

PART A

TV# 140590

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)

RECEIVED APR 07 2014

WASH. UT & TP COM

FOR OFFICIAL USE ONLY

|                                 |            |                          |
|---------------------------------|------------|--------------------------|
| Reception Number: <b>049843</b> | Safety:    | Carrier ID#: <b>7810</b> |
| 111 0268 200 02 <b>275.0</b>    | Insurance: | Employee:                |

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 #: **65879**

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): Austin Becker Date: 4/4/2014  
 Signature: [Signature] Title: Food Hub Coordinator, 21 Acres

MOTOR CARRIER IDENTIFICATION

|  |                        |  |
|--|------------------------|--|
| CC#: <b>65362</b>  | US DOT# <b>2480880</b> | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>601 959 089</b> |
| LEGAL NAME: <b>HUMAN LINKS FOUNDATION</b>  |                        | PHONE#: <b>425-481-1500</b>                                |
| d/b/a: <b>21 ACRES</b>   | FAX #:                 |  |
| BUSINESS (MAILING) ADDRESS:<br><b>13701 NE 171ST ST, WOODINVILLE, WA 98072</b>     |                        |  |
| PHYSICAL ADDRESS: (street address, if different)                                   |                        |  |
| EMAIL ADDRESS:<br><b>austin@21acres.org, robin@21acres.org, bawabbbt@gmail.com</b> |                        |  |

certificate of insurance (FORM E), or a written binder. If a binder is submitted, it may be effective for not longer than 60 days, during which time the carrier's insurance company must file the required FORM E. **THE NAME ON THE INSURANCE MUST MATCH THE APPLICANT NAME EXACTLY.**

**Required insurance limits for vehicles with GVWR of less than ten thousand pounds:**

|                    |  |
|--------------------|--|
| <b>\$300,000</b>   | General Commodities Only   |
| <b>\$5,000,000</b> | Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403. |

**Required insurance limits for vehicles with GVWR of ten thousand pounds or more:**

|                    |  |
|--------------------|--|
| <b>\$750,000</b>   | General Commodities and/or Armored Car Service.  |
| <b>\$1,000,000</b> | Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in the description of the \$5,000,000 coverage requirements, below.  |
| <b>\$5,000,000</b> | Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2 and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 <b>OR</b> any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403. |

**MOTOR VEHICLE LIST:** List all motorized vehicles, including any truck or truck tractor, that will be used to haul under this permit.

**PART B - SAFETY FITNESS SURVEY**

**SAFETY FITNESS SURVEY:** All applicants with a vehicle over 10,000 gross vehicle weight rating (GVWR) must complete the Safety Fitness Survey. All permitted motor carriers must comply with all of the applicable state and federal safety requirements for their operations.

**PART C – HAZARDOUS MATERIALS**

Applicants who will be hauling hazardous materials that require a placard must complete Part C, Sections 1 and 2.

**CONTACTS FOR ADDITIONAL ASSISTANCE**

|   |                                       |                |
|---|---------------------------------------|----------------|
| FMCSA (Interstate) authority, DOT numbers, Hazardous materials placards   | US DOT, FMCSA, Olympia, WA Office     | (360) 753-9875 |
| Interstate/Intrastate hazardous materials regulations   | US Pipeline/Hazardous Materials Admin | (202) 366-4433 |
| Vehicle licenses, Titles, Registrations   | WA Dept of Licensing                  | (360) 902-3770 |
| Commercial drivers licenses (CDL), Medical waivers  | WA Dept of Licensing                  | (360) 902-3619 |
| Prorate, IRP, Reciprocity   | WA Dept of Licensing                  | (360) 664-1858 |
| Master business license, Unified business identifier (UBI)  | WA Dept of Revenue                    | (800) 451-7985 |
| IFTA, Fuel bonds, Fuel permits, Fuel tax  | WA Dept of Licensing                  | (360) 664-1868 |
| Oversize and overweight permits, Log tolerance  | WA Dept of Transportation             | (360) 704-6340 |
| Commercial vehicle size and weight, Driver and equipment safety, Hazardous material regulations, Ports of entry, Scales | Washington State Patrol               | (360) 596-3800 |
| Corporate registrations: Profit Corporation; Limited Liability Company (LLC); Limited Partnership; Domestic Partnership | WA Secretary of State                 | (360) 725-0377 |
| Heavy vehicle use tax report  | Internal Revenue Service              | 1-800-829-1040 |

