

PART A

TV# 13170

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)

CK# 108976

Reception Number: 045299	Safety:	Carrier ID#: 1121857
111 0268 200 02 275.00	Insurance: WPA	Employee:

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	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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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): Jacob Hoyt   Date: 6/18/13  
Signature: [Signature]   Title: Safety Program Manager

CC#: <u>64971</u>	US DOT# <u>175303</u> <u>gh</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>409 015 501</u> <u>gh</u>
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APPLICANT NAME: Woodfeathers, Inc.	PHONE#: 503-641-7663
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d/b/a:	FAX #: 503-526-8636
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BUSINESS (MAILING) ADDRESS:  
PO Box 17566 Portland OR 97217

PHYSICAL ADDRESS: (street address, if different)  
8414 N. Vancouver Ave. Portland OR 97217

Woodheavers

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

RONALD E Gotcher

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Wesley A Gotcher</u>	<u>President</u>	<u>P.O. BOX 17566 Portland OR 97217</u>	<u>10%</u>
<u>Terri Anne Gotcher</u>			<u>45%</u>
			<u>45%</u>

**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: \_\_\_\_\_  
[Signature] 06/12/13  
Signature of current permit holder Company President Date

**INSURANCE REQUIREMENTS (must check one)**

(A permit will not be issued until acceptable insurance is received)

<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
<u>See Attached</u>			

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.

[Signature] 6/7/13  
Signature(s) Date

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION Oregon

NAME

TITLE

ADDRESS

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

RECEIVED  
JUN 17 2013

WASH. UT. & TP. COMM

**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: \_\_\_\_\_

*[Handwritten Signature]*

06/12/13  
Date

Signature of current permit holder Company President

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A permit will not be issued until acceptable insurance is received

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*[Handwritten Signature]*  
Signature(s)

6/7/13  
Date

~~001-111-0268-200-02~~ CK# 108976 #275<sup>00</sup> 6/17/13

001-111-0268-200-02

## 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: Jason Roe Position: H/R

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: Jacob Hest Position: Safety Program Manager

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: Sacob Hest Position: Safety Program Manager

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: Sacob Hest Position: Safety Program Manager

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: Sacob Hest Position: Safety Program Manager

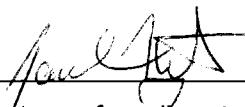
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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

6/7/13  
Date

### MOTOR VEHICLE LIST

UNIT #	LICENSE#	STATE	VIN#
60	YAPH181	OR	1FDYW82E4SVA12940
87	YAPK276	OR	1HTSHAAT5VH415925
112	YAPE030	OR	1XPALA9X5JD262560
19	YARD902	OR	2FZHANAK01AH38406
62	YAPG687	OR	1FDZY9OUXRVA50648
82	YAPE095	OR	1FDY90R6PVA21611
88	YAPA494	OR	1XPAL59XOMD308419
90	YARD903	OR	1GDM7D1G5KV511589
217	YAPA504	OR	1FDYW82A4KVA43795
93	YARD904	OR	1FDYS86F1WVA18540
94	YARD905	OR	1FDYY82A9LVA22694
99	YAPA499	OR	1HTSHNHR0MH355925
21	YARB030	OR	1HTWYAHT76J331512
51	YAPK207	OR	1FDZY90UXTVA17950
77	YAPH467	OR	1GDT7H4JAPJ510473
66	YAPG686	OR	1HTSHAAT2RH581244
73	YAPG522	OR	1FDZY82E4PVA26407
83	YAPA492	OR	1FDYW82A8NVA17091
91	YAPA496	OR	1XPAL59X7LD295537
22	YARB649	OR	1HTWYAHT57J434414
41	YARC435	OR	1FDZS96Y2VVA32649
80	YAPA105	OR	1FDYY90R0NVA37523
127	YAPA503	OR	1FDXF70K8HVA63364
219	YAPA505	OR	1HTSHZ3R2LH219227
53	YAPH274	OR	4V52CFFD5TR476158
52	YAPK208	OR	1FDZY90V0TVA17951
78	YAPE094	OR	1FDZU90R2PVA24470
44	YAPK638	OR	1NPGL99X5VD412658
95	YABA127	OR	1XPAD59X3LD298948
26	YACR071	OR	1XP5D69X4VD431369
74	YABK360	OR	1FTXR82E7TVA02072
81	YABK418	OR	2HSFHD2RXNCO56640
58	YARC434	OR	1HTGLAUT1SH674780
71	YAP1232	OR	1FDYW82E2SVA80153
30	YARF325	OR	2FZHATBS19AAF1610
31	YARF631	OR	1HTWYAHT09J091725
20	YAPY136	OR	2FZHAZCVX4ANO8257

M39837

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 Liberty Northwest Insurance Corporation  
(Name of Company)  
(herein after called Company) of One Liberty Centre ,650 N E Holladay Street ,Portland ,OR ,97232  
(Home Address of Company)

has issued to Woodfeathers, Inc of PO Box 17566 Portland, OR 97217  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/10/2013 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 650 NE Holladay OR 97232 This 10th day of Jun 20 13  
Portland (Address) (Day) (Month) (Year)

Insurance Company File No. C06 171655 Jerry Strawn  
(Policy No) (Authorized Company Representative)

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

~~Inactive~~