

PART A

TV# 131108

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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

JUN 17 2013

M.O. R204897226138

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 045289	Safety:	Carrier ID#: 1311
111 0268 200 02 245.00	Insurance:	Employee:

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #:

TYPE OF 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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 04969 US DOT# 2249344 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603275278

APPLICANT NAME: Margarita Butron PHONE#: 253-670-0798

d/b/a: Rand M Delivery Service FAX #:

BUSINESS (MAILING) ADDRESS: 6602 241st St Ave E, Buckley, WA 98321

PHYSICAL ADDRESS: (street address, if different)

Same

TYPE OF BUSINESS STRUCTURE

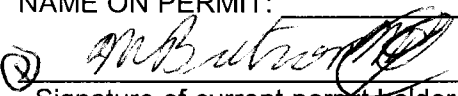
(check individual or complete partnership/corporation information)

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

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Margarita Butron, Owner 100%
6602 241st AVE E, Buckley, WA 98321

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: _____
 _____ 6/13/13
Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)

A permit will not be issued until acceptable insurance is received


- 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.
- You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 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 VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B1052LF	WA	2HTMMAAM34H593294

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.

 _____ 6/13/13
Signature(s) Date

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:  Position: owner

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:  Position: owner

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: M. Burton Position: _____

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: M. Burton Position: _____

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: M. Burton Position: _____

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.

M. Burton
Signature of applicant

01/13/13
Date

ANNUAL VEHICLE INSPECTION REPORT

VEHICLE HISTORY RECORD	
REPORT NUMBER	FLEET UNIT NUMBER
13573353040	018
DATE 6-9-13	

MOTOR CARRIER OPERATOR R+M Delivery Service	INSPECTOR'S NAME (PRINT OR TYPE) Brett Calloway
ADDRESS 6602 241ST AVE E	THIS INSPECTOR MEETS THE QUALIFICATION REQUIREMENTS IN SECTION 396.19. <input checked="" type="checkbox"/> YES
CITY, STATE, ZIP CODE BUCKLEY, WA 98321-8789	VEHICLE IDENTIFICATION (L AND COMPLETE) <input checked="" type="checkbox"/> LIC. PLATE NO. <input type="checkbox"/> VIN <input type="checkbox"/> OTHER
VEHICLE TYPE <input type="checkbox"/> TRACTOR <input type="checkbox"/> TRAILER <input checked="" type="checkbox"/> TRUCK <input type="checkbox"/> BUS <input type="checkbox"/> (OTHER)	INSPECTION AGENCY/LOCATION (OPTIONAL) CASCADE ROAD RESPONSE

