PART A

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

Field 4	Intrastate Common Carrier Operating Authority
Percent # 1011	APPLICATION FOR PERMIT
PROMOTING	(evaluding Household Goods and Common Carrier Brokers)

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)				
FOR OFFICIAL USE ONLY				
Reception Number: 270,005 Safety:		Carrier ID#:		
111 0268 200 02 457 (00 Insurance:())		Employee:		
TYPE OF APPL	ICATION (check	one)		
New Common Carrier Permit Authority, or		f Common Carrier Permit Authority		
Transfer of Existing Permit Number	[)	OFNEDAL COMMODITIES including		
\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		/		
\$100 REINSTATEMENT OF CANCELLED CON (Must be filed within 10 months of cancellation)	IMON CARRIER PER	For Commission Use Only: Auth #: 083// 4		
TYPE	OF PAYMENT			
☐ Check ☐ Money Order ☐ Amex ☐ Discover	☐ Mastercard ☐ Vi	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):	Date:			
Signature: Title:				
MOTOR CARR	IER IDENTIFICA	TION		
CC#: 65048 US DOT# 2436908	WA UNII	FIED BUSINESS IDENTIFIER (VBI)#:		
APPLICANT NAME: Metro Development Inc		PHONE#:		
d/b/a:		FAX #:		
BUSINESS (MAILING) ADDRESS: POBOX 78603 SEQ HJE WOST 98178				
PHYSICAL ADDRESS: (street address, if different) //				
11612 72nd P.15				
Seattle wash 981784				

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☐ INDIVIDUA		ek individi RTNERSH	HP J CORPOR	inership/corporation.informat RATION (LP, LLP, LLC) DF INCORPORATION	ion)
<u>NAME</u>	<u> 111</u>	LE	ADDRI	ESS A. STO	OCK DISTRIBUTION OR
DArnell	hichard	SON	President	11009 woodley PE Aves Southle WA9	RCENTAGE OF SHARE
LAZSIO KO	VACS		· / · / · / · /	111	0111
LA 2510 A	VACS	Contractor of the second	VIL- PRESIDENT	T 1612 72 MA PLS ERMIT NUMBER	Sen WA 98178 49 7
Complete this se	ection if you	PRINCES AND AND COMPANY	22-42-4-10-22-20-22-20-20-20-20-20-20-20-20-20-20	ermit to a new owner. List n	ame of current permit
	nit number to			permit holder must sign belo	
NAME ON PER	MIT:			PERMIT N	UMBER:
Signature of cu	ırrent permit	holder			Date
	A.p∈	mjt will n	ot be issued until a	MENTS (must check one) cceptable insurance is received.	
You will not he		1 / 3	ill not haul	☐ You will haul	☐ You will haul
hazardous mate quantity. You will	•	1	us materials in ntity. You will	hazardous materials hazardous materials requiring \$1 million in requiring \$5 million	
operate vehicles	•		vehicles with a	Public Liability and	Public Liability and
GVWR of less th			f 10,000 pounds	Property Damage	Property Damage
pounds. You mu			You must obtain	Insurance. You must	Insurance. You must
\$300,000 in Pub and Property Da	•		in Public Liability perty Damage	complete Part C, Sections 1 and 2.	complete Part C, Sections 1 and 2.
Insurance. You			e. You must	Tand 2.	Occuping 1 and 2.
need to complete	e Part B.	complete	e Part B.		,
	MOTO	R VEHI	CLE LIST (Attac	h additional pages if neces	sary)
UNIT#	LICEN	ISE#	STATE	NPGLU9XOW	0463411
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		<u> </u>		INPGLUGX9W	0463410
			Signa	ture -	
• •				cation does not in itself cor	
				ntil a permit is received from ned in this application is tr	
knowledge and		urat uro n	mermanen ceman	ned in the application is the	ac to the scot of my
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Jall	ML			<u> </u>	-11-13
. 5	Signatu	ıre(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.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.

