

TV-090180

PART - A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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)

done 2/2/09

FEB 02 2009

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 0017328

Safety: [Signature]

Carrier ID#: 5406

111 0268 200 02 275.00

Insurance: [Signature]

Employee: [Signature]

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" 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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard 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): GENE ANDRIANY Date: 1/28/09

Signature: Gene Andriany Title: Dir of Admin

MOTOR CARRIER IDENTIFICATION

CC#: 63190 US DOT# (if required) 1817188 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 001 122 000

APPLICANT NAME: SCHENKER, INC PHONE#: 714 442 4750

d/b/a: FAX #: 714 442 2908

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 440 EXCHANGE % GENE ANDRIANY (city, state, zip) IRVINE, CA 92602

PHYSICAL ADDRESS: (street address, if different) 8201 PERIMETER RD SOUTH SEATTLE, WA 98108

CK # 5169351

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION NY OK

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
SEE ATTACHED OK

TRANSFER OF PERMIT NUMBER

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 (must check one)

(permit will not be issued until acceptable insurance is received)

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

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
<u>SEE</u>	<u>ATTACHED</u>	<u>OK</u>	

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.

Gene Anderson
Signature(s)

1/28/09
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 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: GENE ANDRIANY Position: DIR OF ADMIN

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: GENE ANDRIANY Position: DIR OF ADMIN

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: GENE ANDRIANY Position: DIR OF ADMIN

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: GENE ANBRIANY Position: DIR OF ADMIN

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: GENE ANBRIANY Position: DIR OF ADMIN

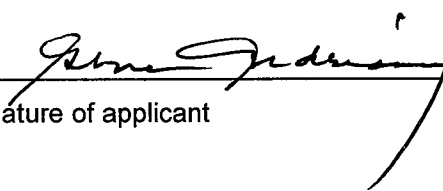
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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.


Signature of applicant

1/28/09
Date

PART - B

SAFETY FITNESS SURVEY - SECTION 2 HAZARDOUS MATERIALS

Applicants Applying to Transport HAZARDOUS MATERIALS must
Complete the Following Questions.

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations.
DANGEROUS GOODS SPECIALISTS (EMPLOYEES)
2. Y N Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?
3. Y N Are drivers trained in the use of Emergency Response Information?
4. Y N Is the Emergency Response Information carried in the vehicle?
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.
BUREAU OF DANGEROUS GOODS - OUTSIDE CONTRACTOR
6. Y N Are you familiar with the accident reporting requirements of Title 49 CFR, Part 177, Subpart D?
7. Who is responsible for completing hazardous materials shipping papers?
SHIPPERS TENDERING CARGO TO SCHENKER, INC
8. Where are hazardous material shipping papers located during transportation?
ORIGINAL IS WITH CARGO ITSELF. COPIES ARE KEPT AT OUR LOCATION IN SEATTLE
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.
N/A
10. Y N Does your company have a US DOT Hazardous Materials permit? If so, attach a copy to this application.

**SCHENKER, INC.
OFFICERS AND DIRECTORS INFORMATION**

NAME	TITLE	BUSINESS ADDRESS	HOME ADDRESS	DOB	SS#
Dr. Thomas Lieb	Chairman	Schenker Aktiengesellschaft Alfredstrasse 81 45130 Essen, Germany	Rheinbrohler Weg 43 430489 Duesseldorf, Germany	7/1/1958	German Citizen
Heiner Murrmann	President and Chief Executive Officer	3210 Airway Drive Mississauga, Ontario L4V 1Y6 Canada	15 Parkwood Avenue Toronto, Ontario, Canada	9/18/1965	German Citizen
Dr. H. Henning Maier	Officer	120 White Plains Tarrytown, NY 10591			German Citizen
Dr. Lutz Freytag	Chief Financial Officer	Schenker Aktiengesellschaft Alfredstrasse 81 45130 Essen, Germany			German Citizen
Malcolm T. Heath	Exec. V.P., Freight Management	150 Albany Avenue Freeport, NY 11520	12 Herlock Land Glen Cove, NY 11542-2848	8/30/1953	XXXXXXXXXX
Stephen M. Mattessich	Chief Financial Officer	440 Exchange Irvine, CA 92602	1182 Camden Drive Santa Ana, CA 92705	8/4/1954	XXXXXXXXXX
Doris Hall	Chief Information Officer	440 Exchange Irvine, CA 92602	24 Scripps Aisle Irvine, CA 92612	4/4/1951	XXXXXXXXXX
Brian Lynch	Secretary	120 White Plains Tarrytown, NY 10591	450 Richmond Avenue Maplewood, NJ 07040	3/30/1952	XXXXXXXXXX
Andreas Pohl	Sr. V.P., South Central Region		41 W. 215 Campion Trl St. Charles, IL 60175	6/14/1966	XXXXXXXXXX
Jeffery Barrie	Sr. V.P., Global Air and Ocean Div., Key and Global Acct Management	440 Exchange Irvine, CA 92602	29 Sycamore Canyon Dove Canyon, CA 92679	3/12/1969	XXXXXXXXXX
Terry Donohoe	V.P., Ocean	150 Albany Avenue Freeport, NY 11520	7652 Pin Oak Court Plainfield, IL 60586	6/24/1969	XXXXXXXXXX
Roman Streule	V.P. Air	150 Albany Avenue Freeport, NY 11520	800 W. Avenue, #906 Miami Beach, FL 33139	1/11/1970	XXXXXXXXXX
Stephen Gifford	V.P., Risk Management	150 Albany Avenue Freeport, NY 11520	6 Riverview Ave. Oakdale, NY 11769	10/23/1966	XXXXXXXXXX
Donna Hanson	V.P., Finance	965 Norfolk Square Norfolk, VA 23502	305 Meadowfield Rd. Yorktown, VA 23692	2/15/1956	XXXXXXXXXX
Urs Schaerer	V.P., Regional Projects North America		14314 Cypress Valley Drive Cypress, TX 77429	6/22/1969	XXXXXXXXXX
Romas Simanauskas	V.P., Fairs and Exhibitions	150 Albany Avenue Freeport, NY 11520	1565 Westbury Drive Hoffman Estates, IL 60195	11/12/1944	XXXXXXXXXX
John Tibshirany	V.P., Key Account Sales	150 Albany Avenue Freeport, NY 11520	6860 Kinsale Way Cumming, GA 30040	12/8/1947	XXXXXXXXXX

