

## PART A

TV# 13/26

# WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

| 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250<br>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: 045353   | Safety:       |  |  |                                      | Carrier ID#:  |  |  |
| 111 0268 200 02 25.00  | Insurance:    |  |  | Employ                               | Employee:   |  |  |
| Control of the contro | YPE OF APPLIC |  |  | nga pangan ini Andring da Inggara da |   |  |  |
| New Common Carrier Permit Authority, or<br>Transfer of Existing Permit Number  |               | Extension of Common Carrier Permit Authority |  |                                      |   |  |  |
| \$275 GENERAL COMMODIT   | 1             |  | GENERAL COMMODITIES, including ARMORED CAR SERVICE |                                      |   |  |  |
| \$275 GENERAL COMMODITION ARMORDED CAR SERVICE   |               |  |  | ·                                    |   |  |  |
| \$275 GENERAL COMMODITION HAZARDOUS MATERIALS  |               |  | \$100  |                                      | COMMODITIES, including<br>MATERIALS and ARMORED CAR |  |  |
| \$275 GENERAL COMMODITI<br>HAZARDOUS MATERIALS AN<br>SERVICE   |               |  |  |                                      |   |  |  |
| \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  (Must be filed within 10 months of cancellation)  For Commission Use Only.  Auth #: 00000000000000000000000000000000000  |               |  |  |                                      |   |  |  |
| TYPE OF PAYMENT  |               |  |  |                                      |   |  |  |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover ☒ Mastercard ☐ Visa  |               |  |  |                                      |   |  |  |
| 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): Kurt Erickson Date: 6-13-2013  |               |  |  |                                      |   |  |  |
| Signature: Title: President  |               |  |  |                                      |   |  |  |
|  | MOTOR CARRIE  | RIDEN  | TIFICA   | TION                                 |   |  |  |
| CC#: 601-742-922 US DOT# 591384 00 WA UNIFIED BUSINESS IDENTIFIER (UBI) #:   |               |  |  |                                      |   |  |  |
| APPLICANT NAME: PHONE#: Erickson Logging, Inc. 360-832-8627  |               |  |  |                                      |   |  |  |
| d/b/a: FAX #:<br>253-375-5225  |               |  |  |                                      |   |  |  |
| BUSINESS (MAILING) ADDRESS:<br>PO Box 365 - Gig Harbor, WA 98335   |               |  |  |                                      |   |  |  |
| PHYSICAL ADDRESS: (street address, if different) 6602 Sunny Bay Dr NW - Gig Harbor, WA 98335   |               |  |  |                                      |   |  |  |
|  |               |  |  |                                      |   |  |  |

| <u>.</u>  | -                    |   |   |  |  |  |  |
|---|----------------------|---|---|--|--|--|--|
| TYPE OF BUSINESS STRUCTURE  |                      |   |   |  |  |  |  |
| (check individual or complete partnership/corporation information)  INDIVIDUAL IPARTNERSHIP IX CORPORATION (LP, LLP, LLC)   |                      |   |   |  |  |  |  |
|   |                      | STATE O   | FINCORPORATION Wa   | shington   |  |  |  |
| <u>NAME</u>   | TITLE                | ADDRESS   |   | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  |  |  |  |
| Kurt Erickson President 6602 Sunny Bay Dr NW - Gig Harbor, WA 98335 100%  |                      |   |   |  |  |  |  |
|   | TR                   | ANSFER OF PE  | RMIT NUMBER   |  |  |  |  |
| Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 cu   | urrent permit holder | <del> </del>  |   | <br>Date   |  |  |  |
|   | INSURAI              |   | IENTS (must check one copyrable 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 any quantity. You will operate vehicles with GVWR of 10,000 pour or more. You must of \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. |                      | ill not haul us materials in ntity. You will vehicles with a f 10,000 pounds You must obtain o in Public Liability perty Damage e. You must e Part B. | You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Section 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. |  |  |  |
| UNIT#   | LICENSE#             | GLE LIST (Attac   | h additional pages if nec   | essary) VIN#   |  |  |  |
| ONITH   |                      |   | AVKDDDTVOZD   |  |  |  |  |
| 2   | B70214S<br>B52764V   | WA<br>WA  | 1XKDPBTX97R   |  |  |  |  |
|   | 1                    | 177,  | 7,4,6,7,10,0,0  |  |  |  |  |
| 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.  |                      |   |   |  |  |  |  |
|   |                      |   | $\epsilon$  | 6/13/2013  |  |  |  |
|   | 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 Substance | s and Alcohol | Testing   |  |  |  |
|--|----------------------|---------------|-----------|--|--|--|
| Name: _  | Kurt Erickson        | Position:     | President |  |  |  |
| <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: <ul> <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> </li> <li>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.</li> </ul> |                      |               |           |  |  |  |
| Commercial Drivers License (CDL) Requirements  |                      |               |           |  |  |  |
| Name: -  | Kurt Erickson        | - Position:   | President |  |  |  |
| 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   |                      |               |           |  |  |  |

has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle

is of any size and is used to transport hazardous materials of an amount that requires placarding under

hazardous materials regulations.

a commercial motor vehicle is a vehicle that:

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