### PART A

TV# 4003

#### **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)							
FOR OFFICIAL USE ONLY							
Reception Number:	Safety: M		Carrier II	D#: <i>16</i> こン			
111 0268 200 02 <b>37</b> 5 <b>0</b>	Insurance:		Employe	ee: MD			
	YPE OF APPLIC	· · · · · · · · · · · · · · · · · · ·					
New Common Carrier Permit  Transfer of Existing Pe	• •	Extension of (	Common	Carrier Per	mit Authority		
\$275 GENERAL COMMODITI	ES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIE ARMORED CAR SERVICE	S, including			OMMODITIES MATERIALS	, including		
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS		I	AZARDOUS I	COMMODITIES MATERIALS and			
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS an SERVICE	ES, INCLUDING d ARMORED CAR	payto	Lash				
	\$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 ☐ Ame	x Discover D	Mastercard ☐ Visa	<del></del>	Expiration D	ate		
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): Paul Waller Date: 12-30-15							
11/1							
Signature: Title: YR ident							
	OTOR CARRIER						
CC#: 65236 US DOT# 24620	25 (246202	1		SS IDENTIFIE	R (UBI) #:		
LEGAL NAME: AWK Profine	Corporation		HONE#: 360-57	61-6032			
d/b/a: FAX#:							
BUSINESS (MAILING) ADDRESS: 2526 104th LN SE Olympia WA 98501							
PHYSICAL ADDRESS: (street address, if different)							
EMAIL ADDRESS: Paulmwendler @ yaho o con	EMAIL ADDRESS;						
					-		

		TYF	PE OF BUSINES	SS STRUC	TURE		
			al or complete part			on)	
□ INDIVIDUA	L 🗌 PAF	RTNERSH	, .	ATION (LP, L F INCORPO	•		
NAME	TIT	<u>LE</u>	ADDRE	<u>ss</u>	STO	OCK DISTRIBUTION OR	
Paul wooder	President	207.	104th W SE, 0	L. 400 . 1 . A	GEG! PEI	RCENTAGE OF SHARE	
Ham worker	41212401	1346	1091 200 JE, U	Cympk Wij.	19201	100%.	
	·····						
100 - 100 -			ANSFER OF PE	······································			
						ame of <u>current</u> permit w to authorize the transfer	
of the permit nur		, A	arred. The current	pennii noidei	must sign belo	w to authorize the transfer	
•	$\Lambda$	$\Lambda$ , $\Lambda$					
NAME ON PERI	MIT:	2/h			PERMIT N	JMBER:	
					·		
Signature of cu		NAME OF TAXABLE PARTY.				Date	
	A pe	rmit will no	NCE REQUIREM of be issued until a	cceptable ins	urance is receiv		
☐ You will not ha			Il not haul	☐ You will I		☐ You will haul	
	hazardous materials in any quantity. You will hazardous materials in any quantity. You will			hazardous materials requiring \$1 million in requiring \$5 million in			
operate vehicles		operate vehicles with a		Public Liabil		Public Liability and	
GVWR of less th	nan 10,000	GVWR of	f 10,000 pounds	Property Da		Property Damage	
pounds. You mu			You must obtain	Insurance.		Insurance. You must	
\$300,000 in Pub and Property Da			in Public Liability erty Damage	1 and 2.	art C, Sections	complete Part C, Sections 1 and 2.	
Insurance. You			e. You must	1 0.10 21		Sociality is and Ex	
need to complet		complete	and the contract of the contra				
			CLE LIST (Attacl	n additional			
UNIT#	LICEN	ISE#	STATE		<u> </u>	/IN#	
104			WA.	1FV	6 HLBAYTL	624045	
	2.0		Signa	ture	di digar		
	, ,		en en e				
						nstitute 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.							
J							
					12-	30-13	
	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.

Controlled 5	Substances and Alcohol Testing	
Name: Paul Windler	Position: Our	

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 Dri	ivers License (CDL) R	equirements
Name: Paul L	Jedle	Position:	direc

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	Requirem	ents :
Name: Paul wrolly	Position: _	Ower
Each company must maintain a complete Driver Qualificat vehicles as required by FMCSR Part 391.51 and by the W exclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file on	SP in WAC e limited exe	446-65-010. Owner/operators that work imptions. Owners/operators that conduct
Drivers Hours	of Service	
Name: Au Windle	Position: _	ans
Each company must maintain true and accurate hours of svehicle as required by the FMCSA in 49 CFR, Part 395.1(		
Vehicle Inspection, Repa	ir, and Ma	intenance
Name: Vau\ worlder	Position: _	owner
Each company must prepare a written "Driver Vehicle Insprequired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 4.  Identification of the vehicle.  The nature and due date of various inspect A record of inspections, repairs and mainter	e WSP in WA vehicle that i 46-65-010: ion and mair nance indica	AC 446-65-010. In addition, each includes the following, as required by the attenuance operations to be performed.
All companies must conduct periodic inspections as requir WSP in WAC 446-65-010.	ed by the FM	MCSA in 49 CFR, Part 396.17 and by the
Signate	ure	
My signature below certifies that I understand my comply with all the safety requirements which app	•	<del>-</del>
		12-30-13
Signature of applicant		Date

