

PART A

TV# 131649

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: 045707 111 0268 200 02 226.00	Safety:	Carrier ID#: 7962
	Insurance:	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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 065313

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): AMY LIGHT Date: 08/30/2013

Signature: *Amy Light* Title: AGENT

CC#: <u>65083</u>	US DOT# <u>2422925</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-075-472</u>
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APPLICANT NAME: ELIAS GALICIA PHONE#: 405-283-0095

d/b/a: ADME G. TRUCKING FAX #: 405-283-0521

BUSINESS (MAILING) ADDRESS: 2410 W MEMORIAL RD STE C533 OKLAHOMA CITY, OK 73134

PHYSICAL ADDRESS: (street address, if different)

23 5TH AVE SE
SOAP LAKE, WA 98851

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
ELIAS GALICIA	OWNER	23 5TH AVE SE SOAP LAKE, WA 98851	100

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 _____

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

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#
1	PENDING	WA	ZHSCNAPR57C393027

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)

8/30/13
Date

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.

Name: ELIAS GALICIA 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.

Name: ELIAS GALICIA 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.

Name: ELIAS GALICIA 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.

Name: _____ Position: _____

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.


Name: ELIAS GALICIA 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.

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

8/30/2013

Date

LIMITED POWER OF ATTORNEY

STATE OF Ohio

COUNTY OF Waukesha

I, Elias Galicia

(your personal name)

individually and on behalf of ADME G. Trucking

(your company name, not carriers)

as Grantor, do hereby make, constitute and appoint Coast to Coast Services, LLC, of 2410 W Memorial Rd Ste C533 Oklahoma City, OK 73134, as my true and lawful Attorney-in-Fact, to act in my name, place and stead, on my behalf for my use and benefit, the following specific acts:

- A. To represent and serve as a registered agent on matters pertaining to fuel licensing and reporting, and registration and reporting of vehicles;
- B. Filing US DOT applications, applying for operating authority, state authority, obtaining Unified Carrier Registration, KYU numbers, and New York Hut permits, New Mexico Tax ID#, Oregon permit;
- C. Filing 2290 forms and Federal ID#, Canadian authority, Non-bonded carrier code
- D. Processing vehicle titles and perfecting liens, LLC and Incorporations;
- E. All other activities attendant to the registered agent relationship in any state.

I further grant to my Attorney-in-Fact full power and authority to do, take and perform all and every act and thing whatsoever requisite, proper, or necessary to be done in the exercise of any the rights and powers granted herein, as fully to all intents and purposes as I might, or could do if I were personally, with full power of substitution, revocation, ratification and confirming all that my Attorney-in-Fact or a substitute or substitutes shall lawfully do, or cause to be done, by virtue of this power of attorney and the rights and powers granted herein.

Grantor indemnifies and holds Attorney-in-Fact harmless from any liability or obligation related to the grantor's conduct of its business. The only responsibility of Attorney-in-Fact relates to the specific limited powers specified above.

My Attorney-in-Fact shall be compensated based upon the fee schedule provided to Grantor, and the Attorney-in-Fact, and all payments shall be made to Attorney-in-Fact in advance. No refunds will be given on any services after the process has been started.

The time frame for getting all apportioned plates and IFTA decals/license back from the state issued is dependant on the timeliness of the customer getting all required documents into our office and the processing time and work load of the issuing state. The processing time for apportioned plates and IFTA may take up to 6 weeks. We do not guarantee apportioned plates and IFTA decal/license will be back at the time your authority is complete.

All actions taken by Attorney-in-Fact on behalf of the Grantor shall be based upon information provided by Grantor, and the Attorney-in-Fact is hereby indemnified and held harmless by Grantor as to Attorney-in-Fact's reliance on any information provided by Grantor.

This Power of Attorney shall continue in full force and effect until revoked by subsequent writing. Further, this Power of Attorney revokes all other Powers of Attorney executed by Grantor prior to the date of this Power of Attorney.

GRANTOR Jalid
(your signature)

DATE July 17, 2013

STATE OF Ohio

COUNTY OF Waukesha



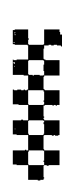
BRENDA K. ZEIGLER
NOTARY PUBLIC - STATE OF OHIO
My Commission Expires
JULY 28, 2016

Authorized representative of
Attorney-in-Fact:

- Randy Kingsbury
- Beth Kingsbury
- Holly Nicolosi
- Amy Light
- Chloe Perdue

Received Time Aug. 30, 2013 10:42AM No. 0485

Before me, the undersigned, a Notary Public in and for said County and State, on this 18th day of the July



COAST TO COAST SERVICES
2410 W MEMORIAL RD
STE C533
OKLAHOMA CITY, OK 73134
1-405-283-0095
FAX 1-405-283-0521

DATE: 8/30/13

TO: WA UTC

FROM: Amy

FAX: 3605861181 # OF PAGES 2 includ.
COVER

MEMO: _____

