PART A

TV#191240

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

(exclud	ling Household Goods		Brokers)					
FOR OFFICIAL USE ONLY								
Reception Number: Safety: MS			Carrier ID#:74					
111 0268 200 02	111 0268 200 02 Insurance: (W)		Employee: NO					
	YPE OF APPLICA	ATION (check one	e)					
New Common Carrier Permit Transfer of Existing Pe		Extension of Common Carrier Permit Authority						
\$275 GENERAL COMMODIT	IES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITION ARMORDED CAR SERVICE	ES, including E	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITION HAZARDOUS MATERIALS		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CA	ANCELLED COMMO cancellation)	N CARRIER PERMIT	For Commission Use Only: Auth #					
24 (1975) 1975	TYPE OF	PAYMENT	The state of the s					
☐ Check ☐ Money Order ☐ Ame	ex 🗆 Discover 🗆	Mastercard 🗷 Visa	Expiration Dat					
	·							
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 DUNK		Date: <u>7-22</u>	-14					
Signature: V_ VC		Title: own	ER					
) / / N	IOTOR CARRIER	IDENTIFICATION						
CC#: US DOT#			BUSINESS IDENTIFIER (UBI) #:					
0 77 1980	317	60:	3.091-476					
APPLICANT NAME:		the second of th	ONE#:					
Tacific Rim Transpo	at LLC		205-3137					
d/b/a.	·	FAX	1					
BUSINESS (MAILING) ADDDESS								
(street address, P.O. Box) BSS TROSPER Rd #108-399								
(city, state, zip)								
Tumwater, WA 98512								
PHYSICAL ADDRESS: (street address, if different)								

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)							
☐ INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (LP, LLP, LLC)							
STATE OF INCORPORATION LLC							
NAME	TITLE	ADDR	ECC	STOCK DISTRIBUTION OF			
147-1411 <u>L.</u>	<u> </u>	ADDR	<u> </u>	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE			
KEN DUNK	IN OWNER	855 15021	25 Rd 108-35				
	and the state of	Tomware	a, WA 92512				
- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		en e					
	TF	RANSFER OF P	ERMIT NUMBE				
holder a	ection if you are transf nd permit number to b of the permit number.	ferring an existing postering and existing posterior for the section of the secti	ermit to a new own current permit hold	er. List name of <u>current</u> permit er must sign below to authorize the			
NAME ON PER	MIT:			ERMIT NUMBER:			
Signature of c	urrent permit holder			Date			
		NCE REQUIRE					
☐ You will not h		not be issued until a vill not haul	cceptable insuranc	e is received You will haul			
hazardous mate		us materials in	hazardous materi				
quantity. You w	-	ntity. You will	requiring \$1 millio	, , ,			
operate vehicles GVWR of less t	1	vehicles with a of 10,000 pounds	Public Liability an Property Damage				
pounds. You mu		You must obtain	Insurance. You m				
\$300,000 in Put		0 in Public Liability	complete Part C,	Sections complete Part C,			
and Property Da Insurance, You	- · · · · · · · · · · · · · · · · · · ·	perty Damage ce. You must	1 and 2.	Sections 1 and 2.			
need to complet							
	MOTOR VEHI	CLE LIST (Attac	h additional pages	s if necessary)			
UNIT#	LICENSE#	STATE		VIN#			
335 317	C53081A	WA	1Fuy07E	1F4407EB01PF74379			
		150407		1 3011/ 7			
305	CS30684	WA	1 Fuy DD	YB91PG95278			
		Signa	lure				
I, as applicant,	understand that the	filing of this applic	cation does not in	itself constitute authority to			
- operate and tri - hereby declare	at no operations may and affirm that the i	y de conducted un nformation contair	itil a permit is rece	eived 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.							
	_ /						
	1)/5	7-22-14					
	Signature(s)			Date			
		5					

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	s and Alcoho	ol Testing		
Name: KEN DUNKIN			2	
Name: TEN DUNICIN	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. 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: KEN DUNKIN	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.

Driver Qualification Requirements
Name: KEN DUNKIN Position: ONNER
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: Ken Dunkin Position: Owner
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.
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Vehicle Inspection, Repair, and Maintenance
Name: KEN DHAKIN Position: OWNER
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.
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Signature S
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.
7-22-14
Signature of applicant Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/23/2014

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(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)

C	ertificate holder in lieu of such endor	seme	nt(s)).						
PRO	DUCER				CONTA NAME:	CT				
	Insurance Services				PHONE (A/C, N	o. Ext):503-25	8-0227	FAX (A/C. N	o):503-25	57-5714
), Box 1059 cortes WA 98221				(A/C, No. Ext):503-258-0227 (A/C, No):503-257-5714 E-MAIL ADDRESS:CERTS@risnet.com					
Ana	icories VVA 96221				ADDICE			RDING COVERAGE		NAIC #
					INCIIDI	ER A :NATION		· · · · · · · · · · · · · · · · · · ·		IVALO #
INSL	JRED I	240	IFAC		INSURI		IAL INDENII	VIII CO.		
		AC	IF26	ŀ						
PACIFIC RIM TRANSPORT LLC 855 TROSPER RD #108-399				-	INSURI			·		
TUMWATER WA 98501					INSURI					-
					INSURER E :					
	INSURER F:							1		
				E NUMBER: 1501995519		V IOOUED TO		REVISION NUMBER		101/ 050100
C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY	QUIF PERT	REME TAIN,	NT, TERM OR CONDITION (THE INSURANCE AFFORDE	OF AN ED BY	Y CONTRACT	OR OTHER I S DESCRIBEI	DOCUMENT WITH RESI D HEREIN IS SUBJECT	PECT TO	WHICH THIS
	XCLUSIONS AND CONDITIONS OF SUCH		CIES. SUBR		BEEN					
INSR LTR	TYPE OF INSURANCE	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	Ц	VIITS	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
			-					PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AG	G \$	
	POLICY PRO- JECT LOC								\$.	
Α	AUTOMOBILE LIABILITY			70TRS029168		2/14/2014	2/14/2015	COMBINED SINGLE LIMIT (Ea accident)	\$\$1,00	0,000
	ANY AUTO							BODILY INJURY (Per persor) \$	
	ALL OWNED X SCHEDULED AUTOS					1		BODILY INJURY (Per accide	nt) \$	
}	HIRED AUTOS NON-OWNED AUTOS	ļ				4		PROPERTY DAMAGE (Per accident)	\$	
									\$	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						-	AGGREGATE	\$	
ļ	DED RETENTION \$	1				A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			\$	
	WORKERS COMPENSATION							WC STATU- OT TORY LIMITS E	H-	
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE							E.L. EACH ACCIDENT	s	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA EMPLOY		-
	If yes, describe under. DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIM		
A	CARGO			70TRS029168		2/14/2014	2/14/2015	\$1,000 DED	\$100.00	IO LIMIT
	TLER INTERCHANGE			101110323 100			27172313	• 1,500 BEB	\$15,000	
DES	│ CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (4	Attach	ACORD 101, Additional Remarks 5	Schedule	, if more space is	required)			
i	RM E FILING TO FOLLOW	•		,						
				<u> </u>						
CE	RTIFICATE HOLDER				CAN	CANCELLATION				
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE					
					THE	EXPIRATION	DATE THE	EREOF, NOTICE WILL		
WUTC					ACCORDANCE WITH THE POLICY PROVISIONS.					
	•									
	•••					AUTHORIZED REPRESENTATIVE				
		XX								

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