (street address, if different)								

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			akis (公司では、1816章 aki (できました) akis (3516)/Akis (350g akis (3767)/Akis (3867)	Carpet			
INDIVIDUAL PARTNERSHIP OF CORPORATION (LP, LLC) STATE OF INCORPORATION WASWINGTOO							
NAME	TITLE	ADDRE		STOCK DISTRIBUTION OR PERCENTAGE OF SHARE			
Victor Ant	onyuk Preside		h lanese	100%			
			1, WA 98092				
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PERI	MIT:		PERMIT	NUMBER:			
Signature of cu			MPNAFT((masswa))24com				
You will not he hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You mus \$300,000 in Publand Property Dallnsurance. You need to complet	aul You we hazardor any quare operate of the ham and 10,000 and blic Liability and Proposition of the hamage do not Market American Street Ame	vill not haul us materials in ntity. You will vehicles with a of 10,000 pounds You must obtain 0 in Public Liability perty Damage ee. You must	Portion in surance is a large in You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sectio 1 and 2.	☐ You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must			
UNIT#			izade(Genalspages (Fina	CESSION VIN#			
01.	B70397.D	WA	4V4MD2UF2				
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)			5/0/13 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.

Educated Carride	EMACES 2016 TAMES TO BE SENDE
Name: Dana Brady	Position: Compliance Agent
Mailie.	1 OSIGIOTE.

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.

Name: Victor Antonyuk Position: President

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.

Millian Mark Control of the Control	Pont Sequitomente
Name: Dana Brady	Position: COMPLIANCE Agent
vehicles as required by FMCSR Part 391.51 and by the exclusively in intrastate commerce within Washington	ication File for each employee authorized to drive motor with WSP in WAC 446-65-010. Owner/operators that work have limited exemptions. Owners/operators that conduct on themselves and any other driver that they may use.
	ites of Bervice
Name: Victor Antonyuk	- Position: President
$oldsymbol{arphi}$	of service records for each individual that drives a motor 5.1(e) and by the WSP in WAC 446-65-010.
. Veinele Risperdion (erratic, and Medicientant of the particular in the contract of
Name: Victor Antonyulc	- Position: President
 FMCSA in 49 CFR, Part 396.3 and by the WSP in WA Identification of the vehicle. The nature and due date of various insignation. 	y the WSP in WAC 446-65-010. In addition, each ach vehicle that includes the following, as required by the
All companies must conduct periodic inspections as re WSP in WAC 446-65-010.	equired by the FMCSA in 49 CFR, Part 396.17 and by the
	nature
My signature below certifies that I understand comply with all the safety requirements which	I my responsibility as a motor carrier and I will apply to my operations.
De Bracky	5/10/2013

Date

Received Time-May. 6.-2013-11:16AM-No.8989-

Signature of applicant

1299

REFILED CC64911

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

(7)

Filed with

WASHINGTON UTILITIES & TRANSPORTATION COMMISSION

(hereinafter called Commission)

This is to certify, that the

GREAT WEST CASUALTY COMPANY P.O. BOX 277 SO SIOUX CITY NE 68776

(hereinafter called Company)

NORTHWEST EXPRESS TRANSPORTATION INC

has

DBA NWEX

issued to:

6784 67TH LN SOUTH EAST AUBURN WASHINGTON 98092

a policy or policies of insurance effective from 5/21/13 12:01 A.M., standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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

1100 W 29TH ST

SOUTH SIOUX CITY NE 6877/0277

his 23 RD

day of MAY

2013

Insurance Company File No. GWP49844F

0840

(Policy Number)

Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

FE 00 01 07 07



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 5/21/2013

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).

			CONTRACT				
PRODUCER		CONTACT NAME: Tina Sams					
Wilson-Heirgood Associates 2930 Chad Drive		(A/C, No, Ext): 800-852-6140 (A/C, No):541-342-3786					
PO Box 1421		E-MAIL ADDRESS: tsams@whainsurance.com					
Eugene OR 97440-1421		PRODUCER CUSTOMER ID #:					
				NAIC #			
INSURED			INSURER A : Grea	11371			
Northwest Express Transportations August 1	on Inc		INSURER B :				
730 67th Lane SE	DBA: NWEX 730 67th Lane SE			INSURER C :			
Auburn WA 98092				SURER D :			
			INSURER E :				
			INSURER F :				
COVERAGES CERTI	FICATE	NUMBER: 429974528	, , , , , , , , , , , , , , , , , , , 		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES OF I							
PERIOD INDICATED. NOTWITHSTANDING AN' WHICH THIS CERTIFICATE MAY BE ISSUED OF TO ALL THE TERMS, EXCLUSIONS AND COND	R MAY PI	ERTAIN, THE INSURANCE AF	FFORDED BY THE	POLICIES DESCR	RIBED HEREIN IS SUBJECT	CT TO	
INSR TYPE OF INSURANCE	DDL SUBR	POLICY NUMBER	POLICY ER	POLICY EXP	LIMIT	S	
GENERAL LIABILITY				, , ,	EACH OCCURRENCE	\$	
COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
CLAIMS-MADE OCCUR					MED EXP (Any one person)	\$	
SEXIIIIS-III/BE SOOGK					PERSONAL & ADV INJURY	\$	
					GENERAL AGGREGATE	\$	
CENTLA CODECATE LAMIT ADDUCE DED.		ř					
GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$	
		CIVID 4 O D 4 4 II	1.0/1/201	2 10/1/2012	COMBINED SINGLE LIMIT	3	
<u></u>		GWP49844F	10/1/201	2 10/1/2013	(Ea accident)	\$1,000,000	
ANY AUTO					BODILY INJURY (Per person)	\$	
ALL OWNED AUTOS					BODILY INJURY (Per accident)	\$	
3CHEBOLED ACTOS					PROPERTY DAMAGE (Per accident)	\$	
I IIICES NOTOS					(i or accident)	\$	
NON-OWNED AUTOS						\$	
UMBRELLA LIAB OCCUR						-	
- FYOTOGLIAN					EACH OCCURRENCE	\$	
EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
DEDUCTIBLE						\$	
RETENTION \$				•	I WÖSTATU- OTH-	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N					TORY LIMITS ER		
ANY PROPRIETOR/PARTNER/EXECUTIVE (************************************	1/ A				E.L. EACH ACCIDENT	\$	
(Mandatory in NH) If yes, describe under		!			E.L. DISEASE - EA EMPLOYEE	\$	
DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT		
A Cargo Liability Broad Form		GWP49844F	10/1/201	2 10/1/2013	Limit Deductible	\$25,000 \$1,000	
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) Hired/Non owned auto physical damage limit of \$18,000 deductible \$1,000. If the named insured uses the same non-owned trailer for more than 30 consecutive days, this coverage will not apply Form E to follow MC#450187 CERTIFICATE HOLDER CANCELLATION							
OS.CHIOATE HOLDEN							
			BEFORE THE EX	PIRATION DATE	SCRIBED POLICIES BE CAI THEREOF, NOTICE WILL BI ICY PROVISIONS.		

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Can't Fector

PO Box 47250 Olympia WA 98504

AUTHORIZED REPRESENTATIVE