# PART A

# 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)						
(excluding Household Goods and Common Carrier Brokers)  FOR OFFICIAL USE ONLY						
Reception Number: 04545 Safety:	Carrier ID#:					
111 0268 200 02 270 (U Insurance: U	Employee:					
TARE OF ARRICA	AHON Greekone)					
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority					
Transfer of Existing Permit Number						
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, Including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, including	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: OS (600)					
100 401 1000	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): Date: 8-15-2013						
Signature: Birker Title: Wender						
MOTOR CARRIER IDENTIFICATION						
CC#: 65058 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) 3 - 325-839 0						
APPLICANT NAME: Surge Logistics ES, LLC PHONE#(509) 375-6222						
d/b/a: Savage Logistics & FAX#: (509) 375-3555						
BUSINESS (MAILING) ADDRESS: Richland, WA 99352						
PHYSICAL ADDRESS: (street address, if different)						
2750 Salk Ave. Richland, WA 99354						
,						

	<ol> <li>A. S. Marcha, G. Control of the Contro</li></ol>	manger or and the engineer and recommend there is	STRUCTURE Ship/corporation/lettormati	Mary 10 to the second the branch between the few control to the control of the co
□ INDIVIDUAL □		CORPORAT	TON (LP, LLP,(LLC)	WA
		STATE OF I	INCORPORATION	
NAME	TITLE	ADDRESS		OCK DISTRIBUTION OR RCENTAGE OF SHARE
Savage Logis	stics LC	- Y.Q. Ex	7(38	100%
- AAA C	Nt Company	Kichle	land, WA 99352	70078
	ATTUCK TRANSE		WEEVONBER ***	
	you are transferring ar	existing perm	nit to a new owner. List n	
holder and permit number.  of the permit number.	per to be transferred. T	ne current per	rmit holder must sign belo	w to authorize the transfer
NAME ON PERMIT:			PERMIT N	UMBER:
Signature of current p				Date
Application of the second of t			NJS (must check one) plable insulance is recei	
You will not haul	☐ You will not ha	aul 🔀	You will haul	☐ You will haul
hazardous materials in quantity. You will only	any hazardous mater		azardous materials equiring \$1 million in	hazardous materials requiring \$5 million in
operate vehicles with a	operate vehicles	with a P	Public Liability and	Public Liability and
GWR of less than 10,			Property Damage	Property Damage Insurance. You must
pounds. You must obta \$300,000 in Public Liat			nsurance. You must complete Part C, Sections	complete Part C
and Property Damage	and Property Da		and 2.	Sections 1 and 2.
Insurance. You do not	Insurance. You r	must		
need to complete Part				
And the state of t	ICENSE#	STATE	additional pages it nade	SSIN#
_ 1	- The	<del></del>		
1/0	MAN AND AND AND AND AND AND AND AND AND A			
	(V)M-			
	K. Linguis and Market Market	Signatu	ie .	
Las applicant under	rstand that the filing o	f this annlica	tion does not in itself co	onstitute authority to
operate and that no o	operations may be co	nducted until	l a permit is received fro	om the Commission. /
hereby declare and a knowledge and belie		tion containe	ed in this application is t	rue to the best of my
Movied go dive belle				
Trikin			P.	-15-2012
Harring	THE STATE OF THE S			-15-20/3
/	ignature(s)			Date
		5		

# 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.
- Williamette 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.

Gontrolled Substances	and Alcohol Testing
Name: BARBARA STONE	Position: Sec/Treas.

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 Licen	se (CDE) Requirements
Name: DARBARA STONE	Position: Sec / Treas.

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.

2 Driver Qualification Requirements
Name: PARBARA JONE Position: Sel TReas.
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: PARDARA STINE Position: Ste TIREAS.
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: DARBARA YONE Position: Sec. TREAS.
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.
Farmus The 8-15-2013
Signature of applicant Date

# PART C - SECTION 1

# SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey. 1. Name the person or position responsible for maintaining and understanding current hazardous material regulations. 2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? **▼** Yes No 3. Are drivers trained in the use of Emergency Response Information? 💢 Yes 🗌 No 4. Is the Emergency Response Information carried in the vehicle? 

▼ Yes □ No 5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816. eta Director 6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? X Yes \subseteq No 7. Who is responsible for completing hazardous materials shipping papers? 8. Where are hazardous material shipping papers located during transportation?.

