

PART A

TV# 131950

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)

NO MONIES ENCLOSED

VI

FOR OFFICIAL USE ONLY

Reception Number: 046496	Safety:	Carrier ID#: 1309
111 0268 200 02 775.00	Insurance: <i>bounder</i>	Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: 114102
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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 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): *Daniel Hicks* Date: *10/11/2013*  
 Signature: *[Signature]* Title: *Vice President*

MOTOR CARRIER IDENTIFICATION

CC#: <i>65157</i> <del>288179</del>	US DOT# <i>597503</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603322529</i>
APPLICANT NAME: <i>Hicks Trucking Company of Litchfield Inc.</i>		PHONE#: <i>320-593-4471</i>
d/b/a:	FAX #: <i>320-693-8180</i>	
BUSINESS (MAILING) ADDRESS: <i>102 N. GORMAN AVENUE, Litchfield, MN 55355</i>		
PHYSICAL ADDRESS: (street address, if different)		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
 STATE OF INCORPORATION Minnesota

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Lyle Hicks	President	102 N. GORMAN AVE, Litchfield, MN	50%
Jocann Hicks	Treasurer	102 N Gorman Ave, Litchfield, MN	50%

**TRANSFER OF PERMIT NUMBER**

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: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Signature of current permit holder

\_\_\_\_\_  
Date

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
<i>See attachments</i>			

**Signature**

*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.*

*[Signature]*  
Signature(s)

10/11/2013  
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.

#### Controlled Substances and Alcohol Testing

Name: Michael Hicks Position: Safety Director

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

Name: Michael Hicks Position: Safety Director

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: Michael Hicks Position: Safety Director

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: Michael Hicks Position: Safety Director

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: Brian Earnhart Position: Shop Foreman

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

10-10-13

Date

## TRACTOR LISTING

HICKS TRUCKING COMPANY OF LFD, INC.

Tractor Number	Year	Make	Tag #	Tag State	Serial Number
201	2002	PETERBILT	PAD2486	MN	1XP5DB9X42D578635
275	1998	PETERBILT	RA52355	MI	1XP5DB9X9WN444378
287	1996	KENWORTH	PAK1745	MN	1XKWD69X2TS688033
293	1998	KENWORTH	PAJ6482	MN	1XKWD29X6WR767757
301	2003	PETERBILT	PAJ8885	MN	1XP5DB9X33D599462
303	2003	FREIGHTLINER	PAK9717	MN	1FUJBBCG63LK62412
313	2007	PETERBILT	PAE3361	MN	1XP5D49X97D682265
329	2004	KENWORTH	PAL8589	MN	1XKWDB9X94J061944
331	1979	KENWORTH	PAL2401	MN	169882S
339	2005	PETERBILT	PAH5117	MN	1XP5DB9X75N875543
341	2006	PETERBILT	PAE7740	MN	1XP5DU9X06N639412
347	2005	KENWORTH	51D69	VT	1XKDD49X95J072558
349	2007	PETERBILT	PAC8108	MN	1XP5DB9X67N684196
35	2013	PETERBILT	PAL2389	MN	1XPHD49XXDD176758
351	2007	PETERBILT	PAC8111	MN	1XP5DB9X27N684194
355	2007	PETERBILT	PAC8077	MN	1XP5DB9X97N684192
361	2001	INTERNATIONAL	PAK9722	MN	2HSCHAMR41C004655
363	2007	PETERBILT	PAH0870	MN	1XP5DB9X57N684190
365	1994	KENWORTH	PAL2357	MN	2XKADR9X2RM637375
367	2005	KENWORTH	PAL2362	MN	1XKWDB9X25J105784
37	2013	PETERBILT	PAL2375	MN	1XPHD49X8DD176757
379	2000	PETERBILT	PAL8570	MN	1XP5D49X8YD535520
39	2013	PETERBILT	PAL2348	MN	1XPHD49X0DD176753
393	2007	PETERBILT	PAG1643	MN	1XP5DB9XX7N688459
41	2013	PETERBILT	PAL2349	MN	1XPHD49X4DD176755
43	2013	PETERBILT	PAL2333	MN	1XPHD49X6DD176756
45	2013	PETERBILT	PAL5150	MN	1XPHD49X2DD176754
47	2009	PETERBILT	PAG1608	MN	1XPHD49X69D788446
49	2009	PETERBILT	PAK9755	MN	1XPHD49X29D788444
51	2014	KENWORTH	PAK9755	MN	1XKADP9X2EJ405025
53	2014	KENWORTH	PAE3336	MN	1XKADP9X0EJ405024
55	2014	KENWORTH	PAL8574	MN	1XKADP9X7EJ405022
57	2010	PETERBILT	PAL2443	MN	1XPHD49X7AD112401

