PART A WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION ECEIVED 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 OFFICIAL USE ONLY Carrier ID#: Safety. Reception Number: 111 0268 200 02 275.00 Employee: Insurance: TYPE OF ARPLICATION (Check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority** Transfer of Existing Permit Number X \$275 GENERAL COMMODITIES ONLY GENERAL COMMODITIES, including \$100 ARMORED CAR SERVICE **GENERAL COMMODITIES, including** \$100 \$275 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** ARMORDED CAR SERVICE \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE For Co \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT Auth: (Must be filed within 10 months of cancellation) TYPE OF PAYMENT X Visa **Expiration Date** ☐ Money Order □ Amex ☐ Discover ☐ Mastercard ☐ Check 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. Alice Brown 5/14/2015 Name (printed) Date: Admin. Assistant Title: Signature: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# 15441 600-074-664 PHONE#: 509-276-2229 Knight Const. & Supply, Inc.

FAX #:

509-276-6055

d/b/a:

Knight Construction & Supply, Inc.

PHYSICAL ADDRESS: (street address, if different)

28308 N. Cedar Road, Deer Park, WA 99006

BUSINESS (MAILING) ADDRESS:

			E OF BUSINES						
☐ INDIVIDUAL		k individua RTNERSHI			nip/corporation information ON (LP, LLP, LLC)				
STATE OF INCORPORATION									
<u>NAME</u>	<u>TITI</u>	<u>_E</u>	ADDRE			CK DISTRIBUTION OR			
Doug Knight	Presid	lent —	28308 N. Cedar Road, Deer Park, WA 99006		006	28%			
Ken Knight	Vice Pres		28308 N. Cedar Road, Deer Park, WA 99006		06	28%			
David Knight	Treasur	er 28	3308 N. Cedar Road	d, De	eer Park, WA 99006	28%			
	TRANSFER OF PERMIT NUMBER								
Complete this se holder and permit of the permit num	it number to	are transfe be transfe	rring an existing pe rred. The current p	ermit perm	to a new owner. List na nit holder must sign belov	me of <u>current</u> permit v to authorize the transfer			
NAME ON PERM	ИIT:			<u> </u>	PERMIT NU	JMBER:			
Signature of cu	rrent permit	holder				Date			
		NSURAN			ITS (must check one)				
☐ You will not ha	THE REAL PROPERTY OF THE PARTY	rmit will no			table insurance is receive You will haul	ed You will haul			
hazardous mate	rials in any	hazardou	is materials in hazard		zardous materials	hazardous materials			
quantity. You wil operate vehicles			any quantity. You will operate vehicles with a		uiring \$1 million in blic Liability and	requiring \$5 million in Public Liability and			
GVWR of less th		GVWR of 10,000 pounds		Pro	perty Damage	Property Damage			
pounds. You mu	st obtain	or more. `	or more. You must obtain		urance. You must	Insurance. You must			
\$300,000 in Pub and Property Da	•		00 in Public Liability operty Damage		mplete Part C, Sections I and 2.	complete Part C, Sections 1 and 2.			
Insurance. You	do not	Insurance	e. You must						
need to complete	e Part B.	complete	Part B.						
UNIT#	LICEN		SLE LIST (Attac STATE	n ad	ditional pages if neces	Sary) /IN#			
15	26829RP		WA	\dashv	1XKDP40X6BJ277741				
90	61960PR		WA WA	\dashv	2HSFBACR1LC032075				
90	29076RP		WA		1HSHHGCBR9NH442495				
72 Indingedicani42473									
Signature									
I, as applicant,	understand	d that the	filing of this appli	catio	on does not in itself co	nstitute 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.									
1									
Harri	1111	(1/1)			- /	14/2013			
	<i>M/M/M</i> Signat	MAI			5/	Date			
<i>v</i>	oigilat	J. 0(3)				- 			

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.

