

PART A

TV# 13130

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: 045418  
111 0268 200 02 275.00

Safety:

Carrier ID#: 7404

Insurance:

Employee: CCA

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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 548088

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): Arrive Burbidge Date: 7-18-13  
Signature: [Signature] Title: Fuel Mgr.

MOTOR CARRIER IDENTIFICATION

CC# WSD19 US DOT# 0021331 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: ~~002304023~~  
APPLICANT NAME: Central Refrigerated Service, Inc. PHONE#: 801-924-7282  
d/b/a: FAX #: 801 924.7052

BUSINESS (MAILING) ADDRESS: PO Box 26297

PHYSICAL ADDRESS: (street address, if different) 5175 W. 2100 SO  
WVC, UT 84120

**TYPE OF BUSINESS STRUCTURE**  
(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Jan Isaacson	CEO	Salt Lake, Ut.	
Robert Baer	CFO	Salt Lake, Ut.	

**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.

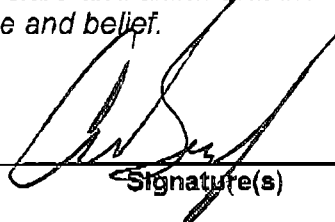
<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You 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.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
<i>See attached pages</i>			

**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(s)

7-18-13  
 \_\_\_\_\_  
 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) 836-1650.
- 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: Allen Lowry Position: Safety Director

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: Allen Lowry Position: Safety Director

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: Allen Lowry Position: Safety Director

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: Allen Lowry Position: Safety Director

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: Mark Hadley Position: Maintenance Director

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

Date

*Mark Hadley*

7/18/13

Tractor Number	Serial Number	Tag/State	Tag_State
65001	1FUNALBD62LJ76016	Z028695	UT
65012	1XKDP40X65R080168	Z028697	UT
65023	1FUNALBDX2LJ76018	Z028696	UT
65034	1XKDP40XXBJ287060	Z028704	UT
65045	1XKDP40X1BJ287061	Z028703	UT
65056	1XKDP40X3BJ287062	Z028702	UT
65066	1XKDP40X5BJ287063	Z028705	UT
65078	1XPHD49X6ED230050	Z029325	UT
65089	1XPHD49X8ED230051	Z029331	UT
65090	1XPHD49XXED230052	Z029329	UT
65102	1XPHD49X1ED230053	Z029326	UT
65113	1XPHD49X3ED230054	Z029327	UT
65124	1XPHD49X5ED230055	Z029324	UT
65135	1XPHD49X7ED230056	Z029330	UT
65146	1XPHD49X9ED230057	Z029328	UT
65157	1XKDP40X36R114097	Z028738	UT
65168	1XKDP40X56R114098	Z029202	UT
65179	1XKDP40X76R114099	Z028739	UT
65180	4V4N99TH44N361522	Z029208	UT
65191	1XKDP40X05R080165	Z029244	UT
65203	1XKDP40X75R080163	Z029242	UT
65214	1FUNALBD91PG12206	Z029236	UT
65225	1FUNALBD73PK88455	Z029206	UT
65236	4V4N99TH08N498589	Z029259	UT
65247	4V4N99TH78N498587	Z029263	UT
65258	1FUNALBD33PK88453	Z029205	UT
65269	1XKDP40X3BJ287059	Z029204	UT
65270	1XKDP40XXBJ287057	Z029209	UT
65281	1XKDP40X25R080166	Z029203	UT
65292	1XKDP49X97R178925	Z029207	UT
65304	1XKDP49X07R178926	Z029210	UT
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65326	4V4N99TH49N276880	Z029201	UT
65337	1FUNA6CK78DZ68774	Z029343	UT
65348	1FUNA6CK18DZ68771	Z029339	UT
65359	1FUNA6CK38DZ68769	Z029340	UT
65360	1FUNA6CK48DZ68781	Z029338	UT
65371	1FUNA6CK38DZ68772	Z029337	UT
65382	1FUNA6CKX8DZ68767	Z029342	UT
65393	1FUNA6CK78DZ68788	Z028344	UT
65405	1FUNA6CK88DZ68783	Z029341	UT
65416	1FUNALBDX3PK88451	Z029238	UT
65427	1XKDP40XX6R114100	Z029215	UT
65438	1XKDP40X55R080162	Z029212	UT
65449	4V4N99TH99N276067	Z029262	UT
65450	1XKDP40X45R080167	Z029213	UT
65461	4LMDF71314L014977	Z029249	UT
65472	4LMDF713X5L016910	Z029252	UT
65483	1XKDP49X47R178928	Z029218	UT
65494	1XPHP49X1AD104432	Z029227	UT
65506	4LMDF71313L014024	Z029250	UT
65517	4LMDF71387L019324	TEMP	UT
65528	4V4N99TH84N361524	Z029225	UT
65539	4LMDF713X9L020932	Z029255	UT

