1 /4

03:52:09 p.m.	08-30-201

PART A	١	,	TV#	31654
WASHINGTON UTILITIES AND TI 1300 S Evergreen Park Dr SW, PO B Telephone (360) 664-123 Intrastate Common Car	ox 47250, 22 - Fax (3	Olympia, WA 360) 586-1181	98504,7269	N
APPLICATION (excluding Household Goods	FOR PE	RMIT		
FOR OFFICIA	L USE ON	ILY_	Ω / Ω	
Reception Number: ().3 Safety:	To Ma	Carrier	10#.147	
111 0268 200 02 2210.00 Insurance: (N)	MILLE	Emplo	yee:	
TYPE OF APPLIC	ATION (ch	eck one)		1
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extensio	n of Commor	Carrier Perm	it Authority
\$275 GENERAL COMMODITIES ONLY	\$10		COMMODITIES, CAR SERVICE	ncluding
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$10		COMMODITIES, IS MATERIALS	including
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$10		COMMODITIES, S MATERIALS and A	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		,		
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER	PERMIT	For Commission L	Jse Only:
TYPE OF	PAYMENT	r Bassa		
☐ Check ☐ Money Order ☐ Amex ☐ Discover 🕱	Mastercard	□ Visa	Expiration Da	te .
				/
CERTIFICATION: I, the undersigned, under penalty for fals that I am authorized to execute and file this document on b valid.	e statement, one ehalf of the ap	certify that the follow plicant, and that al	wing information is t I information on file	rue and correct, is current and
Name (printed): herata A. Aquil	<u> </u>	: <u>8-3</u>	0-13-	
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CC#: 65084 US DOT# 6689 0) WA	UNIFIED BUSIN	1ESS IDENTIFIER 398.0	(UBI)#:
APPLICANT NAME:	\	PHONE#	: 09 398-	777 l
d/b/a: J. M. Aquilar Trucking	(a)	FAX #:		
BUSINESS (MAILING) ADDRESS:	oy W	A 988'	18	
PHYSICAL ADDRESS: (street address, if different)	\bigcup			
299 Lth A.10 ST HIE			oula	

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Complete this se	ection if you a	are transfe	erring an existing pe	ermit to a ne	w owner. List na	ame of <u>current</u> permit
of the permit nur		be transfe	errea. Il ne current	permit holde	r must sign belov	w to authorize the transfer
	iibCi .		: # !			
NAME ON PERI	MIT:				PERMIT N	JMBER:
Signature of cu	rrent permit	holder	······································			Date
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GVWR of less th			f 10,000 pounds	Property D		Property Damage
pounds. You mu			You must obtain	Insurance.		Insurance. You must
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and Property Da			erty Damage	1 and 2.		Sections 1 and 2.
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			Signa	tura		
			Algire	LWI C		
l, as applicant,	understand	d that the	filing of this appli	cation does	s not in itself co	nstitute authority to
operate and th	at no opera	tions may	y be conducted u	ntil a permi	t is received fro	m the Commission. I
hereby declare	and affirm	that the i	nformation contai	ined in this	application is ti	rue to the best of my
knowledge and	d belief.					
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X José M	oncel A	· Cro-				29/13
	Signati	ıre(s)			 	Date
4						
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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: Luis Davarro B	av Oosa Position	. Driver
1401110.	1 USILION	

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

	1 -		_ \		
Name: -	<u>LU15</u>	Navarro	Bar bosa	Position: Drivex	

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: Luis Navarro Barbosa Position: Driver
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: Luis Navarro Barbosa Position: Driver
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: Luis Davarro Barbosa Position: Drivet
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.
XJosc Manuel A Ro. 8/29/13 Signature of applicant Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 9/4/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRO	DUCER					' Chelsey			
Maı	ctin-Morris Agency				PHONE (A/C, No	Ext); (509)	787-3571	FAX (A/C, No): (509)	787-1618
105	Basin St. NW				E-MAIL ADDRES	ss:chovlar	d@martinn	morris.com	
PΟ	Box 1000					INS	URER(S) AFFOR	DING COVERAGE	NAIC #
Epl	nrata WA 98	823			INSURE	RA:Progre	essive		
INSU	RED				INSURE	RB:			
Jos	se Aguilar				INSURE	RC:			
ΡO	Box 1677				INSURE	RD:			
					INSURE	RE:			
Qui	incy WA 98	848			INSURE	RF:			
				NUMBER:CL1394030				REVISION NUMBER:	
IN CE EX	HIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	QUIRI PERTA POLIC	emei Ain, Cies.	NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPECT TO A	TO WHICH THIS
NSR LTR	TYPE OF INSURANCE	ADDL S	SUBR WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE \$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence) \$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person) \$	
								PERSONAL & ADV INJURY \$	
								GENERAL AGGREGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG \$	
	POLICY PRO- JECT LOC							\$	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000
Α	ANY AUTO							BODILY INJURY (Per person) \$	
••	ALL OWNED X SCHEDULED AUTOS			02359621-0		8/16/2013	8/16/2014	BODILY INJURY (Per accident) \$	
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	
								\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE \$	<u></u>
	EXCESS LIAB CLAIMS-MADE							AGGREGATE \$	
	DED RETENTION\$							\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT \$	
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$	
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT \$	
A	Cargo Coverage			02359621-0		8/16/2013	8/16/2014		\$100,000
DESC Cei	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC rtificate Holder is afford	CLES (A	Attach ove	ACORD 101, Additional Remark rage as an Additi	s Schedu onal	le, if more space Insured.	is required)		
ÇEI	RTIFICATE HOLDER				CAN	CELLATION			
	State of Washington Washington Utilities	& Tr	ran	sportation Com	ACC	EXPIRATIO CORDANCE W	N DATE THE	DESCRIBED POLICIES BE CANC EREOF, NOTICE WILL BE CY PROVISIONS.	
	1300 S. Evergreen Dr. PO Box 47250 Olympia, WA 98504			•		RIZED REPRES			