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Name: LAZSIO	KOVACS		Position: _	SAFTY	Officer	

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 Licen	se (CDL) Requireme	ents .	
Name: LAZSID KOVACS	Position: SAFT-	Officer	£

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	on Requirem	ents		
Name: LAZSID KOUACS	Position:	SAFty	Officer	
Each company must maintain a complete Driver Qualific vehicles as required by FMCSR Part 391.51 and by the exclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	WSP in WAC ave limited exe	446-65-010. C emptions. Own	wner/operators that we ers/operators that cond	ork duct
Drivers Hour	のから関連を持ちてきませいからいのうとうだっては、他の社会ので			
Name: LAZSIO KOVACS	Position: _	SAFTY	officer	
Each company must maintain true and accurate hours o vehicle as required by the FMCSA in 49 CFR, Part 395.	of service recor	ds for each in	dividual that drives a m	notor
Vehicle Inspection, Re				200
Name: LAZSLO KOVACS	Position: _	SA fit e	Officer	
Each company must prepare a written "Driver Vehicle In required by the FMCSA in 49 CFR, Part 396.11 and by to company must maintain certain required records for eac FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC ldentification of the vehicle. The nature and due date of various inspections, repairs and maintain All companies must conduct periodic inspections as required.	the WSP in WA h vehicle that i 446-65-010: ction and main tenance indica	AC 446-65-010 ncludes the footenance operating their date	 In addition, each llowing, as required by ations to be performed. and nature. 	the
WSP in WAC 446-65-010.				
Signa	ture			
My signature below certifies that I understand me comply with all the safety requirements which a	•	•	tor carrier and I will	1
Signature of applicant		<u> </u>	11-13 te	- .

No. 4523

MET3500

OP ID: JW

DATE (MM/DD/YYYY)



CERTIFICATE OF LIABILITY INSURANCE

09/11/2013 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(les) 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). Phone: 206-632-1433 CONTACT NAME: FAX: 206-365-0699 (A/G, No. 5/K)); PRODUCER Griffith insurance Group, Inc. (AJC, No): PO Box 27167 12354 Lake City Way NE Seattle, WA 98125 Michael J Miller ADDRESS: NAIC E INSURER(S) AFFORDING COVERAGE INBURER A: Liberty Northwest Ins Corp Metro Development Inc INBURED INSURER B : 11612 72nd Pi S INSURER C: Seattle, WA 98178 INBURER D : INSURER E : INSURER F: REVISION NUMBER: CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMEO ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS, ABDELEUBA LIMITS TYPE OF INSURANCE POLICY NUMBER EACH OCCURRENCE 3 GENERAL LIABILITY DAMAGE TO RENTED PREMISES (En occurrence) \$ COMMERCIAL GENERAL LIABILITY 3 MED EXP (Any one person) CLAIMS-MADE OCCUR \$ PERSONAL & ADV INJURY 5 GENERAL AGGREGATE PRODUCTS - COMP/OP AGG 5 GEN'L AGGREGATE LIMIT APPLIES PER: \$ POLICY COMBINED SINGLE LIMIT (Ea accident) 1,000,000 AUTOMOBILE LIABILITY 09/09/2013 09/09/2014 BODILY INJURY (Per person) \$ BAS66747616 X Α ANY AUTO \$ ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) AUTOS NON-OWNED HIRED AUTOS 5 EACH OCCURRENCE UMBRELLA LIAB OCCUR AGGREGATE \$ **EXCESS LIAB** CLAIMS-MADE DED RETENTION \$ WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY E.L. EACH ACCIDENT ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE \$ If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT | \$ DESCRIPTION OF OPERATIONS / LOCATIONS / VENICLES (Attach ACORD 101, Additional Remarks Schedule, Il more space is required) CANCELLATION CERTIFICATE HOLDER UTILITI SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. Utilities & Transportation Commission 1300 S. Evergreen Park Dr SW AUTHORIZED REPRESENTATIVE Olympia, WA 98504-7250