#### **PART A**

TV#14-0161

# 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

FOR OFFICIAL USE ONLY						
December Number	<del></del>	L OOL OI	151	Carrier II	0#: 4.5.7	
Reception Number: 049079	700				4)4/	
111 0268 200 02 275 P Insurance: MM Employee: MD				ee. Mas		
TYPE OF APPLICATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority				
\$275 GENERAL COMMODITIES ONLY		\$1	00	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE		\$1	00	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		<b>□</b> \$1	00	GENERAL ( HAZARDOUS I SERVICE	COMMODITIES, including MATERIALS and ARMORED CAR	
\$275 GENERAL COMMODITION HAZARDOUS MATERIALS A SERVICE	IES, INCLUDING and ARMORED CAR		-			
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)  For Commission Use Only: Auth #:						
	TYPE OF					
☑ Check ☐ Money Order ☐ Am	ex 🗆 Discover 🗆	Mastercard	Z V	isa	Expiration Date	
				·	<u> </u>	
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) 0.003 (1/3)						
Name (printed): Canada X 11966—				1	pevater	
Signature: Title: Concert Title: MOTOR CARRIER IDENTIFICATION						
CC#: (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				IFIED BUSINE	SS IDENTIFIER (UBI) #:	
LEGAL NAME: ROad Runner Transportation LLC 206719-7751						
d/b/a: Road Runner Transportation LLC FAX#: 206-722-180/						
BUSINESS (MAILING) ADDRESS: 1 P. Seattle WA 981/8						
PHYSICAL ADDRESS: (street address, if different)						
EMAIL ADDRESS: David 0930 Quahoo.com						
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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.

Controlled Substances	and Alcohol Testing
Name: Concerd Lee Williams	Position: Civica Operator

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 Licer	nse (CDL) Requirements
Name: Lichard Lie Williams	Position: Classification

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.

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Driver Qualification Requirements
Name: Leonard Lee Williams Position: Outher 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.
Drivers Hours of Service
Name: Conterd Lee Williams Position: Gicher/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.
Vehicle Inspection, Repair, and Maintenance
Name: Contait les Willams Position: Owner/operater
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:
<ul> <li>Identification of the vehicle.</li> <li>The nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul>
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by th 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

11 29-2013

Date

Pording

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ROAD RUNNER TRANSPORTATION, LLC, ROADRUNNER TRANSPORTATION of 4435 S CAMANO PL #B, SEATTLE, WA 98118 a policy or policies of insurance effective from 01/28/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 31st day of January, 2014

Insurance Company File No. CA 02132413

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative

IRB3539B