



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

Hicks Trucking Co of Litchfield, Inc.
P.O. Box 10
Litchfield MN 55355

July 10, 2013

Third Notice of Deficient Application-TV130780

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

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by August 9, 2013 or your application will be dismissed.
- 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 Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with Business Licensing Service - Department of Revenue and receive a UBI number. They can be reached at 800-451-7985. If you are a corporation, you also need to register with the Secretary of State's office at 360-725-0377.

wrong name?

003322529

Who do I contact if I have questions?

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

Thank You.

8/5/R spoke w/ Daniel
He is getting a hold of
BLS, SOS, DOR to have
them flip name around.
See attached.

DISMISS
8/12/13

7/24/13
Spoke (2) Daniel
he is contacting
DOR & SOS to
get it started
adv. of dismissal
date



STATE OF WASHINGTON

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(360) 664-1160 • TTY (360) 586-8203

Hicks Trucking Co of Litchfield, Inc.
P.O. Box 10
Litchfield MN 55355

June 4, 2013

2nd Notice of Deficient Application- TV-130780

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 Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with Business Licensing Service - Department of Revenue and receive a UBI number. They can be reached at 800-451-7985. If you are a corporation, you also need to register with the Secretary of State's office at 360-725-0377.

Who do I contact if I have questions?

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

Thank You.



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

Hicks Trucking Co of Litchfield, Inc.
P.O. Box 10
Litchfield MN 55355

May 20, 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 Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with Business Licensing Service - Department of Revenue and receive a UBI number. They can be reached at 800-451-7985. If you are a corporation, you also need to register with the Secretary of State's office at 360-725-0377.

- X You need a Uniform Motor Carrier Certificate of Insurance (form E) from your insurance company. The insurance must show your name EXACTLY as it is on this letter.

Who do I contact if I have questions?

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

Thank You.

PART A

TV# 130780

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)

RECEIVED

MAY 13 2013

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 045129

Safety:

Carrier ID#: 7309

111 0268 200 02 275.00

Insurance: NFD

Employee: MK

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 #: 113141

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): Daniel K. Hicks

Date: 05/07/2013

Signature: [Signature]

Title: Vice President

MOTOR CARRIER IDENTIFICATION

CC#: 64974

US DOT# 597503

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 6386

APPLICANT NAME: Daniel Hicks

PHONE#: 320-593-4471

d/b/a: Hicks Trucking Co of Litchfield, Inc.

FAX #: 320-693-8180

BUSINESS (MAILING) ADDRESS: P.O. BOX 10 Litchfield, MN 55355

PHYSICAL ADDRESS: (street address, if different) 102 N. GORMAN AVE, Litchfield, MN 55355

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION Minnesota

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Juann Hicks	Secretary	60618 245 th St. Litchfield, MN	50%
Lyle Hicks	President	60618 245 th Street Litchfield, MN	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: _____ 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 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#
<i>See attachment</i>			

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.

[Handwritten Signature]

Signature(s)

05/07/2013

Date

TRACTOR LISTING

HICKS TRUCKING COMPANY OF LFD, INC.