Ether of the Seat Next to the diriver or in 9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials. 10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit. My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations. Signature of applicant

# PART C - SECTION 2

# HAZARDOUS MATERIALS QUESTIONNAIRE

Co	mpanies applying to transport hazardous materials must complete the following questions.
1.	Please indicate if you plan to transport:  • Petroleum or petroleum products in bulk in tank-type vehicles  • Radioactive substances  • Explosives  • Corrosives
2.	As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure?  • If yes, does the proposed construction require a building permit by a city, county or other governmental agency?  • If yes, which governmental agency will issue the permit?  • If yes, please explain what you intend to build:
3.	In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:  a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?  Yes \[ \] No  b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?  Yes \[ \] No  c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?  Yes \[ \] No  If your answer to a, b, or c is no, please explain:
	9

# UNITED STATES OF AMERICA DEPARTMENT OF TRANSPORTATION PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



# HAZARDOUS MATERIALS CERTIFICATE OF REGISTRATION FOR REGISTRATION YEAR(S) 2013-2014

Registrant:

SAVAGE LOGISTICS ES, LLC

Attn: BARBARA STONE

PO BOX 38

RICHLAND, WA 99352

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 081513 550 025V

Issued: 08/15/2013

Expires: 06/30/2014

HM Company ID: 164811

# Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-52, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

\*

P.O. Box 38 Richland, WA 99352 (509) 375-6222 (509) 375-3555 - fax



# Fax

To:	W	UTC			From	BARD	RA	Do	ve_	-
					Pages:					-
Fax:	360	)586	-1181		Date:	8-15-	/3			-
Re:	Con	mon (	1 arrie	U	cc:		<del>.</del>			-
_	ppli	cation	)							-
□ Un	gent	□. For Re	eview [	] Please Con	nment	□ Please R	eply 	□ Please	Recycle	
				the i			CAR	Rier	<b>→</b>	
	_	V 1	1	tion						
				stics						
PL	lase	. let	me K	now i	f y	n ha	ve c	any		
gr	re st	ก่อมร	OR	Need	ade	dition	al	sofu!	matie	)N-
V			سب	Thank	د رو	u -			,	
				BA	ebar	A S	0 N	2_		
				(50)	37	5 - 62 Q sava	مراه	istics	com	J
				las	tone 1	a) sava	ge w	),		

# **EQUIPMENT LIST**

### 48' CONESTOGA 48' DROP DECK 48' CONESTOGA 48' WRENTAIL 48' FLATBED 25' FLATBED 48' FLATBED 48' FLATBED 53' FLATBED 48' FLATBED 48' FLATBED 20' FLATBED 48' FLATBED 48' FLATBED 48' FLATBED 48' FLATBED TRACTOR 53' VAN 53' VAN TYPE 33663996 33761200 33856750 33856679 33856319 33724697 33724502 33663700 33856337 33663987 NONE SEID. Equipment List 1GRDM96228H709716 1GRDM96297H707084 1GRDM96207H707085 1GRDM96227H707086 1GRDM96217H704454 1GRDM96228H709714 1GRDM96257H704800 3HSCXAPR5BN194920 2HSCXAPR5AC112538 2HSCXAPR7AC134735 1XPHD49X5CD167996 1GRDM96228H709717 5MC2226297P008168 3HSCXAPR0BN269054 1XPHD49X3CD167995 1XPHD49X0CD167999 1XPHD49X1CD168000 1GRAA06239T548733 5MC2226277P008167 1TTF5320191087140 2HSCXAPR6AC115741 1XPHD49X7CD167997 1GRAA06268B700122 1DA72C74X7C018937 5VKBF252X7S002633 1UYFS24829A614301 1UYFS24849A614302 WA89154486 NIN. CONESTOGA CONESTOGA 20' FLATBED LONESTAR LONESTAR LONESTAR LONESTAR LONESTAR STEPDECK FLATBED FLATBED FLATBED FLATBED FLATBED FLATBED WRENTAIL FLATBED FLATBED FLATBED FLATBED FLATBED MODE VAN 386 386 386 ۷AN 386 386 INTERNATIONAL **GRT NORTHERN** 2010 INTERNATIONAL INTERNATIONAL INTERNATIONAL INTERNATIONAL **GREAT DANE GREAT DANE GREAT DANE** GREAT DANE **TRANSCRAFT GREAT DANE GREAT DANE GREAT DANE GREAT DANE GREAT DANE GREAT DANE** PETERBILT PETERBILT PETERBILT PETERBILT PETERBILT TRAIL-EZ MANAC MANAC UTILITY MAKE UTILITY Σ 2010 2010 2011 2009 2003 2008 2008 2008 2007 2008 2008 2008 2008 2008 YEAR 2012 2012 2007 2007 2007 2007 2011 2012 2012 2007 2007 1992 2012

