## PART – A

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250 RECEIVED Olympia, WA 98504-7250

Telephone (360) 664-1222 – Fax (360) 586-1181

SEP 1 5 2 Priority APPLICATION FOR PERMIT

WASH. UT. & Treschilding Household Goods	and Common Ca	rrier Brokers)	
FOR OFFICIA			
Reception Number: Safety: 1 21-0	7	Carrier ID	# 5a43,
111 0268 200 02 275 in Insurance: 12/19	108	Employee	e: <b>X</b>
TYPE OF APPLIC	ATION (check	(one)	
New Common Carrier Permit Authority, or	Extension of	of Common C	arrier Permit Authority
Transfer of Existing Permit Number			
\$275 GENERAL COMMODITIES ONLY	\$100	GENERAL CO ARMORED CAR	MMODITIES, including R SERVICE
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100	\$100 GENERAL COMMODITIES, in HAZARDOUS MATERIALS and ART SERVICE	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PE		For Commission Use Only: Auth #: 02 086
TYPE OF	PAYMENT		Construction of the Constr
□ Chook □ Money Order □ Amex □ Discover □	Mastercard XV	isa	Expiration Date
1			ע
CERTIFICATION: I, the undersigned, under penalty for false stateme	ent, certify that the	following informati	on is true and correct, that I am
authorized to execute and file this document on behalf of the applica	nt, and that all info	rmation on file is c	urrent and valid.
Name (printed): ( uweron Hewes	Date:	9/8/08	
Signature:	Title:	CFO	
MOTOR CARRIER	and the second s		
CC#: \alpha 2210 US DOT# (if required)	and the second s	and the sign transfer in the second s	S IDENTIFIER (UBI) #:
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	602	622.20	28 OF
APPLICANT NAME:		PHONE#:	
GENERAL BIODIESEL INC		206.	932.1600
d/b/a:	•	FAX #:	260,7155
BUSINESS (MAILING) ADDRESS:			
(street address, P.O. Box) (6523 CA	LIFORNIA	AVENUE	SW # 296
(city, state, zip)			
SEATTLE.	WA 99	3136	
PHYSICAL ADDRESS: (street address, if different)	4034	WEST MAY	EGINAL WAY SW
4	SEATT	IE, WA	98106

	(check		PE OF BUSINE		STRUCTURE ship/corporation informat	ion)
☐ INDIVIDUAL					DN – STATE OF INCORF	
<u>NAME</u>	<u></u>	ITLE	STOC	KE	ISTRIBUTION OR PER	CENTAGE OF SHARE
			<u> </u>			
1-21-09 Sze Attached						
2.5		TR	ansferofr	ERI		
holder and perm	Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PER	NAME ON PERMIT: PERMIT NUMBER:					UMBER:
Signature of cu	Signature of current permit holder Date					Date
	IN	SURAN			NTS (must check one), able insurance is receive	
The applica NOT HAUL haz materials in any and WILL only ovehicles less that pounds gross wrating\$300,000 Liability and Pro Damage Insurar required. You do complete the Fitness Survey.	quantity pperate an 10,000 eight jin Public perty nce is o not need	naterials 6750,000 and Prope nsurance Complete	applicant <u>WILL</u> L hazardous in any quantity in Public Liability erty Damage is required. and submit the ness Survey—	The applicant WILL  HAUL hazardous materials requiring  1 million in Public Liability and Property  Damage Insurance and  The applicant MHAUL hazardous materials requiring materials requiring million in Public Liability and Property Insurance. Complete		HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey –
	AND COMPLETE OF STREET	THE REAL PROPERTY AND ADDRESS OF THE PARTY AND		adç	ltional (staffmecessary	
UNIT#	LICENS		STATE		VIN#	
<u> </u>	B09004	E	WA		IFTSX21RXSEB96671	
2	A74160		AW		1 FDA W56F3 X EB48129	
3	B 17625	9	WK		1GDJ7C1346F426909	
operate and th	at no operation and affirm th	ons may eat the in	be conducted ur	ntil e	on does not in itself con a permit is received from in this application is tr	m the Commission. I

### 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 Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650 J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333 Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183 US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Controlled Substances and Alcohol Testing (Part 382)
Name: DAVE NELSON Position: PRODUCTION MANAGER
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 Drivers License (CDL) Requirements (Part 383)
Name: DAVE NELSON Position: PRODUCTION MANAGETZ
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: DAVE NELSON Position: PRODUCTION MANAGETZ
Each company must maintain a complete Driver Qualification File for each employee (whether permanent,

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.