VEHICLE COMPONENTS INSPECTED											
OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM	OK	NEEDS REPAIR	REPAIRED DATE	ITEM
<input checked="" type="checkbox"/>			1. BRAKE SYSTEM	<input checked="" type="checkbox"/>			6. SAFE LOADING	<input checked="" type="checkbox"/>			10. TIRES
<input checked="" type="checkbox"/>			a. Service Brakes	<input checked="" type="checkbox"/>			a. Part(s) of vehicle or condition of loading such that the spare tire or any part of the load or dunnage can fall onto the roadway.	<input checked="" type="checkbox"/>			a. Tires on any steering axle of a power unit.
<input checked="" type="checkbox"/>			b. Parking Brake System	<input checked="" type="checkbox"/>			b. Protection against shifting cargo.	<input checked="" type="checkbox"/>			b. All other tires.
<input checked="" type="checkbox"/>			c. Brake Drums or Rotors	<input checked="" type="checkbox"/>			c. Container securement devices on intermodal equipment.	<input checked="" type="checkbox"/>			11. WHEELS AND RIMS
<input checked="" type="checkbox"/>			d. Brake Hose	<input checked="" type="checkbox"/>			7. STEERING MECHANISM	<input checked="" type="checkbox"/>			a. Lock or Side Ring
<input checked="" type="checkbox"/>			e. Brake Tubing	<input checked="" type="checkbox"/>			a. Steering Wheel Free Play	<input checked="" type="checkbox"/>			b. Wheels and Rims
<input checked="" type="checkbox"/>			f. Low Pressure Warning Device	<input checked="" type="checkbox"/>			b. Steering Column	<input checked="" type="checkbox"/>			c. Fasteners
<input checked="" type="checkbox"/>			g. Tractor Protection Valve	<input checked="" type="checkbox"/>			c. Front Axle Beam and All Steering Components Other Than Steering Column	<input checked="" type="checkbox"/>			d. Welds
<input checked="" type="checkbox"/>			h. Air Compressor	<input checked="" type="checkbox"/>			d. Steering Gear Box	<input checked="" type="checkbox"/>			12. WINDSHIELD GLAZING
<input checked="" type="checkbox"/>			i. Electric Brakes	<input checked="" type="checkbox"/>			e. Pitman Arm	<input checked="" type="checkbox"/>			Requirements and exceptions as stated pertaining to any crack, discoloration or vision reducing matter (reference 393.60 for exceptions).
<input checked="" type="checkbox"/>			j. Hydraulic Brakes	<input checked="" type="checkbox"/>			f. Power Steering	<input checked="" type="checkbox"/>			13. WINDSHIELD WIPERS
<input checked="" type="checkbox"/>			k. Vacuum Systems	<input checked="" type="checkbox"/>			g. Ball and Socket Joints	<input checked="" type="checkbox"/>			Any power unit that has an inoperative wiper, or missing or damaged parts that render it ineffective.
<input checked="" type="checkbox"/>			2. COUPLING DEVICES	<input checked="" type="checkbox"/>			h. Tie Rods and Drag Links	<input checked="" type="checkbox"/>			14. OTHER
<input checked="" type="checkbox"/>			a. Fifth Wheels	<input checked="" type="checkbox"/>			i. Nuts	<input checked="" type="checkbox"/>			List any other condition(s) which may prevent safe operation of this vehicle.
<input checked="" type="checkbox"/>			b. Pintle Hooks	<input checked="" type="checkbox"/>			j. Steering System	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Drawbar/Towbar Eye	<input checked="" type="checkbox"/>			8. SUSPENSION	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			d. Drawbar/Towbar Tongue	<input checked="" type="checkbox"/>			a. Any U-bolt(s), spring hanger(s), or other axle positioning part(s) cracked, broken, loose or missing resulting in shifting of an axle from its normal position.	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			e. Safety Devices	<input checked="" type="checkbox"/>			b. Spring Assembly	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			f. Saddle-Mounts	<input checked="" type="checkbox"/>			c. Torque, Radius or Tracking Components	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			3. EXHAUST SYSTEM	<input checked="" type="checkbox"/>			9. FRAME	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Exhaust system leaking forward of or directly below the driver/sleeper compartment.	<input checked="" type="checkbox"/>			a. Frame Members	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Bus exhaust system leaking or discharging in violation of standard.	<input checked="" type="checkbox"/>			b. Tire and Wheel Clearance	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Exhaust system likely to burn, char, or damage the electrical wiring, fuel supply, or any combustible part of the motor vehicle.	<input checked="" type="checkbox"/>			c. Adjustable Axle Assemblies (Sliding Subframes)	<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			4. FUEL SYSTEM	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			a. Visible leak.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			b. Fuel tank filler cap missing.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			c. Fuel tank securely attached.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			5. LIGHTING DEVICES	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			
<input checked="" type="checkbox"/>			All lighting devices and reflectors required by Part 393 shall be operable.	<input checked="" type="checkbox"/>				<input checked="" type="checkbox"/>			

INSTRUCTIONS: MARK COLUMN ENTRIES TO VERIFY INSPECTION: OK, NEEDS REPAIR, NA IF ITEMS DO NOT APPLY, _____ REPAIRED DATE

CERTIFICATION: THIS VEHICLE HAS PASSED ALL THE INSPECTION ITEMS FOR THE ANNUAL VEHICLE INSPECTION IN ACCORDANCE WITH 49 CFR PART 396.

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 22901 Millcreek Blvd ,cleveland ,OH ,44212
(Home Address of Company)

(DBA) R AND M DELIVERY SERVICES

has issued to MARGARITA BUTRON MORENO of 6602 241ST AVE E ,BUCKLEY ,WA ,98321
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/26/2013 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 22901 Millcreek Blvd, Suite 400 OH 44122 This 27th day of Jun 20 13
Cleveland (Address) (Day) (Month) (Year)

Insurance Company File No. 7848034
(Policy No)

Debra Seggio
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00