stances and Alcohol Testi	

Name: —	David A. Knight	
Name. —		

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: —	David A.	Knight	 Position:	Treasurer
Ivaille. —			 1 001110111	

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	ı Requirem	nents
Name: -	David A.	Knight		Position: -	Treasurer
vehicles exclusive	as required elv in intrast	by FMCSR Par ate commerce v	rt 391.51 and by the W within Washington hav	/SP in WAC re limited exe	each employee authorized to drive motor 446-65-010. Owner/operators that work emptions. Owners/operators that conduct and any other driver that they may use.
			Drivers Hours	of Service	
Name: -	David A.	Knight		Position:	Treasurer
Each corvehicle a	mpany mus as required	t maintain true a by the FMCSA i	and accurate hours of in 49 CFR, Part 395.1	service reco (e) and by th	ords for each individual that drives a motor le WSP in WAC 446-65-010.
		Vehic	cle Inspection, Rep	air, and Ma	aintenance
Name: -	David A.	Knight		Position:	Treasurer
required company FMCSA	by the FM0 y must main in 49 CFR, Iden The A rec	CSA in 49 CFR, ntain certain requestion 296.3 and tification of the volume and duecord of inspection conduct period	Part 396.11 and by the uired records for each by the WSP in WAC 4 rehicle. date of various inspectors, repairs and maintenance.	ne WSP in Work vehicle that 146-65-010: etion and main enance indicates.	ort" on each vehicle used each day as /AC 446-65-010. In addition, each includes the following, as required by the intenance operations to be performed. Eating their date and nature.
			Siona		
			SS SS STREET CONTROL OF STREET AND	y responsi	bility as a motor carrier and I will operations.
	Mari 1	Ulmoin	<i>?</i> ,		5/14/2013
Signatu	re of applica	ant			Date

UNIT#	LICENSE#	STATE	VIN#
111	63125PR	WA	N250373GL
112	98962PR	WA	1FDYS95R7PVA12521
131	B47055T	WA	3D6WU6EL9BG608838

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

Filed with Washington Ut	(Name of Agency)	Commission	·······	(herein after called Agen
	(Harrie & Agency)			
This is to certify that the	lationwide Mutual Insurar	ce Company		
	(Name of Company)			
(herein after called Company) of 11	on sed, teet Street Oes Mo	ines ,lA ,50391		
	(Home Address of Comp	eny)		
				-
has issued to SUPPLY INC	NSTRUCTION &	28308 N CEDAR	ROAD DEER	R PARK .WA .99006
	me of Motor Carder)	(Add	ress of Motor Carr	ier)
V	•	V		•
A policy or policies of insurance	effective from 05/14/2013			e address of the insured stated in s
policy or policies and continuing	until cancelled as provided herei	n, which by attachment o	of the Uniform Mot	tor Carrier Bodily Injury and Proper
Damage Liability Insurance End	orsement, has or have been ame	nded to provide automob	ile bodily injury an	nd property damage (lability insurer
covering the obligations imposed requiations promulgated in acco	upon such motor carrier by the p	provisions of the motor of	amer law of the St	ate in which the Agency has jurisdi
regulations promulgated in acco	dailes treiswith.			
				policies and all endorsements then
				e policy to which it is atteched. Suc
cancellation may be effective by	the Company or the insured giving	ng thirty (30) days' notice	in writing to the S	itale Agency, such thirty (30) days'
commence to run from the date	notice is actually received in the o	office of the Agency.		
1200 Locus Countersigned at Dea Moine		IA 50391	This 15	th day of May
Contraraffiled at Cas Motitie	(esenbbA)	18 . 555,51	(Da	<u> </u>
	[min easy		,52	(1)
	CD DA 7502960003		Susan Hose	a b
Insurance Company File No. Al	(Policy No.)	_		red Company Representative)
	(Policy No.)		(Addition2	ac company representatively

Underlying Limit :0.00 Liability Limit :1,000,000.00