

PART - A

TV-091539

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

RECEIVED

SEP 24 2009

WASH. UT. & TP. COMM

CK# 6074

done
9/25/09

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0019420	Safety:	Carrier ID#: 5735
111 0268 200 02	Insurance: bordered	Employee:

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	

\$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): William H. Cook Date: 9/23/09

Signature: [Signature] Title: HUMAN RESOURCES MANAGER

MOTOR CARRIER IDENTIFICATION

CC#: 63753 US DOT# 930800 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 292-001-168

APPLICANT NAME: SkaGit River Steel & Recycling, INC PHONE#: 360.757.6096

d/b/a: _____ FAX #: _____

BUSINESS (MAILING) ADDRESS: 1265 So. Anacortes street
(street address, P.O. Box) P.O. 376
(city, state, zip) Burlington, WA. 98233

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

- INDIVIDUAL
 PARTNERSHIP
 CORPORATION – STATE OF INCORPORATION WA
 (LP, LLP, LLC)

(see attached) *[Signature]*

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

TRANSFER OF PERMIT NUMBER N/A

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)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million 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) see attached

UNIT#	LICENSE#	STATE	VIN#
			<i>see attached</i>

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.

[Signature]

Signature(s)

9/23/2009

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: William H. COOK Position: Human Resources MGR.

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: William H. COOK Position: Human Resources MGR

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: William H. COOK Position: Human Resources MGR

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: William H. COOK Position: HUMAN RESOURCES MGR

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: William H. COOK Position: HUMAN RESOURCES MGR

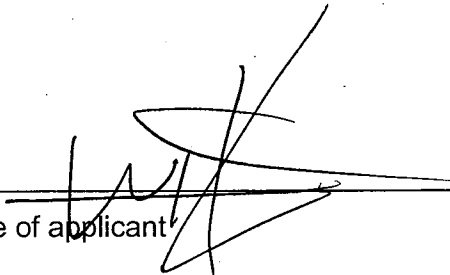
Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

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

9/23/2009
Date

**SKAGIT RIVER STEEL & RECYCLING, INC.
STOCKHOLDER ADDRESSES/TEL**

16 Jan 2009

**Charles Urbick (24.5 shares)
3635 South Woodland Drive
Mt. Vernon, Wa 98274
360.424.3894**

**Rosemary Tesoro (7.5 shares)
23375 B. La Crescenta
Mission Viejo, Ca 92691
949.583.1132 home
949.380.7037 fax**

**Patricia Urbick (2 shares)
3635 South Woodland Drive
Mt. Vernon, Wa 98274
360.424.3894**

**Sarah Urbick (8.0 shares)
12207 11th Dr. S.E.
Everett, Wa 98208
425.338.5628 home
425.232.5802 cell**

**James Sanders (13 shares)
19945 Hill Vue Pl
Burlington, Wa 98233
360.757.0896**

**Valerie Sanders (8.5 shares)
19945 Hill Vue Pl
Burlington, Wa 98233
Tel: 360.757.0896**

**Elizabeth Urbick (9.5 shares)
9674 Samish Island Road # A
Bow, Wa 98232
360.391.4729**

**Anne Watts (6.5 shares)
224 Brittany Street
Mt. Vernon, Wa 98273
360. 791.6921**

stockholders1.mspp

Total Shares = 79.5

T-27	KENWORTH	1989	2NKDL29X0KM922714	34661W/COMB
T-31	KENWORTH	1998	3BKM77X1WF769077	A42258B/FEB
T-34	KENWORTH	1997	1XKDD99XOVR744795	A34347E/JUN
T-35	FORD F450	1996	1FDLF47G7TEA45171	A06384X/JUL
T-36	FORD L9000	1995	1FDYU90U6SVA76421	A85002T/DEC
T-37	KENWORTH T-800	2000	1NKDL00X0YR867121	A48176U
T-40	86 CHEVY C60 (MNTNCE)	1986	1GBM7D1G8V121098	A64040J
T-42	HONDA 01	2001	JHMCG56411C014892	903YMS/DEC
T-43	CROWN VICTORIA	1992	2FACP74W9X101522	610NKA
T-44	98 CHEVROLET TRUCK	1998	1GBJ7H1C8WJ113550	B43774C
T-45	04 CHEVROLET TRUCK	2004	1GCEC14X14Z146130	A32386U
T-46	79 CHEVROLET TRUCK	1979	CL249Z126335	B21264F
T-47	91 INTERNATIONAL	1991	1HSHJGUNI1MH320134	? YARD TRUCK ONLY
T-48	04 FORD EXPLORER	2004	1FMZU73EX4ZBO7338	A011212Y
T-49	06 HONDA ACCORD	2006	1HGCM56496A004027	882YIJ
T-50	01 INTERNATIONAL	2001	1HSCBAER51J009820	B36994A
T-51	87 FORD F-250	1987	1FTHX25L1HKA85119	A00974E
T-52	99 FORD MUSTANG COUPE	1999	1FAFP42X4XF145806	573 VCV