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

Non-Profit

**NAME**                      **TITLE**                      **ADDRESS**                      **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

See motor carrier information - only 1 address

**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 is received

- |  |   |   |   |
|--|---|---|---|
| <input checked="" 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. |
|--|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| UNIT# | LICENSE# | STATE      | VIN#               |
|-------|----------|------------|--------------------|
|       | B30153X  | Washington | WD0P0D544265969847 |
|       |          |            |                    |
|       |          |            |                    |

**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.

*James Beek*  
Signature(s)

4/4/2014  
Date

Scale weight is 7,000 max GVWR is 12,000, but will never load to that capacity

## 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](http://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](http://www.jjkeller.com), (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), (866) 512-1800.

#### Controlled Substances and Alcohol Testing

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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: \_\_\_\_\_ Position: \_\_\_\_\_

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: Robin Crowder Position: Food Hub Supervisor

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: Bunny Woods Position: Bookkeeper

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: Austin Becker Position: Coordinator

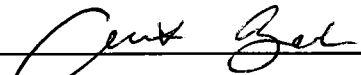
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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

4/4/2011  
Date

# PART C – SECTION 1

## SAFETY FITNESS SURVEY FOR HAZARDOUS MATERIALS APPLICANTS

**Companies applying to transport hazardous materials must complete this survey.**

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.  
\_\_\_\_\_
2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?  Yes  No
3. Are drivers trained in the use of Emergency Response Information?  Yes  No
4. Is the Emergency Response Information carried in the vehicle?  Yes  No
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.  
\_\_\_\_\_
6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D?  Yes  No
7. Who is responsible for completing hazardous materials shipping papers?  
\_\_\_\_\_
8. Where are hazardous material shipping papers located during transportation?  
\_\_\_\_\_
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.  
\_\_\_\_\_
10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

**Signature**

***My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.***

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date



# CERTIFICATE OF LIABILITY INSURANCE

21ACR-1

OP ID: SC

DATE (MM/DD/YYYY)

10/14/2013

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(ies) 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).

|   |   |   |  |
|---|---|---|--|
| <b>PRODUCER</b><br>Brunn-Cobath, Inc.<br>17270 Wdnt-Rdmd Rd NE # A-747<br>Woodinville, WA 98072<br>Robert S Russell | Phone: 425-485-9552<br>Fax: 425-483-5291                            | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext):<br>E-MAIL ADDRESS:<br>INSURER(S) AFFORDING COVERAGE<br><b>INSURER A:</b> Philadelphia Indemnity Ins Co<br><b>INSURER B:</b><br><b>INSURER C:</b><br><b>INSURER D:</b><br><b>INSURER E:</b><br><b>INSURER F:</b> | <b>FAX (A/C, No):</b><br><b>NAIC #</b> |
|   | <b>INSURED</b><br>21 Acres<br>P O Box 2001<br>Woodinville, WA 98072 |   |  |

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSURER | TYPE OF INSURANCE  | ADDITIONAL SUBSIDIARIES | POLICY NUMBER           | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|---------|--|-------------------------|-------------------------|-------------------------|-------------------------|---|
| A       | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br>CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROTECTIVE <input type="checkbox"/> LOC |                         | PHPK1074038             | 10/08/2013              | 10/08/2014              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Per occurrence) \$ 100,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A       | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |                         | PHPK1074038             | 10/08/2013              | 10/08/2014              | COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |
| A       | <input checked="" type="checkbox"/> UMBRELLA LIAB<br><input checked="" type="checkbox"/> EXCESS LIAB<br><input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 10,000   |                         | PHUB434382              | 10/08/2013              | 10/08/2014              | EACH OCCURRENCE \$ 1,000,000<br>AGGREGATE \$ 1,000,000  |
| A       | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A                     | PHPK1074038<br>STOP GAP | 10/08/2013              | 10/08/2014              | WC STATUTORY LIMITS OTHER<br>E L EACH ACCIDENT \$ 1,000,000<br>E L DISEASE - EA EMPLOYEE \$ 1,000,000<br>E L DISEASE - POLICY LIMIT \$ 1,000,000  |

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

**CERTIFICATE HOLDER****CANCELLATION**

INFORMA

Informational Copy

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

© 1988-2010 ACORD CORPORATION. All rights reserved.