PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-725 RECEIVED

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

SEP 1 0 2013

CH (032 APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) WASHUT	e TD C
FOR OFFICIAL USE ONLY	3 17. 4 1
Reception Number 45740 Safety: Carrier ID#:	
11 0268 200 02 275, 00 Insurance: Employee	
TYPE OF APPLICATION (check one)	
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Aut	nority
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	9
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED SERVICE	J CAR
\$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 #:	
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 an correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on fil current and valid. Name (printed): TASON J. KURLOVICH Date: O9/05/2013 Signature: Title: OWNER	e is
	$\overline{}$
MOTOR CARRIER IDENTIFICATION CC#: 509 US DOT# 2392532 0 103-289-004 APPLICANT NAME: PHONE#: PHONE#:	$\left(\cdot \right)$
05009 23925320 603-289-064	
	ter
JEH KURLOVICH TRUCKING LLC (509)634-4	121
d/b/a: FAX #:	
BUSINESS (MAILING) ADDRESS:	
(street address, P.O. Box) 1420 E. SAN POIL RD. KELLER, WA 9914	0
(city, state, zip)	
PHYSICAL ADDRESS: (street address, if different)	

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)							
□ INDIVIDUA			IP 🕱 CORPOR	ATI			
NAME	<u>TIT</u>	<u>LE</u>	ADDRE	<u>ESS</u>		OCK DISTRIBUTION OR	
JASON J. KU	PERCENTAGE OF SHARE ASON J. KURLOVICH (OWNER) 1420 E.SAN POIL RD KELLER WA. 99640 % 50				140 % 50		
HAZEL 1. KURLOVICH (CO-CWNER) 1420 E. SAN PEIL RD. KELKER WA. 99140 % SC							
		TR	ANSFER OF P	ERI	NIT NUMBER		
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PERI	MIT:				PERMIT N	JMBER:	
Signature of cu						Date	
					NTS (must check one) otable insurance is receiv	had	
☐ You will not h			ill not haul	السيدر	You will haul	You will haul	
hazardous mate			is materials in	•	zardous materials	hazardous materials	
quantity. You wi	•		ntity. You will		quiring \$1 million in	requiring \$5 million in	
operate vehicles			vehicles with a	1	blic Liability and	Public Liability and	
GVWR of less the pounds. You mu			f 10,000 pounds You must obtain		operty Damage surance. You must	Property Damage Insurance. You must	
\$300,000 in Pub					mplete Part C, Sections	complete Part C,	
and Property Da			Sections 1 and 2.				
Insurance. You			e. You must				
need to complet	e Part B.	complete	Part B.				
	MOTO	OR VEHI	CLE LIST (Attac	h ac	Iditional pages if neces	sary)	
UNIT#	LICEN	ISE#	STATE		VIN#		
	AUT A	041084	WA		2HTRBAER 150025019		
			Signo	4			
		·	Signa	tur	.		
l. as applicant.	understand	d that the	filing of this appli	cati	on does not in itself co	nstitute authority to	
operate and that no operations may be conducted until a permit is received from the Commission. I							
					l in this application is tr		
knowledge and belief.							
		_					
"	1/2						
	- The second second					7/05/2013	
	Signati	ure(s)		_		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.jikeller.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: JASON J. KURLOVICH	Position: 314 A/C
Name.	FUSITION.

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	
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Name: 545025. KURCOUICH	- Position: _	OWNER	
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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 J. KURLOVICH 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.
Drivers Hours of Service
Name: JASON J. KUPLOUICH 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: JASON J. KURLOVICH 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. Signature of applicant Date

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to J&H KURLOVICH TRUCKING LLC of 1420 E SAN POIL RD, KELLER, WA 99140 a policy or policies of insurance effective from 05/17/2013 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 17th day of September, 2013

Insurance Company File No. CA 02218247

(Policy Number)

(Δuthorized Company Representative

MC1633a(08/99)

IRB3539B