#### PART C - SECTION 1

## SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

Companies applying to transport hazardous materials must complete this survey. 1. Name the person or position responsible for maintaining and understanding current hazardous material regulations. 2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600? X Yes ☐ No 3. Are drivers trained in the use of Emergency Response Information? X Yes \subseteq No 4. Is the Emergency Response Information carried in the vehicle? X Yes \subseteq No. 5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816. altheur lunch 6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D? 🔀 Yes 🔲 No 7. Who is responsible for completing hazardous materials shipping papers? al hudler 8. Where are hazardous material shipping papers located during transportation? Divers 9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials. 10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit. Signature My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations. 12-30-13 Signature of applicant

### PART C - SECTION 2

#### **HAZARDOUS MATERIALS QUESTIONNAIRE**

1. Please indicate if you plan to transport:  • Petroleum or petroleum products in bulk in tank-type vehicles  • Radioactive substances  • Explosives  • Corrosives	Co	mpanies applying to transport hazardous materials must complete the following questions.
1 U/a Al.	1.	<ul> <li>Petroleum or petroleum products in bulk in tank-type vehicles</li> <li>Radioactive substances</li> <li>Explosives</li> <li>Yes ⋈ No</li> <li>Yes ⋈ No</li> </ul>
<ul> <li>2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No</li> <li>If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No</li> <li>If yes, which governmental agency will issue the permit?</li> <li>If yes, please explain what you intend to build:</li> </ul>	2.	As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure? Yes No  If yes, does the proposed construction require a building permit by a city, county or other governmental agency? Yes No  If yes, which governmental agency will issue the permit?
<ul> <li>3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts: <ul> <li>a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?</li> <li>Yes No</li> <li>b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?</li> <li>Yes No</li> <li>c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?</li> <li>Yes No</li> <li>If your answer to a, b, or c is no, please explain:</li> </ul> </li> </ul>	3.	consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:  a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?  Yes No  Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?  Yes No  C. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?  Yes No

Fax Server OHCOL

1/6/2014 3:24:55 PM PAGE

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

Filed with VV a	snington Utilities	& Transportation (Name of Agency)	Commission	·			(herein afte	er Calle	a Agency
		,					4		
This is to d	entify that the Victoria	Fire and Casualty I	nsurance Company	у					
This is to certify that the Victoria Fire and Casualty Insurance Company  (Name of Company)  (Name of Company)  (Name of Company)  (Home Address of Company)  has issued to AWK PROPANE CORPORATION (Name of Motor Carrier)  (Name of Motor Carrier)  A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury									
(herein after called	Company) of 22901 M	Home Address of Compan	nd ,OH ,44212						
		(Homo realisate of company	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
		COROCATION	2526 404TU IN 6	SE OLVA	4 DIA 14/		501		
has issued to	(Name of M					A , 90 s	101		
	•	01/02/2014							
A policy or polici	es of insurance effective	more	12:01 A.M. star	ndard time :	at the addi Motor Co	ress of 1	the insured adily lojusy	state and F	mnert moert
Domaco Liebilih	Incurance Endorsemen	of these or have been amend	ed to provide automobile	e bodily inju	erv and pro	iperty d	amace list	oility ir	isuranc
covering the obli	gations imposed upon si	uch motor carrier by the pro	visions of the motor car	rier law of t	ne State in	which	the Agenc	y has	jurisdic
regulations prom	ruigated in accordance t	herewith.							
Whenever	requested, the Compan	y agrees to furnish the Age	ncy a duplicate original i	of said polic	y or polici	es and	ell endorse	ment	s there
This certifi	cate and the endorseme	int described herein may no	t be cancelled without c	ancellation	of the poli	cy to wi	nich it is at	tached	i. Such
cancellation may	be effective by the Con	ripany or the insured giving actually received in the off	thirty (30) days' notice ii	n writing to	the State /	•gency	such thirty	y (30)	days: r
commence to ru	n trom the gate notice is	actually received in the oil	ce of the Agency.						
	22901 Millicreek	Bivd. Suite 400		<b></b> :-	0046		lan	20	4.4
Countersigned a	it Cleveland	(Add)	OH 44122	This	06th (Day)	day of	(Month)	. 20	(Year)
*		(Address)			(Day)		(INOI III I)		(1001)
	4.47750	4		D-b 0					
Insurance Comp	pany File No. <u>147752</u>	(Policy No)	ı	Debra S		оппряль	Represer	tative	Α
		(Folicy No)		(7.52		o,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	партова	,	•
	no Liebilio	/ Limit :750,000.00		*					
ying Limit :0.0	uv Liability	/ LIIIIII							