PART A

TV# 131763

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW PO Box 47350 Ohmoria Mile 2010

Telephone (360) 664-1222 - Fax (360) 586-1181								
Intrastate Common Carrier Operating Authority								
I (APPLICATION FOR PERMIT								
(excluding Household Goods and Common Carrier Brokers)								
Reception Number 145768 Safety:	Carrier ID#:							
111 0268 200 02 275,00 Insurance:	Employee:							
TYPE OF APPLIC	AUS(ON) (Gineral (Anta)							
New Common Carrier Permit Authority or Extension of Common Carrier State of the State of Common Carrier State of the State								
Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY								
The state of the s	\$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 COMMON CARRIER PERMIT For Commission Use Only:								
(messes the aritim to months of cancollation)	Auth#: 195985							
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard D Visa Expiration Date							
	Expiration Date C.							
CERTIFICATION: I, the undersigned, under penalty for false	e statement, certify that the following information is true and correct,							
that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, shalf of the applicant, and that all information on file is current and							
Name (printed)	Date: 9/10//3							
Signature:	Title: Aclen to							
MOTORCARRIER								
CC#: 65/07 US DOT#	WA UNIFIED BUSINESS IDENTIFIER UBI) #:							
APPLICANT NAME: 243 62 98	-1 603332297 A							
	PHONE#:							
d/b/a:	FAX #:							
BUSINESS (MAILING) ADDRESS:								
(street address, P.O. Box) 3 6 0 / W.	Washing Lan Are#1							
(city, state, zip) Takima LA 98903								
PHYSICAL ADDRESS: (street address, if different)	9239 5 Rd							
1	Warden WA 98857							

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M INDIVIDU	JAL DP	ARTNERS	HIP CORPO	RATION (LP,	LLP LLC)	W-V-V		
			STATE	OF INCORPO	PRATION			
NAME		TLE	ADDR	ESS	ST	OCK DISTRIBUTION OR		
(zleb)	-37/19 m	Oh	ne	9239	5.Rd PI	ERCENTAGE OF SHARE		
Warden WA								
				98857				
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 PER								
		······································			PERMIT N	IUMBER:		
Signature of c					<u></u>	Date		
		(COP)	NO ERREQUIRE	VIEW Exercis				
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quantity. You w	ill only	any quar	us materials in ntity. You will	hazardous n requiring \$1		hazardous materials requiring \$5 million in		
operate vehicles GVWR of less to			vehicles with a of 10,000 pounds	Public Liabili Property Dai	ity and	Public Liability and		
pounds. You mu	ust obtain	or more.	You must obtain	Insurance, Y	ou must	Property Damage Insurance, You must		
\$300,000 in Pull and Property Da	amage	\$750,000 and Prog	o in Public Liability perty Damage	complete Pa 1 and 2.	rt C, Sections	complete Part C, Sections 1 and 2.		
insurance. You need to complet			e. You must			occuons rand 2.		
	NOTE	RVEHI	GUELSG/ARK	e on the sterile				
UNIT#	LICEN	SE#	STATE		THE PARTY OF THE P	/IN#		
2	A 544	135	UA	IXP	IXPSORAXTXD45941			
	· ••••							
M. M. Marine								
			<u>Services Signal</u>	1621				
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.								
Pa/1/1 / Pa								
(10/45) OST (And 10/1)								
	oigratu	(S) Z	12h			´ Date		
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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: Calle Carrigan Position: Ocumen
 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.
C / 4 C

Name: Coled Czrigsin

- Position: Own

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.

		annestan karentar		
Name: 2/12	Corriga	—— Position:	the state of the s	-
exclusively in intrastate	naintain a complete Drive y FMCSR Part 391.51 an e commerce within Wash ns must maintain a comp	er Qualification File for ad by the WSP in WAC	each employee authoriz 446-65-010. Owner/ope	erators that work
	<u> </u>	est Eromis tolkspervice		
Name:	Carrida	Position:	The state of the s	
Each company must m vehicle as required by	aintain true and accurate the FMCSA in 49 CFR, P	hours of service recordart 395.1(e) and by the	ds for each individual the WSP in WAC 446-65-0	at drives a motor 010.
	VO DE EDUCAÇÃO	oa Repati and Ma		
Name: Sale	5 Czmigzu	Position;	Ovne	
company must maintain FMCSA in 49 CFR, Par Identifica The natu	epare a written "Driver Ve in 49 CFR, Part 396.11 a certain required records t 396.3 and by the WSP i ation of the vehicle. are and due date of various of inspections, repairs ar	ehicle Inspection Repo and by the WSP in WA for each vehicle that in MAC 446-65-010:	rt" on each vehicle used AC 446-65-010. In additional additional actions to the following, as	on, each s required by the
All companies must con WSP in WAC 446-65-01	duct periodic inspections 10.	as required by the FM	ICSA in 49 CFR, Part 39	€6.17 and by the
		Stepatere		
My signature below of comply with all the s	certifies that I underst afety requirements wi	tand my responsibi	lity as a motor carrie perations.	r and I will
Signature of applicant	riga by	Day	.9/10/13 Date	·)
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