

**PART A**

TV# 130800

**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)

*MC*

**FOR OFFICIAL USE ONLY**

Reception Number: <u>045140</u> 111 0268 200 02 <u>279.00</u>	Safety:	Carrier ID#: <u>7310</u>
	Insurance:	Employee: <u>Adeline</u>

**TYPE OF APPLICATION (check one)**

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY		<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE		<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)		For Commission Use Only Auth #: <u>0602Z</u>	

**TYPE OF PAYMENT**

Check    Money Order    Amex    Discover    Mastercard    Visa   Expiration Dat: \_\_\_\_\_

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): Patty Bernard      Date: 5 15 13  
 Signature: Patty Bernard      Title: Office Admin

**MOTOR CARRIER IDENTIFICATION**

CC#: <u>64975</u>	US DOT# <u>1582331</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602254501</u>
APPLICANT NAME: <u>Cascade Agronomics LLC</u>		PHONE#: <u>(509) 764-7000</u>
d/b/a:	FAX #: <u>(509) 764-7004</u>	
BUSINESS (MAILING) ADDRESS: <u>PO Box 1249 Moses Lake WA 98837</u> <u>RD 2 NE</u>		
PHYSICAL ADDRESS: (street address, if different) <u>2626 Moses Lake WA 98837</u>		

**TYPE OF BUSINESS STRUCTURE**  
(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION Washington

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Todd Hines	owner	16260 RD N NE W Moses Lake WA 98857	100%

**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#
2	42108RP	WA	1XP5DB9X01N5262284
3	39256RP	WA	1XKWP4EXX1J339083
4	32515RP	WA	1XKWP40V7CR312492

**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.

T. Johnson Signature(s)      5-14-13 Date

UNIT #	LICENSE #	STATE	VIN #
5	39257rp	Wa	1XKWP4EX3DJ339035
6	29304RP	WA	1XP5DB9X5XN486614
7	32516RP	WA	1XKWP40X4CJ316269
8	23482RP	WA	1XP5DB9X11D561354
9	40409RP	WA	1XP5DB9XX2D577831
10	40406RP	WA	1XP5DB9X82D577830
11	25771RP	WA	1XPXD4EX89D771990
12	23477RP	WA	1XPXD4EX19D771992
13	23478RP	WA	1XPXD4EXX9D771991
14	24745RP	WA	1XPWD89X18D740542
15	40407RP	WA	1XPHD49X79D779268
16	30484RP	WA	1XPHD49X69D779892
17	23479RP	WA	1XPXD40X79D789713
18	23480RP	WA	1XPXD40X99D789714
19	23481RP	WA	1X9XD40X09D789715

## 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: Stacia Johnson Position: Office Admin

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: Stacia Johnson Position: Office Admin

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: Stacia Johnson Position: Office Admin

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: Stacia Johnson Position: Office Admin

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: Stacia Johnson Position: Office Admin

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.**

Stacia Johnson  
Signature of applicant

5.13.13  
Date



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/14/2013

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).

<b>PRODUCER</b> Sloan-Leavitt Insurance Agency, Inc. PO Box 449 91 South 6th Ave. Othello WA 99344 INSURED  Cascade Agronomics, LLC PO Box 1249  Moses Lake WA 98837	<b>CONTACT NAME:</b> Cheryl Cox <b>PHONE (A/C, No. Ext):</b> (509) 488-9623 <b>FAX (A/C, No):</b> (509) 488-2143 <b>E-MAIL ADDRESS:</b> cheryl-cox@leavitt.com <b>PRODUCER CUSTOMER ID #:</b> 00003751  <b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: <b>Nationwide Agribusiness</b> NAIC # <b>028223</b> INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
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**COVERAGES** CERTIFICATE NUMBER: CL1351403200 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 SUBR INSR: WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>					
<b>X</b>	<b>COMMERCIAL GENERAL LIABILITY</b>					
<b>A</b>	CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		CPP128849A	4/24/2013	4/24/2014	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
	GENL AGGREGATE LIMIT APPLIES PER:					
<b>X</b>	POLICY: <input type="checkbox"/> PRO: <input type="checkbox"/> LOC: <input type="checkbox"/>					
	<b>AUTOMOBILE LIABILITY</b>					
<b>X</b>	<b>ANY AUTO</b>					
<b>A</b>	ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		CPP128849A	4/24/2013	4/24/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____ PIP-Basic \$ 10,000 Underinsured motorist \$ 1,000,000
	<b>UMBRELLA LIAB</b>	OCCUR				
	<b>EXCESS LIAB</b>	CLAIMS-MADE				
	DEDUCTIBLE \$ _____					
	RETENTION \$ _____					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>					
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A			
	If yes, describe under DESCRIPTION OF OPERATIONS below					
						WC STATUTORY LIMITS \$ _____ OTHER \$ _____ E.L. EACH ACCIDENT \$ _____ E.L. DISEASE - EA EMPLOYEE \$ _____ E.L. DISEASE - POLICY LIMIT \$ _____

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b>  WA Utilities and Transportation Commissio 1300 S. Evergreen Park Dr. SW Olympia, WA 98504-7250	<b>CANCELLATION</b>  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  Nathan Beus/NB
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Received Time May. 15. 2013 3:25PM No. 9114



**Cascade Agronomics, LLC**

PO BOX 1249  
2626 Road N NE  
Moses Lake, WA 98837  
Phone: 509-764-7000  
Fax: 509-764-7004

ATTN: LITZ - Permits	From: Stacia Johnson
Fax #: 360-586-1181	Date: 5/15
RE: Common Carrier	# of pages:
Comments: Please Fax Receipt 509-764-7004 Cascade	