TRAILER

TL-12	TRAILMOBILE	1964	8539	1711MI/COMB JUN
TL-15	UTILITY	1990	45NSF1628L1000802	1713MI/COMB JUN
TL-17	COMET	1981	1COF42023BS029268	8217KA/COMB
TL-18	COMET	1981	1COF42025BS029272	8218KA/COMB
TL-19	COMET	1981	1COF42023BS029254	8219KA/COMB
TL-20	TRANSCRAFT	1985	1TTF42200F1025818	8270KY/COMB
TL-21	TRANSCRAFT	1985	1TTF42200F1025821	8269KY/COMB
TL-26	RSI VAN TRAILER	1980	G31455	5252LF/JAN
TL-27	FRUEHAUF VAN TRAILR	1987	1H4V04823HJ008777	J488831/
TL-28	TRAIL KING TK70HT	1995	92888	0630MN/COMB
TL-29	FRUEHAUF 45'	1989	1H5P04529KM027803	3702NE
TL-30	DORSEY	1985	1DTP10T29FA170747	7723MT
TL-31	CASCON HEAVY HAULER	2000	1C9RS2239YR337059	3701NE
TL-33	89 GREAT DANE TRAILER	1989	1GRDM9029KM081808	4058NZ - Perm
TL-34	89 GREAT DANE TRAILER	1989	1GRDM9024KM081814	4059NZ-Perm
TL-35	79 AZTEC TRAILER	1979	WA89147492	6371PF-Perm

TL-36	89 UTILITY TRAILER	1989	1UYFS2459KC055703	2642SI
TL-37	98 FRUEHUAF TRAILER	1998	1JJV482F3WF446280	6319TY
TL-38	98 PINES VAN TRAILER	1998	1PNV532B7WG304764	7551UT
TL-39	97 TRAILMOBILE VAN TRAILER	1997	1PT01JAH3V6007360	7552UT
TL-40	96 HYUNDAI VAN TRAILER	1996	3H3V532C4TT004093	7549UT
TL-41	97 TRAILMOBILE VAN TRAILER	1997	1PT01JAH5V6005867	7550UT
TL-42	07 PITTS 22T STEP DECK TRAILER	2007	5JYHD352X70970111	

ACORD CERTIFICATE OF LIABILITY INSURANCE		OPID 11 SKAG-44	DATE (MM/DD/YYYY) 09/23/09
PRODUCER The Unity Group - Bellingham 110 Unity Street, P.O. Box X Bellingham WA 98227 Phone: 360-647-9000 Fax: 360-734-8496		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Skagit River Steel & Recycling, Inc. PO Box 376 Burlington WA 98233-0376		INSURERS AFFORDING COVERAGE INSURER A: Unigard Insurance Company INSURER B: INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY	CM012078	07/01/09	07/01/10	EACH OCCURRENCE	
		<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
		<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MED EXP (Any one person)	\$ 300,000
						PERSONAL & ADV INJURY	\$ 10,000
						GENERAL AGGREGATE	\$ 1,000,000
						PRODUCTS - COMP/OP AGG	\$ 2,000,000
						GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POL CY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	
A		AUTOMOBILE LIABILITY	CM012078	07/01/09	07/01/10	COMBINED S NGL LIMIT (Ea accident)	
		<input checked="" type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$ 1,000,000
		<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
		<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident)	\$ 1,000
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	
		<input type="checkbox"/> ANY AUTO				OTHER THAN AUTO ONLY: EA ACC \$	
						AGG \$	
A		EXCESS/UMBRELLA LIABILITY	CU013122	07/01/09	07/01/10	EACH OCCURRENCE	
		<input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE	\$ 1,000,000
		<input type="checkbox"/> DEDUCTIBLE					\$
		<input checked="" type="checkbox"/> RETENTION \$ 10,000					\$
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	CM012078 STOP GAP	07/01/09	07/01/10	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	\$ 1,000,000
						E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
						E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Evidence of Insurance.

CERTIFICATE HOLDER

CANCELLATION

WAU WA Utilities & Transportation Commission PO Box 47250 Olympia WA 98504-7250	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>45</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>[Signature]</i>
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IMPORTANT

If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

DISCLAIMER

The Certificate of Insurance on the reverse side of this form does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder, nor does it affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed thereon.