65540	1XPHP49X8AD104430	Z029246	UT
65551	1XPHP49XXAD104431	Z029230	UT
65562	1XPHP49X3AD104433	Z029240	UT
65573	1XPHP49X5AD104434	Z029229	UT
65583	1XPHP49X7AD104435	Z029239	UT
65584	1XPHP49X7AD104435	Z029239	UT
65595	1XPHP49X9AD104436	Z029231	UT
65607	4V4N99TH19N278864	Z029222	UT
65618	4V4N99TH89N278862	Z029226	UT
65629	4V4N99TH59N278866	Z029220	UT
65630	4V4N99TH69N278861	Z029234	UT
65641	4V4N99THX9N278863	Z029224	UT
65652	4V4N99TH39N278865	Z029219	UT
65663	1XKDP40X1BJ287058	Z029243	UT
65674	4V4N99TH54N361528	Z029232	UT
65685	4V4N99TH34N361527	Z029233	UT
65696	4V4N99TH14N361526	Z029221	UT
65708	4V4N99THX4N361525	Z029223	UT
65719	4V4N99TH64N361523	Z029235	UT
65720	1XKDP40X16R114096	Z029214	UT
65731	1XKDP40XX6R114095	Z029248	UT
65742	1XKDP40X86R114094	Z029245	UT
65753	1XKDP49X77R178924	Z029216	UT
65764	1XKDP49X27R178927	Z029247	UT
65775	1XKDP49X67R178929	Z029217	UT
65786	1FUNALBD53PK68454	Z029228	UT
65797	1FUNALBD01PG12207	Z029237	UT
65809	1CYECJ289XT043782	Z029414	UT
65810	4V4N99TH18N498584	Z029260	UT
65821	4V4N99TH58N498586	Z029258	UT
65832	4V4N99TH98N498588	Z029261	UT
65843	4V4N99TH38N498585	Z029257	UT
65854	1XPHP49X0BD117691	TEMP	UT
65865	1XPTP49X5BD123058	TEMP	UT
65876	1XPHP49X1BD128273	TEMP	UT
65887	1XKDP40X0BJ283745	TEMP	UT
65898	4V4N99TK17N484470	TEMP	UT
65900	1XKWDB9X36J107013	TEMP	UT
65911	1XKADB9X67J158484	TEMP	UT
66002	4LMD71386L017779		UT
66024	11VG815E18A000036	Z029413	UT
66035	3AKNGED61ESFU8575	TEMP	UT
66046	3AKNGED63ESFU8576	TEMP	UT
66057	3AKNGED65ESFU8577	TEMP	UT
66068	3AKNGED67ESFU8578	TEMP	UT
66079	3AKNGED69ESFU8579	TEMP	UT
66080	3AKNGED65ESFU8580	TEMP	UT
66091	3AKNGED67ESFU8581	TEMP	UT
66103	3AKNGED69ESFU8582	TEMP	UT
66114	3AKNGED60ESFU8583	TEMP	UT
66125	3AKNGED62ESFU8584	TEMP	UT
66136	3AKNGED64ESFU8585	TEMP	UT
66147	3AKNGED66ESFU8586	TEMP	UT
66158	1XPHP49X8ED236822	TEMP	UT
66169	1XPHP49XXED236823	TEMP	UT

