#### **PART A**

# 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 MAR 0 5 2014

MAR 05 2014

Intrastate Common Carrier Operating Authority

| a\  | APPLICATION g Household Goods            |                                       |               | WASH, UT, & TP,                           | COM      |
|---|--|---------------------------------------|---------------|---|----------|
| CYMOS 33 (I   | FOR OFFICIA                              |                                       |               | - 11,                                     | COMM     |
| Reception Number: 049481  | Safety: O                                |                                       | Carrier       | ID#: >77 ~ >}                             |          |
| U 1 J 4 G 1   | Insurance:                               | · · · · · · · · · · · · · · · · · · · | Employ        | yee: M                                    |          |
|   | PE OF APPLICA                            | ATION (che                            |               |   |          |
| New Common Carrier Permit   |  |                                       |               | Carrier Permit A                          | uthority |
| Transfer of Existing Per  | mit Number                               |                                       |               |   |          |
| \$275 GENERAL COMMODITIE  | SONLY                                    | \$100                                 |               | COMMODITIES, inclu<br>CAR SERVICE         | ding     |
| \$275 GENERAL COMMODITIES ARMORED CAR SERVICE   | S, including                             | \$100                                 |               | COMMODITIES, inclu<br>S MATERIALS         | ding     |
| \$275 GENERAL COMMODITIES HAZARDOUS MATERIALS   | S, including                             | \$100                                 |               | COMMODITIES, inclu<br>MATERIALS and ARMOF |          |
| \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE  |  |                                       |               |   |          |
| \$100 REINSTATEMENT OF CAI (Must be filed within 10 months of ca  |  | N CARRIER F                           | PERMIT        | For Commission Use Or Auth #:             | nly:     |
|   | 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): KEN STR   | Name (printed): KEN STRUSS Date: 2/26/14 |                                       |               |   |          |
| Signature:  |  | Title:                                | <i>0</i> u    | UNER.                                     |          |
|   | TOR CARRIER                              | IDENTIFIC                             | ATION         |   | 1 T      |
| cc#:65300 us dot#   | 698021                                   | WA U                                  | NIFIED BUSINE | SS IDENTIFIER (UBI                        | ) #:     |
| APPLICANT NAME: KENNEH STRUSS SR Print PHONE#: 253-582-2893   |  |                                       |               |   |          |
| d/b/a:<br>57Russ wood Products YEllow Brick BARK 253-582-6449.  |  |                                       |               |   |          |
| BUSINESS (MAILING) ADDRESS: 6340 S ZSI AND DR BONNEY LAKE WA 98391  |  |                                       |               |   |          |
| PHYSICAL ADDRESS: (street address, if different) 9315 CAMYON RELE POYATION WA   |  |                                       |               |   |          |
|   |  |                                       | ŷ             | 98:                                       | 37/      |
| , et  |  |                                       |               |   |          |

| M INDIVIDUA   |  | TYPE OF BUSINI<br>dividual or complete pa<br>ERSHIP   CORPO  | rtnership/corporat<br>RATION (LP, LLP,   | on information)   |   |  |
|---|--|--|--|---|---|--|
| <u>NAME</u>   | TITLE  | STATE<br><u>ADD</u> F  | OF INCORPORA<br>RESS   | STOCK DISTRIB PERCENTAGE C  |   |  |
|   | TO SEE A   |  |  |   |   |  |
| Complete this so holder and perm of the permit nul  | nit number to be tr<br>mber  | TRANSFER OF Fransferring an existing ransferred. The current   | permit to a new ov   | en List name of current ist sign below to authorize PERMIT NUMBER:                            | permit<br>the transfer  |  |
| Signature of cu   | irrent permit holde  |  |  | Date  | week to the state of the state |  |
| You will not h hazardous mate quantity. You will operate vehicles GVWR of less th pounds. You mu \$300,000 in Public and Property Dallnsurance. You need to complet   | A permit value of the community of the c | JRANCE REQUIRE will not be issued until ou will not haul ardous materials in quantity. You will rate vehicles with a NR of 10,000 pounds nore. You must obtain 0,000 in Public Liability Property Damage urance. You must uplete Part B. | Acceptable insura  You will hau hazardous mat requiring \$1 mi Public Liability Property Dama Insurance. You complete Part (1)  1 and 2. | I You will hazardous mequiring \$5 Public Liability Property Dail Insurance. You sections 1 a | naterials<br>million in<br>ity and<br>mage<br>You must<br>irt C,  |  |
| UNIT#   | MOTOR V  | EHICLE LIST (Atta  | ch additional pag  | ges if necessary) VIN#  | 1 N. A. 187   |  |
| 610   | 680444   | ωA   | 1 F U Y 7  | >×4B65P62418  | <del></del>   |  |
| 710   | F7 75923/  |  |  | DB9X4PD32   |   |  |
| 810   | 11453 2  | WA   |  | LXP5DB9X5PD33448  |   |  |
| 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(s)   | trees  |  | 2/26/1<br>Date  | <u> 4</u>   |  |

