## **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

APPLICATION FOR PERMIT						
	g Household Goods			<b>)</b>		
	FOR OFFICIA					
Reception Number: 049768	Safety: M			Carrier ID#: ) ((		
111 0268 200 02 275 W	Insurance: 1/2		Emplo	oyee: M3		
	PE OF APPLICA	ATION (checi	k one)			
New Common Carrier Permit Authority, or Transfer of Existing Permit Number						
\$275 GENERAL COMMODITIES	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES ARMORED CAR SERVICE	S, including	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS	5, including	\$100	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS and SERVICE	, INCLUDING ARMORED CAR					
\$100 REINSTATEMENT OF CAN (Must be filed within 10 months of car	ICELLED COMMO	N CARRIER PE	RMIT	For Commission Use Only:		
	TYPE OF I	PAYMENT	<u> </u>	77161		
☐ Check ☐ Money Order ☐ Amex	☐ Discover ☐	Mastercard 🗹 V	isa	Expiration Date		
		<del></del>	<del></del>			
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): Thomas V Gransden Date: 3/28/14						
Signature: [LLC]		Title:	wher			
MC	TOR CARRIER	IDENTIFICA	TION			
CC#: US DOT#	81301	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:				
LEGAL NAME: Kardia Inc PHONE#: (360)470-866/						
d/b/a: FAX #:						
BUSINESS (MAILING) ADDRESS: PO Box 1, Elma WA 98541						
PHYSICAL ADDRESS: (street address, if different) 2						
EMAIL ADDRESS: Kardiainc@ Notmail.com						
Received Time Mar. 282014-12:16 PM-No. 3399						

р. З

	TYPE OF BUSINESS STRUCTURE  (check individual or complete partnership/corporation information)						
☐ INDIVIDUA		RTNERSH			ION (LP, LLP, LLC)	uon)	
· ·				OF I	NCORPORATION W	7.	
NAME		<u>LE</u>	ADDRI	ESS کردلیا	S1 P	OCK DISTRIBUTION OR ERCENTAGE OF SHARE	
Thomas	1 Grans	den (	JWNBY Elm	ها	WA 98541 -	1008	
				<del></del>			
		TR	RANSFER OF P	ERI	MIT NUMBER	· · · · · · · · · · · · · · · · · · ·	
Complete this so holder and perm of the permit nu	nit number to	are transfo be transfo	erring an existing perred. The current	ermi perr	it to a new owner. List i mit holder must sign bel	name of <u>current</u> permit ow to authorize the transfer	
NAME ON PER	міт: <u>О</u> <u>(</u>	4 Kas	tuc		PERMIT!	NUMBER: 64491	
165					3/28	114	
Signature of cu						Date	
					NTS (must check one otable insurance is rece		
Horoporty Damage Insurance. 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.  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.  MOTOR VEHICLE LIST (Att.)			us materials in ntity. You will vehicles with a of 10,000 pounds. You must obtain on Public Liability perty Damage se. You must	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.  Ch additional pages if necessary)			
UNIT#	LICEN		STATE		l l l l l l l l l l l l l l l l l l l	VIN#	
	BR388	40	WA	INK INK INK		R1X02R8X4422	
						ACZ I COLO	
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.							
400	4Cac 3/28/14						
Signature(s) Date					⊔ate		

### 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: Ihomas V Gransden	Position: Owner/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 Licens	se (CDL) Requirements
Name: Thomas V Gransolen	Position: Owner Operator

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: Thomas V Cransden Position: Currar 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: Thomas U Gransden Position: Owner operator							
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: I hamas V Bransdan Position: Owner poucher							
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.							
3/28/14							
Signature of applicant Date							

KARDIA

Client#: 145554

## ACORD... CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 4/02/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

certificate noider in fled of such endorsement(s).					
PRODUCER	CONTACT Elizabeth Erickson				
Propel Insurance	PHONE (A/C, No, Ext): 800 499-0933	FAX (A/C, No): 866.577.1326			
Tacoma Commercial Insurance	E-MAIL ADDRESS: ege@propelinsurance.com				
1201 Pacific Ave, Suite 1000	INSURER(S) AFFORDING COVERAGE	GE NAIC#			
Tacoma, WA 98402	INSURER A: Ohio Security Insurance Compa	any 24082			
INSURED	INSURER B: Ohio Casualty Insurance Comp	any			
Kardia Inc.	INSURER C :				
PO Box 1	INSURER D :				
Elma, WA 98541	INSURER E :				
•	INSURER F:				
COVERAGES CERTIFICATE NUMBER:	REVISION NUM	IBER:			
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDE	F ANY CONTRACT OR OTHER DOCUMENT WITH F	RESPECT TO WHICH THIS			

	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S
Α	GENERAL LIABILITY	Х	X	BKS55681811	07/23/2013	07/23/2014		\$1,000,000
	X COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	CLAIMS-MADE OCCUR			•		[	MED EXP (Any one person)	<b>\$15,000</b>
					,	. [	PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
i	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$2,000,000
	POLICY PRO- JECT X LOC						<u>-</u>	\$
Α	AUTOMOBILE LIABILITY	Х	X	BAS55681811	07/23/2013	07/23/2014	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	X ANY AUTO						80DILY INJURY (Per person)	\$
1	ALL OWNED SCHEDULED AUTOS							\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
								\$
В	X UMBRELLA LIAB X OCCUR	X		USO55681811	07/23/2013	07/23/2014	EACH OCCURRENCE	\$2,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$2,000,000
	DED X RETENTION \$10000							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
Α	AND EMPLOYERS LIABILITY  ANY PROPRIETOR/PARTNER/EXECUTIVE  OFFICER/MEMBER EXCLUDED?	N/A		BKS55681811	07/23/2013	07/23/2014	E.L. EACH ACCIDENT	\$1,000,000
	(Mandatory in NH)	17/4		WA Stop Gap			E.L. DISEASE - EA EMPLOYEE	\$1,000,000
Ĺ	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	s1,000,000
							•	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**Proof of Insurance** 

**CERTIFICATE HOLDER** 

Washington Utilities and Trasportation Commission 1300 S Evergreen Park Drive SW Olympia, WA 98504-7250 CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

mucelle Kenterg

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