

PART A
APPLICATION FOR PERMIT
 (excluding Household Goods)

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

FOR OFFICIAL USE ONLY		Docket No. TV-1 <u>12575</u>
Reception Number	Safety	Carrier ID# <u>7858</u>
111-0268-200-02	Insurance	Employee
TYPE OF APPLICATION		
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		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

MOTOR CARRIER IDENTIFICATION

Common Carrler #: 65399 Unified Business Identifier Number (UBI): 601973173

Legal Name: Donald W. Martin USDOT: 833516

Trade Name(s), dba(s), if any Independent Trucking and Rentals

Email address: donmartin24@hotmail.com

Business (Mailing) Address: 2426 12th Avenue Lewiston ID 83501

Physical Address (if different): Same as above

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. _____

NAME TITLE Stock Distribution or % of Shares

***TRANSFER OF PERMIT NUMBER**

*Complete this section ONLY 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

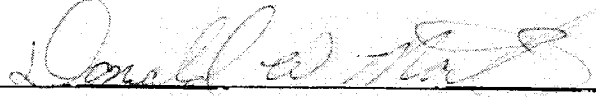
Date

INSURANCE REQUIREMENTS (must check one)			
A permit will not be issued until acceptable insurance is received			
<input 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 Number	State	VIN number
1	KL290 1997 International	Idaho	1HSSDAANOVH461082

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 issued by 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

5/2/14

 Date

TYPE OF PAYMENT

Check Money Order

Amex Discover Mastercard Visa

Expiration Date 03/2016

Credit Card number:

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.

Company Name: Independent Trucking

Name (printed): Donald Martin Date: 05/02/2014

Signature: *Donald Martin* Title: Owner/Operator

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov

Driver Qualification Requirements

Name: Donald W. Martin Position: Owner/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: Donald W. Martin 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: Donald W. Martin Position: Owner/Operator

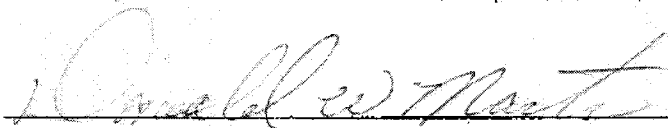
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required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

5/2/14
Date

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

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.ijkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substances and Alcohol Testing

Name: Donald W. Martin 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 Driver's License (CDL) Requirements

Name: Donald W. Martin 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
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Donald W. Martin

Signature of applicant

5/2/14
Date

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ACORD™ INSURANCE BINDER

DATE
05/02/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Insurance Services 450-C Thain Road Lewiston, ID 83501	PHONE (A/C, No, Ext): (208) 746-9771	COMPANY United Financial Cas. Co	BINDER # 3658
CODE:	SUB CODE:	DATE EFFECTIVE TIME EXPIRATION TIME 05/02/14 12:01 X AM 07/02/14 X 12:01 AM PM NOON	
AGENCY CUSTOMER ID:	INSURED Donald W. Martin DBA: Independent Trucking and Rentals 2426 12th. Avenue Lewiston ID 83501	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER POLICY # 01447655	
DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)		Trucking-Common Carrier	

COVERAGES	TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS		
			DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:				
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				
AUTO PHYSICAL DAMAGE	DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COL: _____				
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY	<input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:				
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY					
SPECIAL CONDITIONS/ OTHER COVERAGES	1997 International Tractor Vin. 1HSSDAANOVH461082				

NAME & ADDRESS	Washington Utilities and Transportation Commission PO Box 47150 Olympia WA 98504-7250	MORTGAGEE <input type="checkbox"/> <input checked="" type="checkbox"/> ADDITIONAL INSURED LOSS PAYEE <input type="checkbox"/> LOAN # _____ AUTHORIZED REPRESENTATIVE <i>Donald S. Solon 3810</i>
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