

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)

done 8/8/13

FOR OFFICIAL USE ONLY

Reception Number: 045489	Safety:	Carrier ID#: 2766
111 0268 200 02 230.00	Insurance: ON	Employee: [Signature]

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 #: 145207

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): ROBERT JACK Date: 6-30-13

Signature: [Signature] Title: Transportation

MOTOR CARRIER IDENTIFICATION

CC#: 65030	US DOT#: 1362110	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602438890
APPLICANT NAME: Columbia River Logistics Inc		PHONE#: 503-778-1391
d/b/a: Columbia River Logistics Inc N/A		FAX #: 503 257-3712
BUSINESS (MAILING) ADDRESS: P.O. Box 2791 Clackamas OR 97015		
PHYSICAL ADDRESS: (street address, if different) 3500 SE Columbia Way VANCOUVER WA 98661		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION WA

**NAME**                      **TITLE**                      **ADDRESS**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

BELGRAVIA INVESTMENTS, INC                      4800 MILL ST, WEST Linn, OR                      100%

*see replacement page need actual name*

**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#
<i>see attached</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)

Date

6-30-13

# 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: \_\_\_\_\_

*Robert Jack*

Position: \_\_\_\_\_

*Transportation*

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: \_\_\_\_\_

*Robert Jack*

Position: \_\_\_\_\_

*Transportation*

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: Robert Sack Position: Transportation

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: Robert Sack Position: Transportation

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: Robert Sack Position: Transportation

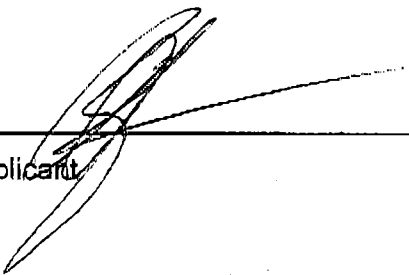
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required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

6-30-13  
Date

Unit No	Plate No	State	VIN#
4000	99459PR	Washington	2HSCBAER3YC075582
4001	99460PR	Washington	2HSCBAER7YCO75584
4002	99461PR	Washington	2HSCBAER3YCO75579
4004	00872RP	Washington	2HSFAER8XC085600
4005	07022RP	Washington	4V4MC9JF41N312668
4008	20849RP	Washington	1HSHGVXRXMH353411
4009	21660RP	Washington	4V1JBBMD2SR845181
4010	21661RP	Washington	4V1JBBMD9SR844517
4011	21662RP	Washington	4V4MC9JFX1N308026
4012	21663RP	Washington	4V4MD2JF5YN786188
4013	21664RP	Washington	2HSFMAIMR2VCO36910
4014	21665RP	Washington	2HSFMAIMR4VCO36911
4015	21666RP	Washington	2HSFMATROVCO77697
4016	21667RP	Washington	2HSFMATR2VCO77698
4017	22477RP	Washington	2HSFMAMR2SCO93765
4018	22478RP	Washington	2HSFHBRXNCO57686
4019	23522RP	Washington	2HSFHM2R8RCCO86192
4020	28814RP	Washington	4V4JDBJFXTN853279

Replacement  
Page

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(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**  
Ronald Stearns    President    4800 Mill St  
West Linn OR    100%  
97068

**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)**

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- |   |   |   |   |
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UNIT#	LICENSE#	STATE	VIN#

Signature

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Signature(s)

Date

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 Travelers Property Casualty Company of America  
(Name of Company)  
(herein after called Company) of One Tower Square, Hartford, CT, 06183  
(Name Address of Company)

has issued to COLUMBIA RIVER LOGISTICS, INC. of 4000 MILL STREET, WEST LINN, OR, 97068  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/31/2013 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 1301 East Collins Blvd. This 06th day of Aug 20 13  
Richardson TX 75001 (Day) (Month) (Year)  
(Address)

Insurance Company File No. MR-0D998810-13-CAG Nancy Reid  
(Policy No) (Authorized Company Representative)

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