Permit Application Railroad Contract Crew Carrier

nternal Only - Licensing Services: Company ID:			
rate received: Docket TE-			
nsurance: Safety Inspection:			
Receipt ID:	RCC -		
New Authority (currently operating under Cer Total number of vehicles to be operated 30	tificate of Authority-Charter & Excursion Carrier)		
Transfer existing certificate to a new owner or business structure (complete Attachment A)			
Reinstate a previously cancelled certificate			
Name Change Application to change a company's corporate name, change a trade name, add a new trade name or change the surname of an individual owner or partner.			

<u>Section 1 – Applicant Information</u>

Legal Cor	npany Name:Professional Trans e legal name must match your registration wit	portation, In th <u>Department o</u>	C and <u>Secretary of State</u> , if a corporation.
Trade Name(s) (if any): Trade name(s) must be registered with the Department of Revenue			
	Mailing Address:		Physical Address:
Street	3700 Morgan Avenue	Street	3700 Morgan Avenue
City	Evansville	City	Evansville
State/Zip	IN 47715	State/Zip	IN 47715
		Fax812-485-3606	
Contact Name _Taraha Baum Contact TitleSenior Director Compliance		Senior Director Compliance	
UBI _603-	212-798	_ E-Ma	ailtaraha.smith@unitedevv.com
USDOT # _ www.fmcs	807948 sa.dot.gov or contact the Washington	If you o	don't have a USDOT number go online at at 360-596-3810 for assistance.

Type of business structure: ☐ Other (LP, LLP, LLC) □ Partnership ▼ Corporation □ Individual If a Partnership, Corporation or Other, list the name, title and percentage of partner's share or stock distribution for major stockholders: **Stock Distributions** or Percentage of Shares <u>Title</u> <u>Name</u> 56% _Amy Barron______Secretary_____ 44% Section 2 - Equipment (Attach additional sheets if necessary) Manufacturor

License Number	Year And Make Of Vehicle	Vehicle ID Number (VIN)	Manufacturer Seating Capacity
See attached			

Professional Transportation, Inc.
Railroad Contract Crew Carrier Permit Application
Section 2 - Equipment
As of 07/11/2018

License			Manufacturer
Number	Year and Make Of Vehicle	Vin #	Seating Capacity
FL260ABA	2013 FORD EXPLORER	1FM5K8F84DGC72054	7
FL797AAY	2013 FORD EXPEDITION	1FMJK1J52DEF51971	7
FL462ABA	2013 GMC YUKON	1GKS2KE74DR214080	7
FL656AAZ	2013 GMC YUKON	1GKS2KE7XDR205027	7
FL531ABA	2013 GMC YUKON	1GKS2KE78DR235353	7
FL868AAY	2013 FORD EXPLORER	1FM5K8D86DGC00436	7
FL613AAZ	2016 FORD EXPEDITION	1FMJK1JT6GEF08656	8
FL443ABA	2015 FORD EXPEDITION	1FMJK1JT1FEF14864	7
FL471AAZ	2013 FORD EXPLORER	1FM5K8D81DGB40548	7
FL525AAZ	2013 FORD EXPLORER	1FM5K8D80DGC15420	7
FL722AAZ	2013 FORD EXPLORER	1FM5K8D80DGC21606	7
FL275ABA	2013 FORD EXPLORER	1FM5K8D80DGC87671	7
FL571ABG	2015 FORD EXPEDITION	1FMJU1JT9FEF38131	7
FL566ABG	2015 FORD EXPEDITION	1FMJU1JT0FEF40656	7
FL254ABA	2016 FORD EXPEDITION	1FMJU1JT0GEF12177	8
FL598AAZ	2013 GMC YUKON	1GKS2KE70DR247397	7
FL370ABH	2015 FORD EXPEDITION	1FMJK1JT7GEF08634	8
FL930AAY	2016 FORD EXPEDITION	1FMJK1JT2GEF08637	8
FL338AAZ	2016 FORD EXPEDITION	1FMJK1JT2GEF15295	8
FL9O3AAZ	2016 FORD EXPEDITION	1FMJK1JT9GEF20963	8
FL703AAZ	2016 FORD EXPEDITION	FMJK1JT8GEF27824	8
FL287AAZ	2016 FORD EXPEDITION	1FMJK1JT1GEF27874	8
FL810AAY	2015 FORD EXPEDITION	1FMJU1JT0FEF34002	8
FL101AAZ	2016 FORD EXPEDITION	1FMJK1JT8GEF36541	8
FL892AAY	2016 FORD EXPEDITION	1FMJK1JT0GEF54533	8
FL517ABA	2013 GMC YUKON	1GKS2KE71DR243813	8
FL673AAZ	2013 FORD EXPLORER	1FM5K8D83DGB84373	7
FL525AAZ	2013 FORD EXPLORER	1FM5K8D80DGC15420	7
FL467AAZ	2013 FORD EXPLORER	1FM5K8F86DGC72427	7
FL276ABA	2016 FORD EXPEDITION	1FMJK1JT5GEF03447	8

Count 30

<u>Section 3 – Safety and Operations</u>

List the person and position responsible for understanding and complying with the <u>Federal Motor Carrier Safety Regulations (FMCSR)</u> and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "<u>Your Guide to Achieving a Satisfactory Safety</u> Rating" for assistance with requirements.

SAFETY RESPONSIBILITIES (see WAC 480-62-278)

- DRIVER QUALIFICATION REQUIREMENTS Each driver must meet minimum qualification requirements. The company is responsible for maintaining driver qualification files for each driver.
- **DRIVERS HOURS OF SERVICE** The company is responsible for maintaining hours of service records for its drivers.
- CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING If the company operates railroad contract crew transporation vehicles, it is required to be enrolled in a Controlled Substance and Alcohol Use and Testing program and have an alcohol and controlled substances testing program.
- INSPECTION, REPAIR, AND MAINTENANCE The company is responsible for systematically inspecting, repairing, and maintaining all contract crew transportation vehicles.
- **GENERAL SAFETY AND DRIVING REGULATIONS** The company is responsible for all applicable safety regulations including the general rules of the road.
- PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION The company must maintain parts and accessories in safe condition.

NameJude Winters	Position State Regulatory Compliance Specialist

CPERATIONAL RESPONSIBILITIES List the person and position responsible for understanding and complying with the requirements of the state of Washington general laws, rules, and regulations. You must comply with the regulations of local, state and federal agencies, such as but not limited to: Department of Labor and Industries, Department of Revenue/Business Licensing Services, Secretary of State, Employment Security and the Federal Motor Carrier Safety Administration.

Name _	_Michael Morin	Position	_Chief Operating Officer
Ivame _	_IVIICITAET IVIOTIII	Position	

Section 4 – Declaration of Applicant

I understand that filing this application does not in itself constitute authority to operate as a railroad contract crew carrier.

As the applicant for a railroad contract crew carrier permit, I understand the responsibilities of a railroad contract crew carrier, and I am in compliance with all local, state and federal regulations governing business in the State of Washington.

I certify under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

I certify that I am the applicant or I am authorized to execute and file this document on behalf of the applicant.

Printed name of application	antRyan Kas	senbrock		
Signature	Ryce			
Date (DD/MM/YYYY)	_07/11/2018	_ County, State	Vanderburgh_	