

PART A

TV# 131261

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: 045355	Safety:	Carrier ID#: M36511
111 0268 200 02 100	Insurance: DA	Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 202661
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input checked="" type="checkbox"/> Visa	Expiration Date:
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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): **DAVID V. MARTINEZ** Date: **6/28/13**
 Signature: *David Martinez* Title: **OWNER**

MOTOR CARRIER IDENTIFICATION

CC#: 59430	US DOT#: 816106	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 960 1370
APPLICANT NAME: DAVID V. MARTINEZ		PHONE#: 509-760-3216
d/b/a: David's Trucking		FAX #:
BUSINESS (MAILING) ADDRESS: P.O. Box 742 WARDEN WA 98857		

PHYSICAL ADDRESS: (street address, if different) **712 W 6th St
WARDEN, WA 98857**

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
David V. Martinez	Owner	P.O. Box 742 Warden, WA 98857	100%

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 of current permit holder

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. |
|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
		WA	1FUYDXYB8NH526822

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.

David Martinez

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: David V. Martinez 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: David V. Martinez 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: David V. Martinez Position: Owner

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: David V. Martinez Position: Owner

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: David V. Martinez Position: Owner

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

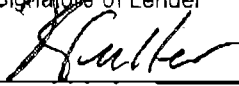
My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.

David Martinez
Signature of applicant

Date

Request for Evidence of Insurance

Part I - Lender Information

1. To (Name and Address of Insurance Company) Country Financial Phone : 509-766-9197 Fax :		2. From (Name and Address of Lender) Washington Trust Bank 717 W Sprague Ave Spokane, WA 99201 Phone <u>509-353-4598</u> Fax : 609-353-5632	
3. Signature of Lender 	4. Title <u>PROCESSOR</u>	5. Date 06/28/2013	6. Lender's No. 40024358

7. Name and address of applicant(s)
DANIEL MARTINEZ, DIANALEE MARTINEZ

Part II - Property and Loan Information

8. Property Type: <input checked="" type="checkbox"/> Detached <input type="checkbox"/> PUD <input type="checkbox"/> Attached <input type="checkbox"/> CO-OP <input type="checkbox"/> Condo		9. Loan purpose <input type="checkbox"/> Purchase <input type="checkbox"/> Construction - Perm Purch <input checked="" type="checkbox"/> Refinance <input type="checkbox"/> Construction - Perm Refi <input type="checkbox"/> Other / Equity <input type="checkbox"/> Construction Only	
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10. Sales Price: \$	11. Replacement Value: \$ Unknown	12. Loan Amount : \$ 78,404
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13. Property Address:
914 W 6TH ST
WARDEN, WA 98857

14. Legal Description:

15. Lender (or Mortgagee):
Washington Trust Bank ATTN: HLC ISAOA
PO Box 2127
Spokane, WA 99210-2127
Phone : Fax :

16. Type of Insurance:
 Flood Wind / Storm Hazard

17. Insurance Escrowed:
 Yes No

18. Estimated Closing Date
7/15/2013

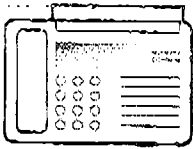
19. Comments

Reqins.uff - (02/27/2007

F A X

Country Financial

2219 W Broadway Ste. B
Moses Lake, WA 98837
1-509-766-9197



To: WA Utilities and Transportation Comm.
Fax number: 360-586-1181

From: COUNTRY Financial
Fax number: 509-765-4328

Date: July 1, 2013

Regarding:
DAVID MARTINEZ DBA DAVID'S TRUCKING

Phone number for follow-up:
509-766-9197

Comments: If more information is needed please contact me at your convenience.

Thank you,

Vianna Martinez

Country Financial

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 DAVID MARTINEZ, DAVIDS TRUCKING of P O BOX 742, WARDEN, WA 98857-0000 a policy or policies of insurance effective from 07/02/2013 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 2nd day of July, 2013

Insurance Company File No. CA 01647992
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B