## PART A

TV# 1316

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 985047250crp 10 2040

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Telephone (360) 664-1222 – Fax (360) 586-1181								
Intrastate Common Carrier Operating Authority								
CK#3	NOW V		APPLICATION ng Household Goods				• • • • • • • • • • • • • • • • • • • •	1, & 17, 00
FOR OFFICIAL USE ONLY								
Reception Nu	- 7	045698	Safety:		<u>/</u>	Carrier I		10
111 0268 20	0 02	225,00	Insurance:	VAC		Employ	ee:	
New Cor	mmon (	Carrier Permit	YPE OF APPLICA				Carrier Permit A	Authority
		of Existing Pe	=	LAter	131011 0			
\$275	GENE	RAL COMMODITI	ES ONLY		\$100	GENERAL C	OMMODITIES, inclu AR SERVICE	ıding
\$275		RAL COMMODITIEDED CAR SERVICE			\$100	GENERAL C	OMMODITIES, inclusion materials	uding
\$275		RAL COMMODITIE Dous materials			\$100	GENERAL ( HAZARDOUS SERVICE	COMMODITIES, included in MATERIALS and ARMO	uding RED CAR
\$275		RAL COMMODITIE DOUS MATERIALS an E						
		ATEMENT OF CA	ANCELLED COMMO ancellation)	N CARF	RIER PER	RMIT	For Commission Use C	only:
			TYPE OF	PAYM	ENT		\$200 March	
Check D	☐ Money	Order □ Ame	x Discover D	Mastero	ard Vis	sa	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): Joson Fahan Date: 8/14/2013								
Signature:								
V	1	N	OTOR CARRIER					
CC#: 65	08	US DOT#	1893963		(	001-71	ss identifier (JE 4 - 450 <b>0</b>	BI) #:
APPLICAN <sup>-</sup>	T NAME	NFLSOU e	Sous Constru	LTION	Co, A	PHONE#:	360-668-38	800
d/b/a:				pu	ursi	EVX #.	160-668-28	<b>9</b> 0
BUSINESS (MAILING) ADDRESS: PO BOX 228, WOODINVILLE, WA 98072								
PHYSICAL ADDRESS: (street address, if different) 21820 87 PAVE SE, WOODINVILLE, WA 98072								

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☐ INDIVIDUA		RTNERSH	IIP 🗹 CORPOR	ATION (LP, LL F INCORPOR	P, LLC)		
NAME	TIT	1 =	ADDRE				- OR
DOM	44 NE	LE LISON		<u></u>	Che E	CK DISTRIBUTION RCENTAGE OF SHA	RE
Di	N NC	LISON	<del>) } \\</del>	Sec of	21N-		
Carrentate this as	- Aion if you		ANSFER OF PI			emo of current permit	
holder and perm of the permit nur	nit number to	be transfe	erring an existing po erred. The current	permit holder n	nust sign belo	ame of <u>current</u> permit w to authorize the tra	nsfer
NAME ON PERI	MIT:				PERMIT N	JMBER:	_
Signature of cu	rrent permit	holder				Date	
	- 1	NSURAI	NCE REQUIREM of be issued until a	cceptable insur	rance is receiv		
☐ You will not hazardous mate			ill not haul us materials in	☐ You will hat hazardous ma		☐ You will haul hazardous materials	ŝ
quantity. You wil	ll only		ntity. You will	requiring \$1 n		requiring \$5 million	in
operate vehicles GVWR of less th			vehicles with a f 10,000 pounds	Public Liability Property Dam	•	Public Liability and Property Damage	
pounds. You mu	ıst obtain	or more.	You must obtain	Insurance. Yo	ou must	Insurance. You mus	st .
\$300,000 in Pub and Property Da	•		) in Public Liability perty Damage	complete Par 1 and 2.	t C, Sections	complete Part C, Sections 1 and 2.	
Insurance. You	do not	Insuranc	e. You must				
need to complet		complete					
UNIT#	LICEN	105"	CLE LIST (Attac STATE	п адоктопат р		(IN#	
O. (1.1.)	2.02.		<u> </u>		Ne att	1.	
				please	W a TAN	N. J.	<del></del> .
	<u> </u>			'	<del>\</del>	4	
			Signa	ture			
I, as applicant,	understand	d that the	filing of this applic	cation does no	ot in itself cor	nstitute authority to	·
operate and the	at no opera	tions may	/ be conducted ur	itil a permit is ned in this an	received froi plication is tri	m the Commission. ue to the best of my	,
knowledge and		triat trio n	morrialion contail	noa in tino ap <sub>l</sub>	phoduoti to tr		
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-()	Signatu	re(s)			<u> 8/19</u>	1/20/3 Date	
V	Joignatt	, o <sub>1</sub>				24.0	

