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

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) Reception Number: Safety: Carrier ID#: 046251 111 0268 200 02 Insurance: **Employee** New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority **Fransfer of Existing Permit Number** \boxtimes \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including GENERAL COMMODITIES, Including \$100 HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including \$100 HAZARDOUS MATERIALS 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 (Must be filed within 10 months of cancellation) Auth #: ☐ Money Order ☐ Amex ☐ Discover Expiration Date 08 116 ☐ Check Mastercard ☐ Visa 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 Chandra Signature: WA UNIFIED BUSINESS IDENTIFIER (UBI) # 12642380 602409467 APPLICANT NAME d/b/a: Iruck BUSINESS (MAILING) ADDRÉ Kent PHYSICAL ADDRESS: (street address, if different)

NAME ITTLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE 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: Signature of current permit holder Date You will not houl hazardous materials in any quantity. You will not houl permit exhibits with a GVWR of less than 10,000 pounds of more you must obtain 300,000 in Public Liability and Property Damage Insurance. You must complete Part B. UNIT# LICENSE# STATE UNIT# LICENSE# STATE VIN# J933 B961239 WA FUNDANCE THE PERMIT will be constitute authority to operate and that no operations may be conducted until a permit is received from the Commission. I hereby decine and affirm that the information contained in this application is true to the best of my knowledge and belief.							
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PART B

TV131928

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)
- 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.

Position: OKING

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
- 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

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

MESH CHANDRA Position: OKNER

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

- has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle
- 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

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Name: DINESH CHANDR	Position: OWNER OPERATOR

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.

	and the second s
Name: DINESH CHANDRA	Position: OWNER/OPERATOR

Each company must maintain true and accurate hours of service records for each individual that drives a moto vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.

Name: DNESH CHANDRA Position: OWNER OPERATOR

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

10-27 ~13

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/18/2013

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)

CE	ertificate holder in lieu of such endors	seme	nt(s)	·						-	
PRO	DUCER				CONTA NAME:	CERTIF	ICATE DEF	PARTMENT			
R.I.S. Insurance Services				PHONE (A/C, No, Ext):360-293-2135 FAX (A/C, No):360-293-2385							
	0. Box 1059				E-MAIL ADDRESS:CERTS@RISNET.COM						
Апа	cortes WA 98221				INSURER(S) AFFORDING COVERAGE NAIC #						
					INSURI			SUALTY INSURANCE		11371	
INSU	RED	RETA	AT-2		INSURER B:						
BET	TA TRUCKING LLC	,			INSURER C :						
123	26 SE 276TH PL				INSURI						
KE	NT WA 98030				INSURER É :						
				•	INSURER F :						
CO	VERAGES CER	TIFIC	CATE	NUMBER: 922167936				REVISION NUMBER:			
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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBF	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	GENERAL LIABILITY			GWP48120G		7/12/2013	7/12/2014	EACH OCCURRENCE	\$1,000	,000	
	X COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,0	00	
	CLAIMS-MADE X OCCUR							MED EXP (Any one person)	\$5,000		
			-					PERSONAL & ADV INJURY	\$1,000	,000	
								GENERAL AGGREGATE	\$2,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$2,000	,000	
	POLICY PRO- JECT LOC							COMBINED SINGLE LIMIT	\$		
A	AUTOMOBILE LIABILITY GWP48120G		GWP48120G	7/12/2013		7/12/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000			
	ANY AUTO ALL OWNED SCHEDULED						3	BODILY INJURY (Per person)	\$		
	AUTOS AUTOS						,	BODILY INJURY (Per accident)			
	HIRED AUTOS X AUTOS							PROPERTY DAMAGE (Per accident)	\$		
			-						\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE	-						AGGREGATE	\$		
	DED RETENTION \$ WORKERS COMPENSATION		-		•			WC STATU- OTH-	\$		
	AND EMPLOYERS' LIABILITY Y/N							TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
Α			-					E.L. DISEASE - POLICY LIMIT	\$	- L D AFT	
Α	CARGO BROAD FORM BAILEE "TRAILER INTERCHANGE" PHYSICAL DAMAGE			GWP48120G		7/12/2013	7/12/2014	\$1000 DED \$1000 DED \$1000 DED	\$100,00 \$30,000 COMP/0		
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (Attach	ACORD 101, Additional Remarks	Schedule	e, if more space is	s required)				
200	1 FREIGHTLINER VIN: 1FUNAHC	371 F	PF97	016							
CE	RTIFICATE HOLDER			· · · · · · · · · · · · · · · · · · ·	CAN	CELLATION					
WUTC PO BOX 47250 OLYMPIA WA 98504				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.							

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