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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: 049181	Safety: W)	<u> </u>	Carrier ID#: 769				
111 0268 200 02 275 0	Insurance: (MD)		Employee: /M				
	YPE OF APPLICA	ATION (check on					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority							
\$275 GENERAL COMMODITI			NERAL COMMODITIES, including				
\$275 GENERAL COMMODITIE ARMORED CAR SERVICE	ES, Including		NERAL COMMODITIES, Including ZARDOUS MATERIALS				
\$275 GENERAL COMMODITIE 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 (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #: 607 12 9							
A CONTRACTOR OF THE SECOND		PAYMENT	BLACK AND TABLE TO SELECT SERVICES				
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ 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 valid.							
Name (printed): <u>LARRY</u> J. <u>BAIN</u> TER Date: 02-13-2014							
Signature: Signature:	Signature: Title: OWNER						
MOTOR CARRIER IDENTIFICATION							
CC#: (52.85 US DOT#	_	WA UNIFIE	D BUSINESS IDENTIFIER (UBI) #:				
LEGAL NAME: LARRY J.	BAINTER		IONE#: 509) 496 - 6149				
d/b/a: FAX#: BULLWINKLE TRUCKING							
BUSINESS (MAILING) ADDRESS: 1878 HORSESHOE LK, RD, DEER PARK, WB. 99006							
PHYSICAL ADDRESS: (street address, if different)							
EMAIL ADDRESS:							
hulliainkletnuckina@hatmail.com							

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M INDIVIDU			IP 🗆 CORPOR	ATION (LP, LLP, LLC)		
		- _		FINCORPORATION			
·	NAME TITLE ADDRE		DEDCENTAGE OF SHAPE				
LARRY J	BAINE	e ow	NER 1818 HO	RSESPOELK,KO: UL	<u> </u>		
Market by the control of the first and	व्यक्तात्वाक्षस्थाकः इत्तराक्षस्य (१८५०)	- Marian Contract			e Barel o de Berlow (15 de 15 de		
TRANSFER OF PERMIT NUMBER Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> permit							
holder and per of the permit n	mit number to	be transfe	erred. The current	permit holder must s	ign below to authorize the transfe		
NAME ON PE				PE	RMIT NUMBER:		
, w 11775							
Signature of o	current permit	holder			Date Value V		
	Ape	NSUKAI mitwill no	NCE REQUIRE of be issued until a	VIENTS (must che cceptable insurance	ck one) Is received		
You will not	haul	V You w	ill not haul	☐ You will haul	☐ You will hau!		
hazardous mat quantity. You v			us materials in utity. You will	hazardous material requiring \$1 million			
operate vehicle	operate vehicles with a operate vehicles with a		Public Liability and	Public Llability and			
	VWR of less than 10,000 GVWR of 10,000 pounds ounds. You must obtain or more. You must obtain		Property Damage Insurance. You mu	Property Damage Insurance. You must			
\$300,000 in Pu	\$300,000 in Public Liability \$750,000 In Public Liability		complete Part C, S	ections complete Part C,			
	and Property Damage and Property Damage Insurance. You do not Insurance. You must		1 and 2.	Sections 1 and 2.			
need to compl	ete Part B.	complete	Part B.				
	MOTO			h additional pages	if necessary) ViN#		
UNIT#			STATE				
	B365 45	<u> </u>	WA.	HV1WOBO	CH8 (N 682879		
	•						
				·			
			Signa	ture			
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.							
\mathcal{M}							
- 1 / Dainte 02-12-2014							
Signature(s) Date					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.
- Williamette 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: LARRY J. BOINTER

Position: OWNER JOPERATOR

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: EARRY T. RAINTER

Position: OWNER/OPERATION

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: LANS J.BOINTER	Position: GUNER OPERATOR				
Each company must maintain a complete Driver Qualific vehicles as required by FMCSR Part 391.51 and by the exclusively in intrastate commerce within Washington hany interstate operations must maintain a complete file	WSP in WAC 446-65-010. Owner/operators that work ave Ilmited exemptions. Owners/operators that conduct				
Drivers Hou	rs of Service				
Name: LARRY S. BAINTER	Position: DW NEA / OBCRATER				
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.					
Vehicle inspection; Re	pair, and Maintenance				
Name: LARRY J. BAIRTER	Position: Owers lope enter				
Each company must prepare a written "Driver Vehicle In required by the FMCSA In 49 CFR, Part 396.11 and by company must maintain certain required records for each FMCSA In 49 CFR, Part 396.3 and by the WSP in WAC Identification of the vehicle.	the WSP in WAC 446-65-010. In addition, each ch vehicle that includes the following, as required by the 3446-65-010:				
	action and maintenance operations to be performed. ntenance indicating their date and nature.				
All companies must conduct periodic inspections as req WSP in WAC 446-65-010.	guired by the FMCSA in 49 CFR, Part 396.17 and by the				
Sign	ature				
My signature below certifies that I understand to comply with all the safety requirements which a					
If Bainta	02-12-2014				
Signature of applicant	Date				

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

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fter called

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 LARRY J BAINTER, BULLWINKLE TRUCKING of 1878 HORSESHOE LAKE, DEER PARK, WA 99006-0000 a policy or policies of insurance effective from 02/12/2014 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 14th day of February, 2014

Insurance Company File No. CA 02199166

(Policy Number)

MC1633a(08/99)

Authorized Company Representative)

IRB3539B