PART A

TV# (40) 93

WISHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

RECEIVED Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

ADDI ICATIONI EOD DEDMIT

APR 0 / 2014 APPLICATION FOR PERIVIT (excluding Household Goods and Common Carrier Brokers)					
FOR OFFICIAL USE ONLY					
Reception Safety:	Carrier ID#: \(\sum_{\lambda} \)				
111 0268 200 02 275 @ Insurance:	Employee: MA				
TYPE OF ASP. IC.	ATTEMPT TO THE PARTY OF THE PAR				
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority				
Transfer of Existing Permit Number					
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	PayID#41727				
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #:				
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): David Desserault	Date: <u>4-2-14</u>				
Signature: Name Danseraul	Title: Member				
MOTOR CARRIER	IDENTIFICATION				
CC#: 65363 US DOT# 1954610	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:				
LEGAL NAME: Interstate Sawing & Drilling,	LLC PHONE#: 509-834-2044				
d/b/a:	FAX #:				
BUSINESS (MAILING) ADDDESS:	509 - 452 - 7334				
BUSINESS (MAILING) ADDRESS: 2465 Beaudry Road, Moxee WA 98936					
PHYSICAL ADDRESS: (street address, if different)					
EMAIL ADDRESS: dave @ interstates	d.com				
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☐ INDIVIDUA		K INDIVIOU RTNERSH			hip/corporation informal ON (LP, LLP, LLC)	ion)	
□ INDIVIDUA		KINEKSH			CORPORATION		
<u>NAME</u>	<u>TITL</u>	<u>.E</u>	ADDRE	<u> </u>		OCK DISTRIBUTION OR	
David Desser	ault N	lember	340 Pleasun	- Vall	ey Rd, Yakina WA 9890	RCENTAGE OF SHARE	
Mike Popp		Nember	513 Follow T	<i>y~</i> .	Dr. Yakima WA 989	01 60%	
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Complete this se holder and perm of the permit nur	it number to	are transfe be transfe	erring an existing perred. The current	ermit perm	to a new owner. List n it holder must sign beld	ame of <u>current</u> permit ow to authorize the transfer	
NAME ON PERI	MIT:				PERMIT N	UMBER:	
Signature of cu	rrent permit l	holder	-			Date	
olgitatare of ca	CONTRACTOR			5344 5744			
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GVWR of less th	· · · · · · · · · · · · · · · · · · ·		f 10,000 pounds You must obtain		perty Damage Irance. You must	Property Damage	
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UNIT#	LICEN	110. 1801.840111140211111111111414111	STATE		CONTRACTOR	VIN#	
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6	896105		WA			DEA 68604	
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			Skina	live.			
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.							
Day	.:70		4		4-2	- 14	
Signature(s)					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.
- 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.

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Name: David Desserault Position: Member

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: David Desserault Position: Member

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.

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Name:	avid (Desserai	ult	— Position: _	Member	
vehicles as re- exclusively in	quired by intrastate	FMCSR Part Commerce wit	391.51 and by th hin Washington	ne WSP in WAC have limited exe	each employee authorize 446-65-010. Owner/ope emptions. Owners/operat and any other driver tha	rators that work tors that conduct
			Drivers No	urs of Service		
Name:	avid	Dessera	ult	— Position: ₋	Member	
					rds for each individual the e WSP in WAC 446-65-0	
		Vehicle	Inspection, F	lectification Ha	Incarrie	
Name: —	David I	<u>Jesserai</u>	ut	Position: ₋	Member	
required by the company mus	e FMCSA t maintain CFR, Part Identifica The natu	in 49 CFR, Pa certain requir : 396.3 and by tion of the veh re and due da	art 396.11 and b ed records for e the WSP in WA icle. te of various ins	y the WSP in Wa ach vehicle that C 446-65-010: pection and main	ort" on each vehicle used AC 446-65-010. In additi- includes the following, as intenance operations to b ating their date and natur	on, each s required by the performed.
All companies WSP in WAC			nspections as re	equired by the FN	MCSA in 49 CFR, Part 39	96.17 and by the
			Sie	nature		
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.						
Jas	ui/ile	neiail) 		4-2-16	· · · · ·
Signature of a					Date	

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY

	,	
UNIFORM MOTOR CARRIER B DAMAGE LIABILITY CER WASHINGTON UTILITIES (Executed AND TRANSPORTATION COMMISSION	(nereinalter called Commission	RECEIVED APR 23 2014
This is to certify, that the THE CINCINNATI INSURANCE (hereinafter called Company) of 6200 SOUTH GILMORE RD FA	COMPANY (Name of Company) AIRFIELD, OH 45014	ASH, UT & TP. COMM
has issued to INTERSTATE SAWING & DRILLING LLC (Name of Motor Carrier) a policy or policies of insurance effective from 5/6/2013 policies and continuing until cancelled as provided herein, which, by att Liability Insurance Endorsement, has or have been amended to provide a obligations imposed upon such motor carrier by the provisions of the name of the same of	of 2455 VEAUDRY ROAD MOXEE, Modern Road Moxee, Mode	wA 98936 arrier) Ired stated in said policy or jury and Property Damage oility insurance covering the
regulations promulgated in accordance therewith. Whenever requested, the Company agrees to furnish the Commithereon. This certificate and the endorsement described herein may not b cancellation may be effected by the Company or the insured giving thirty	nission a duplicate original of said policy or police cancelled without cancellation of the policy to	cies and all endorsements which it is attached. Such
notice to commence to run from the date notice is actually received in the Countersigned at $ \frac{6200 \text{SOUTH} \text{GILMORE} \text{ROAD} \text{FAIRFIELI} }{\text{(Street Address)}} $ this $ \frac{15\text{th}}{\text{day of}} \frac{\text{APRIL}}{\text{day of}} \frac{14}{20} $	office of the Commission	(Zip Code)
Insurance Company File No. EBA 014 34 93 (Policy Number)	(Authorized Company Re	presentative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES, INC.

IRB 3539B