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General Biodiesel, Inc. Common Stock Ledger As of December 31, 2008

	Primary Ownership
<u>Sharehol</u> der	<b>%</b>
Yale W. Wong	69.6%
Nathan & Letita Fong (Fong Family Trust)	0.9%
G.A. & Gretchen Beito	4.6%
Karen & David Wong	1.9%
John Sutherland & Kathryn Beito	0.2%
Clarence D. Pascua	1.9%
Harold E. and Sandra K. Hunt (Hunt Living Trust)	2.8%
Jerry Q, and Charlene G. Lee	1.9%
Sandra Joy Yee	0.9%
David R. & Kathleen W. Nelson	0.6%
Jerry Q. Lee	0.9%
Michael J. and Nona A. Woodard	0.5%
DLC Enterprises	2.2%
Alexander T. Sum	0.5%
Erica S. Chung	0.1%
Cheryll Leo-Gwin	0.4%
William Leo	0.4%
Joanne & Toshio Naganawa	0.6%
Brent Anderson	0.7%
Paul & Corina Rachina	0.7%
Robert Bersos	0.1%
Laura Bersos	0.0%
Thomas L. Ray	0.1%
Eric S. Shroyer	0.3%
Carolyn a. Woodhouse & Lisa Britton, JTWRS	0.3%
Scott M. and Melanie R. Sandler	0.9%
John Sutherland & Kathryn Beito	0.1%
Thomas L. Ray	0.1%
Bob Bersos	0.0%
Jeffrey A. Welch	0.7%
Patrick E. Welch	0.4%
\$am Goto	0.3%
Wai Leung	0.1%
Yale W. Wong	4.5%

## GENERAL BIODIESEL

## FAX COVER PAGE

To:	Ken Chapman	From:	Erica Chung	
Phone:	360.664.1229	Phone:	206.720.4996	
Fax:	360,586.1181	Fax:	206.260.7155	
Date:	January 21, 2009			
Re:	Common carrier application	Page(s):	(incl. cover page) 2	
<b>X</b> Urga	ent For Review 🔲 Picaso Comm	ent	Please Reply	☐ Please Recycle

#### Hello Ken:

Per your request, please find a copy of the investor list and their investment percentages. The percentages exceed 100 percent because it is rounded to the nearest tenth.

Please let me know if you have any questions. Looking forward to receiving the Common Carrier Permit. Thank you.

Erica



#### 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

General Biodiesel, Inc. 4034 West Marginal Way SW Seattle WA 98106

September 19, 2008

### **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.
- X Since you are a corporation, we need to get a list of the officers and their percentages.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.

10-2-08-Ken (alled Left message 571/ hood

officers, ownsership + INS

10-29 Celled-577/ hood ownership - Provided what

soo St has, she will work on IT - new

fivestors

12-18- called - ym Back may be Address chuye.

12-23- celled - needuptate

12-23- celled - needuptate

12-24 Poice - Gtil Working on it hold open

1-24 Faxed ownership

## D- Pender NO Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERT CEIVED  DAMAGE LIABILITY CERTIFICATE OF INSURANCE  (Executed in Triplicate)  (Executed in Triplicate)  Filed with two chains to a state of the state of
Filed withWashingtonUtilities&Transportation.(hereinafter called Company)  This is to certify, that theFederalInsuranceCompany(Name of Company)
This is to certify, that theFederalInsuranceCompany
hereinafter called Company) of1.5MountainViewRdWarrenNJ0.7.05.9
as issued to
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsement nereon.
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Suc ancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days otice to commence to run from the date notice is actually received in the office of the Commission.
Countersigned at
his
nsurance Company File No7.3.5.5.3.5.1.6

IRB 3539B