PART	A TV# /	3/16					
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)  FOR OFFICIAL USE ONLY							
Reception Number: 045290 Safety:	Carrier ID#:						
111 0268 200 02 275.00 Insurance:		<u>,                                     </u>					
217:00 17:00: 170	ATION (shock one)						
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, inclu	ding					
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, inclu HAZARDOUS MATERIALS and ARMON	iding RED CAR					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	ON CARRIER PERMIT For Commission Use On Auth #: ()	BOA					
	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):    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.							
Signature Sonne Ju	Title: Owner/oferator						
CC#: / A C							
CC#: UY918 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UB) #: 602 844 265 N							
APPLICANT NAME:							
d/b/a: Ronnie's Truckin'11C. FAX#: (360) 826-5256							
BUSINESS (MAILING) ADDRESS: 604 Shiloh LW. Seclo Woolley, WA 98284							
PHYSICAL ADDRESS: (street address, if different) Same							
4							

Microsoft

	TYPE OF BUSINESS STRUCTURE								
(check individual or complete partnership/corporation information)  □ INDIVIDUAL □ PARTNERSHIP 区 CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION I C いる									
NAME	TITLE		ADDRE			STOCK DISTRIBUTION OR PERCENTAGE OF SHARE			
Ronnies		سمو	er/operator		40%				
STACYL	STACY L Degil owner				51%				
			···						
Camplata this or	ation if you are to		NSFER OF PE			and of autropy pormit			
	it number to be tr				t to a new owner. List n nit holder must sign beld	ow to authorize the transfer			
NAME ON PERMIT:PERMIT NUMBER:									
Signature of c	irrent permit holde	<u></u>			÷	Date			
			CE REQUIREN	1EN	NTS (must check one)				
					otable insurance is recei				
☐ 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.   ☐ 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.		hai red Pu Pro Ins	You will haul zardous materials quiring \$1 million in ablic Liability and operty Damage surance. You must mplete Part C, Sections and 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.					
	MOTOR V		LE LIST (Attac	h ac	iditional pages if nece				
UNIT#	LICENSE#		STATE			VIN#			
R-1	B 888351	$\mathfrak{I}$	WA.		1NKdxbex	27R182917			
				<del></del>					
<u></u>	<u> </u>								
Signature									
		<u> </u>	Jigila	CUIT	<u> </u>				
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.									
Aonnie 10 - 13 - 2013 Signature(s) Date									
5									

13 13 02:46p

## **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: Ronnie Dean Position: owner operator					
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul>					
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: Ronnie Deaw Position: Owner operator					
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under</li> </ul>					

hazardous materials regulations.

Driver Qualification Requirements								
Name: Ronnie Dew Position: owner operato								
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: Ronnie Dean Position: owner oper	rater							
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: Dem Position: Owner ofe	rador							
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 comply with all the safety requirements which apply to my operations.    Connect   Connect								

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RONNIE'S TRUCKIN LLC of 604 SHILOH LANE, SEDRO WOOLLEY, WA 98284 a policy or policies of insurance effective from 06/13/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 this 15th day of June, 2013

Insurance Company File No. CA 06502917

(Policy Number)

MC1633a(08/99)

IRB3539B