## TRACTOR LISTING

HICKS TRUCKING COMPANY OF LFD, INC.

Tractor Number	Year	Make	Tag #	Tag State	Serial Number
59	2005	PETERBILT	PAC4020	MN	1XP5DU9X55D852490
61	2010	PETERBILT	PAD2481	MN	1XPHD49X5AD113076
63	2010	PETERBILT	PAC4155	MN	1XPHD49X0AD113079
65	2013	PETERBILT	PAL8556	MN	1XPHDP9XXDD180956
69	2014	KENWORTH	PAB7826	MN	1XKADP9X6EJ405027
71	2005	PETERBILT	PAB2378	MN	1XP5DU9X35D852486
73	2007	PETERBILT	PAC4134	MN	1XP5DB9X97N684189
75	2014	KENWORTH	PAK1707	MN	1XKADP9X4EJ405026
79	2010	PETERBILT	PAA7896	MN	1XPHD49X9AD112402
81	2007	PETERBILT	PAH0869	MN	1XP5DB9X77N684191
85	2007	PETERBILT	PAC8080	MN	1XP5DB9X47N684195
87	2007	PETERBILT	PAC8107	MN	1XP5DB9X07N684193
91	2010	PETERBILT	PAE3336	MN	1XPHD49X0AD112403
93	2010	PETERBILT	PAB7826	MN	1XPHD49X2AD112404
97	2009	PETERBILT	PAK1707	MN	1XPHD49X49D788445



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/9/2013

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).

<b>PRODUCER</b> Hatch Agency, Inc. 6121 Baker Road -102 PO Box 1861 Minnetonka MN 55345	<b>CONTACT NAME:</b> Barb Oak	
	<b>PHONE (A/C No. Ext):</b> (952) 933-8080	<b>FAX (A/C No.):</b> (952) 933-8040
<b>E-MAIL ADDRESS:</b> boak@hatchagency.com		
<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURER A:</b> NORTHLAND INSURANCE CO.		24015
<b>INSURER B:</b>		
<b>INSURER C:</b>		
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		

**COVERAGES**      **CERTIFICATE NUMBER:** 13-14 GL/L/C Regular      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			TF649674	10/1/2013	10/1/2014	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY	<input type="checkbox"/> PRO-JECT	<input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000
								PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY			TF649674	10/1/2013	10/1/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input checked="" type="checkbox"/> ANY AUTO	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> ALL OWNED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$	
							Basket Deductible \$ 5,000	
	UMBRELLA LIAB		<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$	
	EXCESS LIAB		<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$	
	DED		RETENTION \$				\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		<input type="checkbox"/> Y/N	N/A			WC STATU-TORY LIMITS	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$	
							E.L. DISEASE - EA EMPLOYEE \$	
A	Motor Truck Cargo			TF649674	10/1/2013	10/1/2014	E.L. DISEASE - POLICY LIMIT \$	
	Broad Form						Limit 250,000	
							Deductible (Basket) 5,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

<b>CERTIFICATE HOLDER</b> (360) 586-1150  Washington Utilities and Transportation C 1300 S. Evergreen Park Dr. SW Olympia, WA 98504	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Mitchell Hatch/BARB
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