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JAN 08 2016  
WASH. ST. & TP. COMM

**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

Pay ID: 7218

|                         |              |                      |
|-------------------------|--------------|----------------------|
| FOR OFFICIAL USE ONLY   |              | Docket No. TV-160022 |
| Reception Number 057470 | Safety WA    | Carrier ID# 17202    |
| 111-0268-200-02 275.00  | Insurance WA | Employee WA          |

**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 Carrier #: 66233 Unified Business Identifier Number (UBI): 602-953-785  
 Legal Name: K&T We Do Dirt, LLC USDOT: 02321175  
 Trade Name(s), dba(s), if any: AMB We Do Abatement  
 Email address: Kandtwe.dodirt@gmail.com  
 Phone Number: 360-657-0390 Fax Number: 360-657-0391  
 Business (Mailing) Address: PO Box 3123, Arlington, WA 98223  
 Physical Address (if different): 16311 Smokey Pt. Blvd., Marysville, WA 98271

**TYPE OF BUSINESS STRUCTURE**

Individual   
  Partnership   
  Corporation   
  Limited Liability Company   
 State of Inc. WA

|                      |              |  |
|----------------------|--------------|--|
| <u>NAME</u>          | <u>TITLE</u> | <u>Stock Distribution or % of Shares</u> |
| <u>Kimberly Baar</u> | <u>owner</u> | <u>100%</u>                              |

**\*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 hold 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      | C37363D        | WA    | 2H9FBX6R0MC045495 |
| 2      | A19379J        | WA    | 2HTFBASR1VC035834 |
| 3      | B97860X        | WA    | 2XKWDB9X0PM931769 |

\* continued on additional page.

**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.

Kimberly B  
Signature

12/31/2015  
Date

\* continued from previous page \*

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

|             |              |  |
|-------------|--------------|--|
| <u>NAME</u> | <u>TITLE</u> | <u>Stock Distribution or % of Shares</u> |
| _____       | _____        | _____                                    |
| _____       | _____        | _____                                    |

**\*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 hold 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 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         |
|--------|----------------|-------|--------------------|
| 4      | B06177C        | WA    | 1XP9L29X5E P178414 |
|        |                |       |                    |

**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  Date 12/31/2015

**Driver Qualification Requirements**

Name: Kimberly Baar Position: owner/office manager

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: Kimberly Baar Position: owner/office manager

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: Kimberly Baar Position: owner/office manager


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

12/31/2015

Date

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

FORM E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

RECEIVED

FEB 18 2016

WASH. UT. & TP. COMM

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **Mutual of Enumclaw Insurance Company #1359**

(hereinafter called Company) of **1460 Wells Street, Enumclaw WA 98022**

has issued to **K & T WE DO DIRT LLC DBA AMB WE DO ABAT** of **PO BOX 3123 ARLINGTON, WA 98223**

a policy or policies of insurance effective from **05/18/2015 12:01 A.M.** standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be affected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at **1460 Wells St, Enumclaw WA 98022**

This 12TH day of FEBRUARY 2016.

Insurance Company File No: CPP0018203



(Authorized Company Representative)