PART	TV# 130801					
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION						
1300 S Evergreen Park Dr SW, PO B	Box 47250, Olympia, WA 98504-7250					
Intrastate Common Car	22 – Fax (360) 586-1181 rier Operating Authority					
APPLICATION	FOR PERMIT					
TVI.	and Common Carrier Brokers)					
Reception Number: 045/49 Safety:	Carrier ID#:					
111 0268 200 02 276,00 Insurance:	Employee:					
	NON (checkons)					
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 Separa					
	PAYMENT					
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard   Visa   Expiration Date:					
CERTIFICATION: I, the undersigned, under penalty for fals that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, shalf of the applicant, and that all information on file is current and					
Name (printed): PAH PRYTON	Date: 5 17					
Signature: Pattil Bernard	Title: DAMER CLAMER					
	BDER: Estayout					
CC# NIGOLA US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:					
APPLICANT NAME: 221 218	1603 CO 84103 PHONE#:					
Pasin taining	INC. (20) 7164 7000					
d/b/a: 3	FAX#: (509) 764- 7004					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)	1949					
(city, state, zip)						
Moss Lake WA. 12837						
PHYSICAL ADDRESS: (street address, if different)	26026 PDNNE Mass lake wat					

A STANDARD OF THE STANDARD OF				A CONTRACTOR OF THE PROPERTY O			
	t individue		nerski	picopyalien lifemalis	n)		
L PAR	TNERSHI	P CORPOR	ATION	N (LP, LLP, LLC)	Licabor		
<u>117L</u>	E	ADDRE	<u> </u>		CK DISTRIBUTION OR RECENTAGE OF SHARE		
25 Ou	sner	<i>ુપ્</i> છુક્	RD	W'NE	100-1		
		uloses	lak				
		And the second second control of the second	- in Tarana palikapan dalah sali				
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.							
RMIT:				PERMIT NU	JMBER:		
Distriction of the Control of the Co	and an alternative section of the se		7		Date		
awaabay 5			and an arthur and an arthur an arthu				
erials in any ill only s with a than 10,000 ust obtain blic Liability amage do not te Part B.	hazardou any quan operate v GVWR of or more. \$750,000 and Prop Insurance complete	s materials in tity. You will ehicles with a f 10,000 pounds You must obtain in Public Liability erty Damage 2. You must Part B.	haza requ Pubi Prop Insu com 1 an	ardous materials iring \$1 million in ic Liability and perty Damage rance. You must plete Part C, Sections d 2.	☐ You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		
A THE RESERVE OF THE PROPERTY	bolt to be the state of the sta				₩ 10		
			-+				
<del></del>				XXWP4EX+D	V339037		
			- 1,	X D X D D A X X X X X X X X X X X X X X	1841032		
1 10~130	/ <b>S V</b>	0011	<del></del>	Continues	•		
		Share					
hat no operaine and affirm and belief.	tions may that the ii	be conducted u	ntil a i	permit is received from	m the Commission. I		
	ection if you and permit numof the permit NIT:  urrent permit with a han 10,000 ust obtain blic Liability amage do not the Part B.  LICEN  39242  37693  LUCISCO	ection if you are transfered permit number to be of the permit number.  MIT:  TITLE  COLONIAL  A DEMICIAL TO BE A DEMICIAL TO	ITTLE ADDRESSES OF COMPANY STATE OF STA	Check individual or complete partnershill   PARTNERSHIP   CORPORATION STATE OF INCOMPLETED   CORPORATION STATE   CORPORATION	TITLE  ADDRESS  STO PER  STOPE  ADDRESS  STO PER  STOPE  CLOCOS LAKE UNA  998074  Gection if you are transferring an existing permit to a new owner. List na nd permit number to be transferred. The current permit holder must sign of the permit number.  MIT:  PERMIT NU  ADDRESS  STOPE  GET TO STOPE  PERMIT NUMBERS  PERMIT NUMBERS  PERMIT NUMBERS  ADDRESS  STOPE  GET TO STOPE  ADDRESS  STOPE  PERMIT NUMBERS  PERMIT NUMBERS  PERMIT NUMBERS  ADDRESS  STOPE  PERMIT NUMBERS  PERMIT NUMBERS  ADDRESS  ADDRESS  ADDRESS  STOPE  ADDRESS  ADDRESS		

UNIT#	LICENSE #	STATE	VIN#
126	36327RP	WA	1XPWP40X3DD184633
127	36219RP	WA	1XPXD49X7DD176874
128	33621RP	WA	1XPXD49X6CD156128
129	33622RP	WA	1XPXD49X8CD156129
<b>15</b>		-483	-100-50-50-50-50-50-50-50-50-50-50-50-50-5
-		WA	-144 CLCCH2 CC E-303 277

## **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.

Controller (Strict trace) and Algorithm (Strict	en galakira berakan bahasan			
		Late of the second of the second	W. J. L. W. M. M.	

