### WASHINGTON STATE UTILITIES AND TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DRIVE SW, PO BOX 47250

#### OLYMPIA, WA 98504-7250

(360) 664-1222

This permit authorizes the following operations under the provisions of RCW Title 81:

Hart, Mike S. d/b/a Hart Bros Trucking 1717 36th Ave NE Olympia, WA 98506

Permit No.

CC-5795

General commodities in the state of Washington excluding household goods, hazardous materials and armored car service.

TV-131085

06-13-13

SERVICE DATE

JUN 1 + 2013

WASHINGTON UTILITIES AND TRANSPORTATION **COMMISSION** 

NOTE: A copy of this permit MUST be carried in each

P 1/2

# REINSTATEMENT

## 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 Carder Brokers)						
FOR OFFICIAL USE ONLY						
Reception Number: 04522	Safety:		Carrier ID#:	M240 12		
111 0268 200 02 100 -	insurance:		Employee.	CIM		
T	YPE OF APPLICA	ATION (che	ck one)			
New Common Carrier Permit Transfer of Existing Perm	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 MAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS SO SERVICE	ES, INCLUDING ID ARMORED CAR					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  (Muet be flied within 10 months of canceltation)  For Commission Use Only:  Auth #: 0						
	TYPE OF	PAYMENT		W Zuz		
☐ Check ☐ Money Order ☐ Ame	x Discover D	Mastercard <b>B</b>	Visa Exp	ration 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): MIKL S. H	ART	Date	29th MAY	13		
Signature: Natiff		Title:	OWNEZ			
MOTOR CARRIER IDENTIFICATION						
CC#: 5795 W US DOT#	685626	WAU	NIFIED BUSINESS ID	72		
APPLICANT NAME: MIKE 8.	HART		PHONE#: 360	570 500)		
d/b/a: HART BRUS TMI		,	FAV 4	570 5003		
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1717 3644 Aul Ne						
(city, state, zip) OLYMPIN WASH 98506						
PHYSICAL ADDRESS: (street address, if different)						

05-29 15:30	Hart Brother	's Inc.	3605705003 >>	3605	5861181	P 2/2	
TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)							
M INDIVIDUAL D PARTNERSHIP CORPORATION - STATE OF INCORPORATION (LP, LLP, LLC)							
NAME		TITLE	<u>\$</u> T00	K	DISTRIBUTION OR PER	CENTAGE OF SHARE	
MIKE S. A	HART	OWNE	2				
						<u> </u>	
					MIT NUMBER		
Complete this s holder and perr of the permit nu	nit number to	are Iransfo be transfo	erring an existing perred. The current	peri	it to a new owner. List no mit holder must sign belo	ame of <u>current</u> permit w to authorize the transfer	
NAME ON PER	RMIT:	·••			PERMIT N	JMBER:	
Signature of c	urrent permit	holder				Date	
INSURANCE REQUIREMENTS (must check one) (Permit will not be Issued until acceptable insurance is received)							
The applicant WILL  NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating\$300,000 in Public Llability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.  The applicant WILL  NOT HAUL hazardous materials in any quantity \$750,000 in Public Llability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey. Section 1.		H/ma \$1 Light Day Su Su 2.	The applicant WILL AUL hazardous naterials requiring 1 million in Public land Property amage Insurance and Johnit the Safety Fitness urvey – Sections 1 and 2.				
UNIT#	LICEN			ado	litional list if necessary		
22.	A 948		STATE WATH		VIN#		
		, , ,		_	1XKDK29XX	KJ 523967	
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)  24 may 13  Date				ky 13			
Signature(s) Date							
			2				

#### PARTB

## 

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.

732-9019 or (253) 838-1650.  J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, W. Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 972  US Government Printing Office, 732 N. Capital Street, NW, Washington	120-2020 MMM MODERIC COLL (200)
What I	· OWNER
Name: Position	
<ul> <li>Any driver who operates a vehicle that meets the definition of a commust have a valid CDL. The definition of a commercial motor vehicle has a gross combined weight rating of 26,001 pounds that it weight rating of more than 10,000 pounds; or</li> <li>has a gross vehicle weight rating of 26,001 pounds or more is designed to transport 16 or more passengers, including the last of any size and is used to transport hazardous materials that hazardous materials regulations.</li> </ul>	the is a vertice that. Includes a towed unit with a gross vehicle it or the driver, or of an amount that requires placarding under
Any person who drives a commercial motor vehicle requiring a CD and alcohol testing program as required by FMCSA in 49 CFR Par in WAC 446-65-010.	L must participate in a controlled substance t 382 and 49 CFR Part 40, and by the WSP
Name: — Why Wall Position	n: OWNER
Any driver who operates a vehicle that meets the definition of a commust have a valid CDL, as required by the Washington Star a commercial motor vehicle is a vehicle that:  has a gross combined weight rating of 26,001 pounds that weight rating of more than 10,000 pounds; or	mmercial motor vehicle as described below te Department of Licensing. The definition of

- 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.

. MJ	M		Augusta	
Name: — ////	et out	Position:	OWNER	
vehicles as required exclusively in intrast	by FMCSR Part 391.51 at the commerce within Was	and by the WSP in WAC shington have limited ex	each employee authorize C 446-65-010. Owner/oper comptions. Owners/operators and any other driver that	ators that work ors that conduct
Name: Akik	inv	Position:	or wen	***
			ords for each individual tha ne WSP in WAC 446-65-0	
Name: MM	Mh	Parities:	OWNER	
required by the FMC company must main FMCSA in 49 CFR,  Identify The r	SA in 49 CFR, Part 396.1 teln certain required recor Part 396.3 and by the WS fication of the vehicle, nature and due date of var	1 and by the WSP in Wirds for each vehicle that P in WAC 446-65-010; ious inspection and ma	oort" on each vehicle used VAC 446-65-010. In addition t includes the following, as internance operations to be eating their date and nature	on, each required by the eperformed.
All companies must WSP in WAC 446-69		ons as required by the F	FMCSA in 49 CFR, Part 39	6.17 and by the
My signature belo comply with all th	ow certifies that I under ne safety requirements	rstand my responsi which apply to my	bility as a motor carrie operations.	er and I will
Mules	ne		114 June	

Signature of applicant

Date