

PART A

TV# 190310

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: 049391	Safety: <i>M</i>	Carrier ID#: <i>4821</i>
111 0268 200 02 <i>275 W</i>	Insurance: <i>M</i>	Employee: <i>MS</i>

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #: *045707*

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): *Gabriel Rygaard* Date: *2-25-13*
 Signature: *[Signature]* Title: *President*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63067</i>	US DOT# <i>1700165</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>283 733</i>
LEGAL NAME: <i>RYFIELD PROPERTIES INC.</i>	PHONE#: <i>360 460 7292</i>	
d/b/a: <i>Gabe Rygaard</i>	FAX #: <i>360 417-8013</i>	
BUSINESS (MAILING) ADDRESS: <i>P.O. BOX 392 Port Angeles Wa 98362</i>		
PHYSICAL ADDRESS: (street address, if different) <i>1154 Monroe Rd Port Angeles Wa 98362</i>		
EMAIL ADDRESS: <i>gaberygaard@aol.com</i>		

602 283 733

Email Permit



TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Gabe Rygaard</u>	<u>President</u>	<u>P.O. Box 392</u>	<u>Port Angeles Wa 98362</u>

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 coverage 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.
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MOTOR VEHICLE LIST (if additional properties are used)

UNIT#	LICENSE#	STATE	VIN#
	<u>See</u>	<u>WA</u>	<u>attached</u>

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)

2-25-14
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.watrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 584-2333.
- 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 Substance and Alcohol Testing

Name: Craig Sorebeer Position: Safety Manager

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: Craig Sorebeer Position: Safety Manager

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: Craig Suter Position: Manager

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: Craig Suter Position: Manager

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: Scott Smith Position: Shop Mechanic


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

2-25-14
Date

~~██████████~~ / Ryfield Properties Inc

Address: 1154 Monroe R. PA, WA 98362-9363

Mailing:

Contact: Gabe 460-7292 417-8022

Phone: Katie 460-0236

Fax: 417-8013

ICC:

UBI: ~~604607502~~ 602283733

DOT: ~~688788~~ 1700165

FED ID: ~~91-1887042~~ 870693768

FLEET:

TRUCK #	Plate	VIN	GW	Lic Exp	Use Class	Description
orange	B78822N	5KKHAEAV65PN79872	105,500	3/17/2014	LOG	05 WESTR
blue	B12254X	5KKHAEAV25PU46011	105500	3/17/2014	CMB	05 WESTR
White #2	B28450Z	1HSJGTKT6DJ302831	105500	1/14/2014	LOG	13 CAT
White #3	B28326Z	1HSJGTKT8DJ302829	105500	12/19/2014	LOG	13 CAT
White #6	B28235Z	1HTJKTLT4DJ308653	105500	12/9/2014	CMB	13 CAT
	B82239U	132121	80000	9/24/2013	CMB	73 KENWO
	B78792N	1NKDLB0X38R222281	105500	3/23/2014	CMB	08 KENW
	B60693W	1XKDB9X4RS634595	96000	12/13/2013	CMB	94 KENW
	B60694W	2HSFBGSR0HC89878	80000	12/13/2013	CMB	87 INTL
	B82406U	1XPBAA7X8PD325723	40000	2/28/2014	COM	93 PETE
D20	B82260U	RL685LST27100	94000	3/7/2014	CMB	75 MACK
D21	B82261U	RL685LST27101	94000	3/7/2014	CMB	75 MACK
D25	B82262U	RL612LST48751	88000	3/7/2013	CMB	79 MACK
D26	B82263U	RL612LST48752	88000	3/7/2014	CMB	79 MACK
D27	B82264U	RL612LST48753	88000	3/7/2013	CMB	79 MACK
	Plate	VIN		Lic Exp	Use Class	Description
Trailers	5632UT	1432		9/3/2014	LOG	57 THOS
	3699UU	WA98213017		3/20/2014	LOG	78 LINC
	3958UU	W533596		11/17/2014	LOG	75 UTILI
	5484VX	W748813		12/31/2014	LOG	74 PEERL
	1634XX	SPTGF312581008821		12/17/2014	COM	08 SNAKE
	1846YP	736192		3/17/2014	LOG	73 PEERL
	1847YP	C29317		10/25/2014	LOG	52 FRUEH
	1834YP	1L9L0363571104411		12/12/2014	LOG	07 LINCL
	1835YP	1L9L0363271104412		12/12/2014	LOG	07 LINCL
	3962UU	PLT2687A68		2/18/2014	LOG	68 BEALL
	1836YP	15329		12/12/2014	LOG	63 PAGE
	3497UU	1PLA02825KWF80550		9/28/2014	LOG	89 PAGE
	1837YP	712714		12/12/2014	LOG	71 PEERL
	1838YP	PB79L2001		12/12/2014	LOG	79 PED
	1833YP	1C9LE1530L0249548		11/20/2014	LOG	1990 CASC
	1839YP	1040		12/12/2014	LOG	47 PERCE
D20T	7358XP	1REFA5204GC861124		PERM	CMB	86 RELIA
D21T	7359XP	1REFA5204FC851403		PERM	CMB	85 RELIA
D25T	7360XP	1REFA5209DC949503		PERM	CMB	83 RELIA
D26T	7361XP	1REFA5207DC949502		PERM	CMB	83 RELIA
D27T	7362XP	1REFA5205DC949501		PERM	CMB	83 RELIA

9821

Form E
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**
(Executed in Triplicate)

Filed with Washington Utilities & Transportation Comm (hereinafter called Commission)
(Name of Commissioner)

This is to certify, that the Granite State Insurance Company -C/O Victor O. Schinnerer & Company, Inc.
(Name of Company)

(hereinafter called Company) of 2520 Venture Oaks Way, STE# 440, Sacramento, CA 95833
(Home Office Address of Company)

has issued to Ryfield Properties, Inc of PO Box 441, Port Angeles, WA 98362
(Name of Motor Carrier) (Address of Motor Carrier)

a policy of policies of insurance effective from 09/30/13 12:01 A.M. standard time at the address of the Insured 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 of 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 (30) thirty 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 2520 Venture Oaks Way, STE# 440, Sacramento, CA 95833
(Street Address) (City) (State) (Zip Code)

this 30th day of October 20 13

Insurance Company File No. 02-CA-016692687-3
(Policy Number)


(Authorized Company Representative)