Name: Stacia Johnson Position: Office Admir

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 (CDE) Regulariosas

Name Stacia Johnson

Position: Challe Adwin

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.

Ć

Driver Qualification Requirements
Name Tracia 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 HOUSE OF SHARE
Name State 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.
Vantale Interpretation: Reputy 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.
Signature of applicant  Date
$\cdot$



## 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 l	lieu of such en	dorsement(s).			
PRODUCER			NAME	Cheryl Cox	
Sloan-Leavitt	Insurance	Agency, Inc.	PHONE (A/C, No. E	Ext): (509)488-9623	FAX (A/C, No): (509) 488-2143
PO Box 449		-	E-MAIL ADDRESS	cheryl-cox@leavitt.com	
91 South 6th A	ve.		PRODUCE	R ID #00003751	
Othello	WA	99344		INSURER(S) AFFORDING COVE	RAGE NAIC N
INSURED			INSURER	A Nationwide Agribusi	ness 028223
			INSURER	B':	
Basin Farming,	Inc.		INSURER	<b>C</b> ;	
1217 S Pioneer	Way B		INSURER	D:	
			INSURER	<b>E</b> :	
Moses Lake	WA	98837	INSURER	.F:	
COVERAGES		CERTIFICATE NUME	BER:CL1351403200		N NUMBER:
THIS IS TO CERTIFY	THAT THE POL	ICIES OF INSURANCE	LISTED BELOW HAVE BEEN	I ISSUED TO THE INSURED NAME	D ABOVE FOR THE POLICY PERIOD
INDICATED NOTWIT	HSTANDING AN	IY REQUIREMENT, TER	RM OR CONDITION OF ANY	CONTRACT OR OTHER DOCUME THE BOLLCIES DESCRIBED MEREI	NT WITH RESPECT TO WHICH THIS I IS SUBJECT TO ALL THE TERMS,
GERTIFICATE MAY B	MUDITIONS OF S	MAT PERTAIN, THE IN	SHOWN MAY HAVE BEEN R	REDUCED BY PAID CLAIMS	THE TELEVISION
INED!	MCIDANCE	ADDLIBUBR	BOLIOV NUMBER	POLICY EFF POLICY EXP	LIMITS

INSR. WYD 1,000,000 EACH OCCURRENCE \$ GENERAL LIABILITY DAMAGE TO RENTED PREMISES (Es occurrence) 100,000 5 COMMERCIAL GENERAL LIABILITY 4/24/2013 4/24/2014 10,000 CPP128849A MED EXP (Any one person) CLAIMS-MADE | X | OCCUR A 1,000,000 PERSONAL & ADV INJURY 2,000,000 GENERAL AGGREGATE 2,000,000 PRODUCTS - COMP/OP AGG GEN'L AGGREGATE LIMIT APPLIES PER \$ X POLICY COMBINED SINGLE LIMIT 1,000,000 AUTOMOBILE LIABILITY 2 (Ea accident) ANY AUTO BODILY INJURY (Per person) 4/24/2013 4/24/2014 CPP128849A ALL OWNED AUTOS A BODILY INJURY (Per acadent) \$ SCHEDULED AUTOS PROPERTY DAMAGE 3 (Per accident) HIRED AUTOS 10,000 PIP-Basic NON-OWNED AUTOS 5 1,000,000 Underspsured molorist UMBRELLA LIAB EACH OCCURRENCE 5 OCCUR AGGREGATE 5 **EXCESS LIAB** CLAIMS-MADE \$ DEDUCTIBLE RETENTION \$ WC STATU-WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

CERTIFICATE HOLDER	CANCELLATION
WA Utilities and Transportation Commissio	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
1300 S. Evergreen Park Dr. SW	AUTHORIZED REPRESENTATIVE

Olympia, WA 98504-7250

Nathan Beus/NB

ACORD 25 (2009/09) INS025 (200909)

© 1988-2009 ACORD CORPORATION. All rights reserved.

The ACORD name and logo are registered marks of ACORD



**FAX** 

BASIN FARMING INC. 1217 S PIONEER WAY #B MOSES LAKE, WA. 98837 PHONE (509)764-7000 FAX (509)764-7004

SUBJEC	T: UTC COMY	YALLY CO	VVC	Permit		
TO: FAX: PHONE: RE:	360 2810 1181	Ρ,	ROM: AGES: ATE: C:	· · · · · · · · · · · · · · · · · · ·		
	URGENT	REVIEW	СОМ	MENT	RF	PLY ]
P	ease fax	Keapt Holl-fo				
		BaG				a substitution of the subs
	n de la companya de La companya de la companya del companya de la companya del companya de la co		- and an	····	**	
					***	
			Company of the second of the s			
			er en			
	1.5. 1. 1.10 M		and the second second	energia de la companya della companya della companya de la companya de la companya della company		