Unit #	License Number	State	VIN#
907	A30288C	WA	1NKDLB9X6SS936201
909	A28399P	WA	1NKDLB9X2SS937314
918	A03717R	WA	1NKWXBTX61R870261
943	A83923K	WA	1NKDLB9X9XR786728
944	B67181E	WA	1NKDXBOX04R057126
949	B14394N	WA	1M2AG10C56M041785
957	B54716X	WA	1NKDXBEXX7R202895
958	B54717X	WA	1NKDXBOX87R176630
959	B29411Y	WA	3BKDXBOX95F112834
960	B39982X	WA	1NKDXBEX66R137008

#### **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.

led Substances and Alcohol Testing

Name: Jason Fahon	- Position: DISPOTCHER
Name:	- Position: Otologic

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: JASON FARAN Position: DISPATCHER
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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: Jason Faran	Position: DISPATCHER			
vehicles as required by FMCSR F exclusively in intrastate commerce	omplete Driver Qualification File for each employee authorized to drive motor Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work e within Washington have limited exemptions. Owners/operators that conduct aintain a complete file on themselves and any other driver that they may use.			
	Drivers Hours of Service			
Name: Lasou Fagas	Position: DISPATCHER			
	e and accurate hours of service records for each individual that drives a motor A in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.			
Ver	icle Inspection, Repair, and Maintenance			
Name: JAKE PETTY	Position: SHOP MONOHER			
required by the FMCSA in 49 CFF company must maintain certain re FMCSA in 49 CFR, Part 396.3 an Identification of the The nature and due	ritten "Driver Vehicle Inspection Report" on each vehicle used each day as R, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each equired records for each vehicle that includes the following, as required by the d by the WSP in WAC 446-65-010: e vehicle.  The vehicle is each vehicle and maintenance operations to be performed. Sicons, repairs and maintenance indicating their date and nature.			
All companies must conduct perio WSP in WAC 446-65-010.	odic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the			
	Signature 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	<u>8/14/2<i>0</i>13</u> Date			

M 37613

#### 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)	<del></del>
This is to certify that the Continental Western Insurance	
(Name of Company)	
(herein after called Company) of 11201 Douglas Avenue, PO BOX 1594, Des Moines, IA, 5030	16
(Home Address of Company)	
Nelson & Sons	
has issued to Construction Co. Inc. of PO Box 228 Woodinville WA	
(Name of Motor Carrier) (Address of Motor Carri	er)
A policy or policies of insurance effective from 10/10/2013 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 Moto	or Carrier Bodily Injury and Property
Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and	d property damage liability insurance
covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the Sta regulations promulgated in accordance therewith.	te in which the Agency has jurisdiction
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or p	
This certificate and the endorsement described herein may not be cancelled without cancellation of the cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the St.	
cancellation may be effective by the Company of the insured giving thirty (30) days notice in writing to the Street commence to run from the date notice is actually received in the office of the Agency.	ate Agency, such thirty (30) days houce
Soft interior to the rest that the case house is actually received in the office of the Agency.	
3320 E Goldstone Way	
Countersigned at Boise ID 83642 This 16t	<u>h</u> day of <u>Oct</u> 20 <u>13</u>
(Address)	v) (Month) (Year)
	* ·
Insurance Company File No. CWP6005374BNPG Joanne Rusc	chman
(Policy No) (Authorize	ed Company Representative)

Underlying Limit :1,000,000.00

Liability Limit :1,000,000.00