# **EQUIPMENT LIST**

		Equi	<b>Equipment List</b>		
YEAR	MAKE	MODEL	NIN	RFID	TYPE
2005	GREAT DANE	REEFER	1GRAA96285W704696	NONE	53' REEFER
2005	UTILITY	FLATBED	1UYFS24505A484602	NONE	45' FLATBED
2006	REITNOUER	FLATBED	1RNF45A226R014687	NONE	45' FLATBED
2011	DIONBILT	DBNSL 220AR	1D9SC41281G512330	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC412X1G512331	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC41211G512332	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC41231G512333	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4123BG512348	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4123BG512349	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4123BG512350	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4123BG512351	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4125BG512352	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4127BG512353	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4129BG512354	NONE	40' CHASSIS
2011	DIONBILT	DBNSL 220AR	1D9SC4120BG512355	NONE	40' CHASSIS
1987	BRENN	TANK	12HDD4721HN352390	TANKER	42' TANKER
		,			



### STATE OF WASHINGTON

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

Savage Logistics ES, LLC PO Box 38 Richland WA 99352

August 21, 2013

# **Notice of Deficient Application - TV-131535**

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X You have indicated you are a Corporation so we need the names of the people who make up Savage Logistics, LLC.
- X We need to get a list of the equipment you will be using.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

## Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.

# Leipski, Tina (UTC)

From:

Barbara Stone <bstone@savagelogistics.com>

Sent:

Wednesday, September 11, 2013 9:10 AM

To:

**UTC DL Transportation** 

Subject:

Savage Logistics ES, LLC - Operating Authority

**Attachments:** 

Savage Logistic ES LLC Form E WA.pdf; Equipment List.pdf; WUTC Letter.pdf

Importance:

High

Below and attached are the requested items from WUTC's letter dated 8/21/2013 (also attached) regarding application for operating authority for Savage Logistics ES, LLC.

- Owners of Savage Logistics, LLC (parent company of Savage Logistics ES, LLC): Salina Savage Barbara Stone
- 2. List of Equipment (attached)
- 3. Form E (attached)

Once processed, please email or fax a copy of the operating authority to my attention.

Please contact me if you have any questions or need additional information.

Barbara Stone Savage Logistics P.O. Box 38 Richland, WA 99352

Phone: (509) 375-6222 Fax: (509) 375-3555

Notice: The information contained in and/or attached to this email message may contain Sensitive information and should be treated as such. If you have received this email in error, please do NOT distribute the information further and notify the sender immediately either via email or by telephone.

# Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE

RECEIVED

SEP 13 2013

WASH, UT, & TP, COMM

ein after called Agency)

Filed with Washington Utilities & Transportation Commission	(herein after called Agency)
(Name of Agency)	<b>-</b>
This is to certify that the ACE Property & Casualty Company	<u> </u>
(Name of Company)	
(herein after called Company) of 436 Walnut Street ,Philadelphia ,PA ,19106	
(Home Address of Company)	
(DBA) Savage Logistics	• • • • • • • • • • • • • • • • • • • •
has issued to Savage Logistics ES LLC of 2750 Salk Ave Richland WA 99354	
(Name of Motor Carrier) (Address of Motor Carrier)	
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier & Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which regulations promulgated in accordance therewith.	Bodily Injury and Property damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to a cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agenc commence to run from the date notice is actually received in the office of the Agency.	which it is attached. Such
510 Walnut Street	
Countersigned at Philadelphia PA 19106 This 10th day o (Address) (Day)	of <u>Sep</u> 20 <u>13</u> (Month) (Year)
Insurance Company File No. H0845355A Judith Callihan (Policy No) (Authorized Company)	ny Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00