WASHINGTON

2008 TRUCK ROSTER
WESTERN REGION
BY STATE

08/29/08

Unit #	Year	Make	Model	Owner	Gross Vehicle Weight	Vin #	Vehicle Type	Cap Cost	In-Svc Date	Term.	Monthly Lease Pymt
SEATTLE											
709461	95	IHC	4900	PENSKE	26000	1HTSDAAN0SH682012	STRTRUCK 22'	56487	3/1/04	24	1060
2016	08	FORD	E-250	FORD MOTOR	7200	1FTNE24L78DA02016	CARGO VAN	27687	10/30/07	48	555

WASHINGTON

UNITED STATES OF AMERICA
DEPARTMENT OF TRANSPORTATION
PIPELINE AND HAZARDOUS MATERIALS SAFETY ADMINISTRATION



**HAZARDOUS MATERIALS
CERTIFICATE OF REGISTRATION
FOR REGISTRATION YEAR(S) 2008-2009**

Registrant: SCHENKER INC
Attn: IVELISSE JAMES
150 ALBANY AVE
FREEPORT, NY 11520

This certifies that the registrant is registered with the U.S. Department of Transportation as required by 49 CFR Part 107, Subpart G.

This certificate is issued under the authority of 49 U.S.C. 5108. It is unlawful to alter or falsify this document.

Reg. No: 060908 550 023Q Issued: 06/09/2008 Expires: 06/30/2009

Record Keeping Requirements for the Registration Program

The following must be maintained at the principal place of business for a period of three years from the date of issuance of this Certificate of Registration:

- (1) A copy of the registration statement filed with PHMSA; and
- (2) This Certificate of Registration

Each person subject to the registration requirement must furnish that person's Certificate of Registration (or a copy) and all other records and information pertaining to the information contained in the registration statement to an authorized representative or special agent of the U. S. Department of Transportation upon request.

Each motor carrier (private or for-hire) and each vessel operator subject to the registration requirement must keep a copy of the current Certificate of Registration or another document bearing the registration number identified as the "U.S. DOT Hazmat Reg. No." in each truck and truck tractor or vessel (trailers and semi-trailers not included) used to transport hazardous materials subject to the registration requirement. The Certificate of Registration or document bearing the registration number must be made available, upon request, to enforcement personnel.

For information, contact the Hazardous Materials Registration Manager, PHH-62, Pipeline and Hazardous Materials Safety Administration, U.S. Department of Transportation, 1200 New Jersey Avenue, SE, Washington, DC 20590, telephone (202) 366-4109.

BAX Global Inc.
440 Exchange
Irvine, CA 92602-1309 USA
Tel: 714.442.4500
www.baxglobal.com

January 27, 2009



RECEIVED
FEB 02 2009
WASH. UT. & TP. COMM

Washington Utilities and Transportation
Commission
P.O. Box 47250
Olympia, WA 98504-7250

Re: Application for Intrastate Common Carrier Operating Authority

To Whom It May Concern:

Enclosed is our check in the amount of \$275 and application filed in the name of Schenker, Inc., which is acquiring BAX Global Inc., effective March 1, 2009.

The insurance form for Public Liability and Property Damage will be submitted separately by our insurance broker or carrier shortly.

Please contact the undersigned at your earliest convenience if you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Gene Andriany". The signature is written in a cursive style and is positioned above the typed name.

Gene Andriany
Director of Administration
Phone: 714-442-4750
e-mail gandriany@baxglobal.com

GA:ohg/State Washington.doc



NR

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Continental Casualty Company (USDOT 1360)
(Name of Company)
(herein after called Company) of 333 S WABASH AVE , CHICAGO , IL , 60604
(Home Address of Company)

has issued to SCHENKER, INC. of 150 ALBANY AVENUE , FREEPORT , NY , 11520
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/01/2008 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 333 S. Wabash Avenue IL 60604 This 29th day of Jan 20 09
Chicago (Address) (Day) (Month) (Year)

Insurance Company File No. BUA 2095784142
(Policy No)

Nettie Jones
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :5,000,000.00