#### 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: Position: OWNER   |  |  |  |  |  |
| <ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul> |  |  |  |  |  |
| 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: Position: OWNER   |  |  |  |  |  |
| 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.

|  |                                 | Drjver Qualif  | lication Requireme                              | ents : 1994 v 1   |                                       |
|--|---------------------------------|--|---|---|---------------------------------------|
| Name:  | Ken                             | Luis   | Position:                                       | OWNER   |                                       |
| vehicles as requirexclusively in intra                   | ed by FMCSF<br>astate comme     | R Part 391.51 and b  | by the WSP in WAC 4<br>ton have limited exer    | ach employee authorized to<br>46-65-010. Owner/operators<br>nptions. Owners/operators that<br>and any other driver that the | that work<br>hat conduct              |
| (1985) 1   | $\frac{1}{7}\frac{1}{4}$        | Drivers  | Hours of Service                                | 在是第二十二  | Employees E                           |
| Name:  | Hen                             | Street   | Position:                                       | OWNER   | ·<br>                                 |
| Each company m vehicle as require                        | ust maintain t<br>d by the FMC  | rue and accurate he<br>SA in 49 CFR, Par   | ours of service record<br>t 395.1(e) and by the | ls for each individual that dri<br>WSP in WAC 446-65-010.   | ves a motor                           |
|  | ·                               |  |   |   |                                       |
|  | ۷ کور ژ                         | ehicle Inspectio   | n, Repair, and Mair                             | ntenance  |                                       |
| Name: ———  | Ken                             | drus   | Position:                                       | OWNER   | · · · · · · · · · · · · · · · · · · · |
| required by the Fi<br>company must ma<br>FMCSA in 49 CFF | MCSA in 49 C<br>aintain certain | FR, Part 396.11 ar<br>required records fo<br>and by the WSP in   | nd by the WSP in WA<br>or each vehicle that in  | t" on each vehicle used each<br>C 446-65-010. In addition, e<br>actudes the following, as req                               | ach                                   |
| • Th   | e nature and                    | due date of various  |   | enance operations to be per<br>ing their date and nature.   | formed.                               |
| All companies mu<br>WSP in WAC 446                       | st conduct pe<br>-65-010.       | riodic inspections a   | as required by the FM                           | CSA in 49 CFR, Part 396.17  | and by the                            |
|  |                                 |  | Signature                                       |   |                                       |
| My signature be comply with all                          | elow certifie<br>the safety i   | es that I understa<br>requirements wh  | and my responsibi<br>ich apply to my op         | lity as a motor carrier ar<br>perations.  | nd I will                             |
| e.   | •                               |  |   |   |                                       |
|  | - SI                            | A CONTRACTOR SACRETOR |   | 2/26/14   | ·                                     |
| Signature of appli                                       | cant                            | Id & Show Bear   |   | Date  |                                       |

7738 Pordina

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

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)

This is to certify, that the Western National Assurance Company (hereinafter called Company)

of 9706 4th Avenue NE, Suite 200, Seattle, Washington 98115-2162

has issued to Kenneth Struss of 6340 South Island Drive, Bonney Lake, Washington 98391

a policy or policies of insurance effective from January 22, 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 9706 4<sup>th</sup> Avenue NE, Suite 200, Seattle, Washington 98115-2162 this 12th day of March, 2014

Insurance Company File No. CPP1019427 (Policy Number) Carol H. Garland (Authorized Company Representative)