3

66170	1XPHP49X1ED236824	TEMP	UT
66181	1XPHP49X3ED236825	TEMP	UT
66192	1XPHP49X5ED236826	TEMP	UT
66204	1XPHP49X7ED236827	TEMP	UT
66215	1XPHP49X9ED236828	TEMP	UT
66226	1XPHP49X0ED236829	TEMP	UT
66237	1XPHP49X7ED236830	TEMP	UT
66248	1XPHP49X9ED236831	TEMP	UT
66259	1XPHP49X0ED236832	TEMP	UT
66260	1XPHP49X2ED236833	TEMP	UT

Corrected App

PART A

TV#

**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: 111 0268 200 02	Safety: Insurance:	Carrier ID#: Employee:
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**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
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<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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**TYPE OF PAYMENT**

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input checked="" type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
5567356009287996						08 2013

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): Carrie Burbidge Date: 7-18-13  
 Signature: [Signature] Title: Fuel Mar.

**MOTOR CARRIER IDENTIFICATION**

CC#:	US DOT# 0021331	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602246177
APPLICANT NAME: Central Refrigerated Service, Inc.	PHONE#: 801-924-7282	
d/b/a:	FAX #:	

BUSINESS (MAILING) ADDRESS:  
PO Box 26297

PHYSICAL ADDRESS: (street address, if different) 5175 W. 2100 SO  
WVC, UT 84120





REFRIGERATED SERVICE, INC.

**FAX COVER SHEET**

TO: COMPANY NAME:

*State of NH*

ATTENTION OF :

CENTRAL REFRIGERATED SERVICE, INC

FROM: CARRIE BURBIDGE- FUEL & PERMITS DEPT

PHONE # 801-924-7282  
800-777-9100 EXT 7282  
PO BOX 26297

FAX NUMBER - 801-924-7052

Salt Lake City, Utah 84126

E-mail: [carrie.burbidge@centralref.com](mailto:carrie.burbidge@centralref.com)

NUMBER OF PAGES FOLLOWING THIS COVER SHEET:

4

COMMENTS:

*Here is the application with the  
Correct UBI # and the officers & # of  
shares listed - Also under this UBI #  
it should show we are registered with  
State Secretary -*

FAX NO: 360-586 1181

DATE 7-26-13

5175 West 2100 South West Valley City, Utah 84120-1252

PO. Box 26297 Salt Lake City, Utah 84126-0297

t | 801-924-7000 | 800-777-9100

f | 801-924-7333 | 800-777-9103

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION Nebraska

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Jon Isaacson	CEO	Salt Lake Ut.	0
Robert Baer	CFO	Salt Lake Ut.	0
Jerry Moses	Owner	Phoenix AZ	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

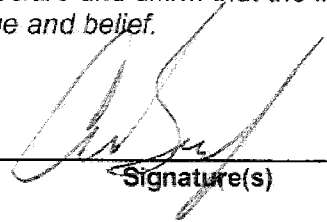
<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You 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.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#

**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(s)

7-18-13  
 \_\_\_\_\_  
 Date

<u>name</u>	<u>title</u>	<u>Percent</u> of <u>Shares</u>
Robert Goates	Finance	0
Tork Fulton	VP	0
Mark Wilkey	attorney	0

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 Red Rock Risk Retention Group, Inc.  
(Name of Company)  
(herein after called Company) of 1850 N Central Avenue Suite 1700 ,Phoenix ,AZ ,85004  
(Home Address of Company)

has issued to Central Refrigerated Service, Inc. of 5175 W. 2100 SO. ,West Valley City ,UT 84120  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 07/18/2013 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 1850 N Central Avenue Phoenix AZ 85004 This 18th day of Jul 20 13  
(Address) (Day) (Month) (Year)

Insurance Company File No. CRS142850 Petar Joy  
(Policy No) (Authorized Company Representative)

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