

PART A

TV# 181515

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

45590 - \$50 -

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 04565	Safety: OU	Carrier ID#: 1438
111 0268 200 02 225.00	Insurance: OU	Employee: 38

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 #: **200325**

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date _____

#285 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): _____ Date: _____

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 60197	US DOT#: 988282	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 413 486
APPLICANT NAME: Birgen Transport Inc		PHONE#: 253-905-2768
d/b/a:		FAX #: 253-847-0876
BUSINESS (MAILING) ADDRESS: 17823 38th ave E Tacoma, WA. 98446		
PHYSICAL ADDRESS: (street address, if different)		

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
Michael J	Pres	17823 38 th ave E	50
Charlotte O	Vice Pres	17823 38 th ave E	50

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: Birgen mike J. PERMIT NUMBER: 60197

Mike J Birgen Signature of current permit holder 8-20-13 Date

INSURANCE REQUIREMENTS (must be checked)
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 page, if necessary)

UNIT#	LICENSE#	STATE	VIN#
001	90728 RP	WA	1FUFC3ZBXXPA13793
125	05874 RP	WA	1FUNAHCG61PF97041
002	38035 RP	WA	1XP5DB9XBXD4B3227

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.

Mike J Birgen Signature(s) 8-20-13 Date

W1111#

W1111#

W1111#

W1111#

225

97593PR

WA

IXKWPBOX81J87196

525

19591RP

WA

IXPSDB9X0XD48051

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: Charlotte Bergen Position: 8-20-13

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: Charlotte Bergen Position: 8-20-13

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: Charlotte Birgen Position: vice president

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: Charlotte Birgen Position: vice president

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: Charlotte Birgen Position: vice president

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.

Charlotte Birgen
Signature of applicant

8-20-13
Date



1300 South Evergreen Park Drive SW
PO Box 47250
Olympia, WA 98504-7250
Phone (360) 664-1222
Fax (360) 586-1181
Web Site: www.utc.wa.gov

COMMON CARRIER OF PROPERTY
(excluding Household Goods carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE
FEE: \$50.00

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

TYPE OF PAYMENT

Cash Check Money Order AMEX MasterCard Visa
Exp Date

Credit Card Information (if applicable)

Amount \$ 50.00 COMPANY NAME: Birger's Transport

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.

Cardholder's signature: Charlotte Birger Date 8-14-2013

Birger's Transport Inc

For Commission Use Only

111-0268-200-02	50.00	Received date: <u>8/16/13</u>	ID: <u>1438</u>
<u>015500</u>			Insurance: <u>OK</u>

✓000929

N131515

Holder of Permit CC-60197 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

NEW BUSINESS INFORMATION

New Name: <u>Birgen Transport Inc</u>	Phone #: <u>253-905-2769</u>
Trade Name: <u>Birgen Transport Inc</u>	Fax #: <u>253-847-0876</u>
Mailing Address: <u>17823</u>	Physical Address: (if different)
Street/P.O. Box: <u>38th AVE E</u>	Street
City, State Zip: <u>Tacoma, WA 98446</u>	City, State Zip

USDOT # 988282 (If you don't have one, you can apply online at www.fmcsa.dot.gov/online-registration or contact 360-596-3812 for assistance.)

Unified Business Identifier Number (UBI): 602 413 486

Individual Partnership Corporation - State of Incorporation WA
(LP, LLP, LLC)

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Michael J</u>	<u>Pres.</u>	<u>17823 38th Ave E</u>	<u>50</u>
<u>Charlotte O</u>	<u>Vice Pres</u>	<u>17823 38th Ave E</u>	<u>50</u>

CURRENT BUSINESS INFORMATION

M3864B

Current Name: <u>Michael J Birgen</u>	Phone #: <u>253-905-2769</u>
Trade Name: <u>Birgen Transport</u>	Fax #:
Mailing Address: <u>17823</u>	Physical Address:
Street/P.O. Box: <u>38th Ave E</u>	Street
City, State Zip: <u>Tacoma, WA 98446</u>	City, State Zip

Individual Partnership Corporation (LP, LLP, LLC) State of Incorporation _____

NAME	TITLE	ADDRESS	PERCENTAGE OF SHARES
<u>Michael J</u>	<u>Pres</u>	<u>17823 38th Ave</u>	<u>50</u>
<u>Charlotte O</u>	<u>Vice Pres.</u>	<u>17823 38th Ave</u>	<u>50</u>

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Charlotte Birgin
Signature(s)

8-14-2013
Date