

*11/14/07 Dismissed*

PART - A

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

(excluding Household Goods and Common Carrier Brokers)

*TY-071772*

FOR OFFICIAL USE ONLY

Reception Number: <i>0000222</i>	Safety: <i>8-30-07 Koe</i>	Carrier ID#: <i>4734</i>
111 0268 200 02 <i>275.00</i>	Insurance:	Employee: <i>LWC</i>

TYPE OF APPLICATION (check one)

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)	

For Commission Use Only: Auth #: *094796*

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  stercard  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): *Denise A Ho* Date: *8/29/07*  
 Signature: *[Signature]* Title: *Owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>062988</i>	US DOT# (if required) <i>168 2623</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>60275004 602757004</i>
APPLICANT NAME: <i>Cesar Reyna v</i>		PHONE#: <i>509-830-2670</i>
d/b/a: <i>CR Trucking v</i>	FAX #: <i>509-453-3936</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>3601 W. Washington Ave #1</i>		
(city, state, zip) <i>Yakima, WA 98903</i>		
PHYSICAL ADDRESS: (street address, if different) <i>308 Washington St. v</i>		
<i>Grandview, WA 98930</i>		

**TYPE OF BUSINESS STRUCTURE**

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Cesar Reyna	owner	100%

**TRANSFER OF PERMITS**

Complete this section 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 (check one)**

- |  |   |   |   |
|--|---|---|---|
| <p>• The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating—<b>\$300,000</b> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.</p> | <p><input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <b>\$750,000</b> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.</p> | <p>• The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey — Sections 1 and 2.</p> | <p>• The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$5 million</b> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey — Sections 1 and 2.</p> |
|--|---|---|---|

**EQUIPMENT LIST (attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
724	B790 930	WA	2FV7D0Y90WA930 939

*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.*

Cesar Reyna \_\_\_\_\_ 8-29-07 \_\_\_\_\_  
 Signature(s) Date

**PART - B****SAFETY FITNESS SURVEY - SECTION 1  
GENERAL SAFETY**

**Instructions:** In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Associations, 930 So. 338th St., Suite B, Federal Way, WA 98003, (206) 838-1650  
 J. J. Keller, P O Box 368, Neenah, WI 54957-0368, (800) 558-5011  
 Willamette Traffic Bureau, 1444 SE Hawthorne, Portland, OR 97214, (503) 236-1183  
 Government Printing Office, 915 2nd, Seattle, WA 98174, (206) 553-4270

**Controlled Substances and Alcohol Testing (Part 382)**

Name: Cesar Reyna Position: owner

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

**Commercial Driver's License (CDL) Requirements (Part 383)**

Name: Cesar Reyna 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:

- 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 HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

**Driver Qualification Requirements (Part 391)**

Name: Cesar Reyna Position: owner

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

## Drivers Hours of Service (Part 395)

Name: Cesar Reyna Position: owner

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

## Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Cesar Reyna Position: owner

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- .... Identification of the vehicle
- .... A means to indicate 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 comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

***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.***

Cesar Reyna  
Signature of applicant

8-29-07  
Date

Please ask for technical assistance if you require information on any of these safety issues.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

REYNA, CESAR  
3601 W. WASHINGTON AVE #1  
YAKIMA, WA 98903

October 9, 2007

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by November 9, 2007 or your application will be dismissed.
  
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

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(360) 664-1160 • TTY (360) 586-8203

REYNA, CESAR  
3601 W. WASHINGTON AVE #1  
YAKIMA, WA 98903

August 30, 2007

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. Please provide insurance filing by September 30, 2007.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@utc.wa.gov](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.