Tractor Number	Year	Make	Tag #	Tag State	Serial Number
201	2002	PETERBILT	PAD2486	MN	1XP5DB9X42D578635
275	1998	PETERBILT	RA52355	MI	1XP5DB9X9WN444378
283	2005	FREIGHTLINER	PAL 2357	MN	1FUJA6CK25LN62353
287	1996	KENWORTH	PAK1745	MN	1XKWD69X2TS688033
293	1998	KENWORTH	PAJ6482	MN	1XKWD29X6WR767757
301	2003	PETERBILT	PAJ8885	MN	1XP5DB9X33D599462
303	2003	FREIGHTLINER	PAK9717	MN	1FUJBBCG63LK62412
313	2007	PETERBILT	PAE3361	MN	1XP5D49X97D682265
325	2006	KENWORTH	PAK9722	MN	1XKWDU9X86R137167
329	2004	KENWORTH	PAL2362	MN	1XKWDB9X94J061944
331	1979	KENWORTH	PAL2401	MN	169882S
339	2005	PETERBILT	PAH5117	MN	1XP5DB9X75N875543
341	2006	PETERBILT	PAE7740	MN	1XP5DU9X06N639412
343	2003	FREIGHTLINER	PAL8574	MN	1FUJAPCG83DL01303
345	2003	WESTERN STAR	PAL8589	MN	5KJJABAV13PL78429
347	2005	KENWORTH	51D69	VT	1XKDD49X95J072558
349	2007	PETERBILT	PAC8108	MN	1XP5DB9X67N684196
35	2013	PETERBILT	PAL2389	MN	1XPHD49XXDD176758
351	2007	PETERBILT	PAC8111	MN	1XP5DB9X27N684194
37	2013	PETERBILT	PAL2375	MN	1XPHD49X8DD176757
379	2000	PETERBILT	PAL8570	MN	1XP5D49X8YD535520
39	2013	PETERBILT	PAL2348	MN	1XPHD49X0DD176753
393	2007	PETERBILT	PAG1643	MN	1XP5DB9XX7N688459
41	2013	PETERBILT	PAL2349	MN	1XPHD49X4DD176755
43	2013	PETERBILT	PAL2333	MN	1XPHD49X6DD176756
45	2013	PETERBILT	PAL5150	MN	1XPHD49X2DD176754
47	2009	PETERBILT	PAG1608	MN	1XPHD49X69D788446
49	2009	PETERBILT	PAK9755	MN	1XPHD49X29D788444
57	2010	PETERBILT	PAL2443	MN	1XPHD49X7AD112401
59	2005	PETERBILT	PAC4020	MN	1XP5DU9X55D852490
61	2010	PETERBILT	PAD2481	MN	1XPHD49X5AD113076
63	2010	PETERBILT	PAC4155	MN	1XPHD49X0AD113079
65	2013	PETERBILT	PAL8556	MN	1XPHDP9XXDD180956

TRACTOR LISTING

HICKS TRUCKING COMPANY OF LFD, INC.

Tractor Number	Year	Make	Tag #	Tag State	Serial Number
69	2007	PETERBILT	PAC8077	MN	1XP5DB9X97N684192
71	2005	PETERBILT	PAB2378	MN	1XP5DU9X35D852486
73	2007	PETERBILT	PAC4134	MN	1XP5DB9X97N684189
79	2010	PETERBILT	PAA7896	MN	1XPHD49X9AD112402
81	2007	PETERBILT	PAH0869	MN	1XP5DB9X77N684191
83	2007	PETERBILT	PAH0870	MN	1XP5DB9X57N684190
85	2007	PETERBILT	PAC8080	MN	1XP5DB9X47N684195
87	2007	PETERBILT	PAC8107	MN	1XP5DB9X07N684193
91	2010	PETERBILT	PAE3336	MN	1XPHD49X0AD112403
93	2010	PETERBILT	PAB 7826	MN	1XPHD49X2AD112404
97	2009	PETERBILT	PAK1707	MN	1XPHD49X49D788445

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: Michael Hicks Position: Safety Director

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: Michael Hicks Position: Safety Director

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 Requirements

Name: Michael Hicks Position: Safety Director

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: Michael Hicks Position: Safety Director

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: Michael Hicks Position: Safety Director

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.



Signature of applicant

5-7-2013

Date

7309

RECEIVED

APR 26 2013

WASH UT & TP COMM

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Quadruplicate)

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX (hereinafter called Commission)
(Name of Commission)

THIS IS TO CERTIFY, THAT the Canal Insurance Company

P.O. BOX 7 GREENVILLE, SC 29602

(hereinafter called Company) of

Wilson name

has issued to DANIEL J. HICKS

(Name of Motor Carrier)

(Address of Motor Carrier)

of 142 MEIER ROAD E Winlock, WA 98596

a policy or policies of insurance effective from 5/24/2013 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 days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at P.O. BOX 7 GREENVILLE SC 29602
(Street Address) (City) (State) (Zip Code)

this 22nd day of April 2013

Sammy [Signature]
Company Representative

Insurance Company File No. PIA07259101

(Policy Number)

IRB 3639 B
UFC - 1