

Received Time Aug. 1, 2013 3:42PM No. 0038

PART A

TV# 131545

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-47250
Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

date 10/1/13

FOR OFFICIAL USE ONLY

Reception Number: 045633	Safety: HOME	Carrier ID#: 11958
111 0268 200 02 275.00	Insurance: HOME	Employee:

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 # 257969

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): Antonio Sanchez Date: Aug 1 2013
Signature: Antonio Sanchez Title: Owner

COMMON CARRIER IDENTIFICATION

CC#: 65061	US DOT#: 2372114	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: W03-269-9710
APPLICANT NAME: Antonio Sanchez		PHONE#: (509) 480-3380
d/b/a: M. H. ASN Transport	FAX #: (509) 480-3480	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3101 W. Washington Ave Suite #2		
(city, state, zip) Yakima WA 98903		
PHYSICAL ADDRESS: (street address, if different) 12407 meadowbrook rd		
Yakima, WA 98903		

corrected 8/19/13



TYPE OF BUSINESS STRUCTURE

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Antonio Sanchez	Owner	12407 meadowbrook rd yakima WA 98903	

TRANSFER OF PERMIT NOTICE

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 (only for haulers)

- | | | | |
|---|---|---|---|
| <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. |
|---|---|---|---|

UNIT#	LICENSE#	STATE	VIN#
2	40577RP	WA	1FUSAHAH1ZLG3B11612

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 Aug 1, 2013

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: Antonio Sanchez Position: Owner

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 Motor Vehicle (CMV) Requirements

Name: Antonio Sanchez Position: Owner

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 File

Name: Antonio Sanchez Position: Owner

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.

Driver Hours of Service

Name: Antonio Sanchez Position: Owner

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: Antonio Sanchez Position: Owner

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.

Antonio Sanchez

Signature of applicant

Aug 1, 2013

Date

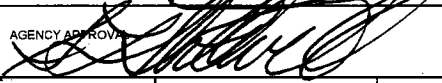
VENDOR NAME AND ADDRESS ANTONIO SANCHEZ 12407 MEADOWBROOK RD YAKIMA, WA 98903	AGENCY NUMBER 2150	LOCATION CODE	
	AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
	AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)		RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND – The company was charged twice because a duplicate application was faxed in.

RECEPTION OR FIELD RECEIPT NO. 45671 DATED 8/28/13 \$275.00

PREPARED BY Tina Leipski				TELEPHONE NUMBER 664-1170				DATE 8/28/13				AGENCY APPROVAL 				DATE 8/29/13	
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.		VENDOR NUMBER VOD1		VENDOR MESSAGE			USE TAX		UBI NUMBER
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SU-B OBJ	SUB SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/TOWN MOS	PROJEC T	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER	
	198		111			02	68								\$275.00	REFUND	
ACCOUNTING APPROVAL FOR PAYMENT										DATE				WARRANT TOTAL \$275.00		WARRANT NUMBER	

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: 045671	Safety: <i>[Signature]</i>	Carrier ID#:
111 0268 200 02 279.00	Insurance: <i>[Signature]</i>	Employee:

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
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<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 # 475507

Requested permit

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): **Antonio Sanchez** Date: **Aug 1, 2013**

Signature: *Antonio Sanchez* Title: **Owner**

MOTOR CARRIER IDENTIFICATION

CC#:	US DOT# 2372114	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: W03-209-971
APPLICANT NAME: Antonio Sanchez	PHONE#: (509) 480-3380	
d/b/a: W/LI/1917	FAX #: (509) 453-3900	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 3201 W. Washington Ave Suite #1 (city, state, zip) Wakima WA 98903		
PHYSICAL ADDRESS: (street address, if different) 12407 meadowbrook Rd Wakima, WA 98903		

M-5444 (01/2010)

FORM E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Continental Divide Insurance Company
(Name of Company)

(hereinafter called Company) of 3333 Farnam Street, Omaha, NE 68131
(Home Office Address of Company)

has issued to ANTONIO SANCHEZ
(Name of Motor Carrier)

of 3801 W WASHINGTON AVE SUITE 1, YAKIMA, WA 98903
(Address of Motor Carrier)

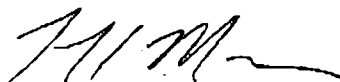
a policy or policies of insurance effective from 09/27/2013 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3333 Farnam Street Omaha NE 68131
(Street Address) (City) (State) (ZIP Code)

this 27th day of September, 20 13



Authorized Representative

Insurance Company File No. 06TRM002348-01
(Policy Number)

750,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302(b)(2)) and 49 CFR § 387.301