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PART A	TV# 110840								
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)									
Reception Number: Safety: Carrier ID#:									
Reception Number: 0032649 Safety:	UL CONTRACTOR OF THE CONTRACTO								
111 0268 200 02 275.00 Insurance: (U)	Employee:								
New Common Carrier Permit Authority, or Transfer of Existing Permit Number									
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE								
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS								
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE									
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be flied within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #: \(\gamma \) \(\O \) 1 \(\S \) \(\)								
TYPE OF	PAYMENT								
Check ☐ Money Order ☐ Amex ☐ Discover 🔏	Mastercard □ Visa Expiration Date 1-12								
	e statement, certify that the following information is true and correct, shalf of the applicant, and that all information on file is current and								
Name (printed): Julie Hodges	Date: 5-6-//								
Signature: Qulie 2 Hadges	Title Office Manager								
MOTOR CARRIER	RIDENTIFICATION								
CC#: 64283 US DOT# 21940960									
APPLICANT NAME: Hadaller Logging, Inc	PHONE#: 360-425-0602								
d/b/a:	FAX#: 360-425-0629								
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO BOX 296									
(city, state, zip) Toutle WA	98649								
PHYSICAL ADDRESS: (street address, if different) 1255 ALABAMA 5+									
4 Longuiew, WA 98632									

	(cher		PE OF BUSINES		STRUCTURE ship/corporation information	on):				
□ INDIVIDUAI		RTNERSH			ON (LP, LLP, LLC)					
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			>11V(5/a)	ce,	CF081 AW					
	TRANSFER OF PERMIT NUMBER									
holder ar	nd permit nu	mber to be	erring an existing poetransferred. The o	ermi curr	it to a new owner. List na ent permit holder must sig	ame of <u>current</u> permit gn below to authorize the				
transfer o	of the permit	number.								
NAME ON PER	MIT:/	14			PERMIT NU	JMBER:				
 .			·							
Signature of cu	<u>irrent permit</u>	holder		_		Date				
	j	NSURAN			NTS (must check one)					
Ven vall = ct b					ptable insurance is receiv	red You will haul				
☐ You will not hat hazardous mate			ill not haul us materials in		You will haul zardous materials	hazardous materials				
quantity. You wil			itity. You will	•	quiring \$1 million in	requiring \$5 million in				
operate vehicles	with a	operate v	ehicles with a	Pu	ublic Liability and	Public Liability and				
GVWR of less th			f 10,000 pounds	Pr	operty Damage	Property Damage				
pounds. You mu			You must obtain		surance. You must	Insurance. You must				
\$300,000 in Pub and Property Da) in Public Liability i erty Damage		emplete Part C, Sections and 2.	complete Part C, Sections 1 and 2,				
Insurance. You		Insurance	e. You must	' `	WIN E.	JOSEPH CONTRACT				
need to complet		complete								
	MOTO	OR VEHI	CLE LIST (Attac	h ac	dditional pages if neces	The state of the s				
UNIT#	LICEN		STATE			/IN#				
3	29742	RP	WA	INKDX4EX19R 254933						

			<u> </u>		•					
Signature										
I, as applicant.	understand	d that the	filing of this appli	cati	ion does not in itself cor	nstitute authority to				
					a permit is received from					
hereby declare and affirm that the information contained in this application is true to the best of my										
knowledge and	knowledge and belief.									
,,,,,,,										
Lu	Signature(s) 5-6-11 Date									
Signature(s) Date										

PART B

SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies applying to transport any commodity must complete this survey.

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Administration (FMCSA) regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

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, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, W! 54957, www.jjkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

	Controlled Substances and Alcohol Testing									
Name:	707	او	Hodges	2	Po	sition: _	Offic	e M	ANAGER	
must h	 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 a vehicle that: 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 hazardous materials regulations. 									
and ald	Any person who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and alcohol testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-010.									
			Comme	rcial Drivers	License (CDL) R	equireme	nts		
Name:	Julie	<u>.</u> H	dges		Po	sition: .	D 661c	e M	anager	
Any dr	must have a	a valid	CDL, as re	hat meets the equired by the is a vehicle th	Washingtor					

has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle

is of any size and is used to transport hazardous materials of an amount that requires placarding under

weight rating of more than 10,000 pounds; or

hazardous materials regulations.

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

Driver Qualification	Driver Qualification Requirements							
Name: Julie Hodges								
Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions. Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any other driver that they may use.								
Drivers Hours	of Service							
Name: Julic Hodges	Position: _	Office Manager						
Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.								
Vehicle inspection, Rep								
Name: Jason Hadaller	Position: _	President						
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446-65-010: Identification of the vehicle. 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 conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in WAC 446-65-010.								
Signa	ture							
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.								
Julie I Hadges		5-6-11						
Signature of applicant		Date						

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERT DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with		WUTC		(hereinafter called Commission)					
		(Name of Con	nmission)						
This is to	certify, that	the <u>AMERICAN</u>	FOREST (CASUALTY COMP (Nam	ANY, RISK F le of Company)	RETENTION G	ROUP		
(hereinafter called (Company) c	f. <u>1330 LAC</u>	Y STREET	COLUMBIA, SC 2	29211				
				(Home Office	ce Address of Co	ompany)			
Has issued to		ogging Inc.	of	PO Box 296, Toutle, WA 98649					
	(Name of Moto	or Carrier)		(Address of Motor Can	rier)				
said policy or policic Carrier Bodily Injury automobile bodily in by the provisions of in accordance there Wheneve policies and all end This certi which it is attached writing to the State	a policy or policies of insurance effective from 04/09/2011 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 Commission has jurisdiction or regulations promulgated in accordance therewith. Whenever requested, the Company agrees to furnish the Commission 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 affect by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.								
Countersigned at		1800 Second S	Street Suite	915	Sarasota, F				
		(Street Addres	ss)		(City)	(State)	(Zip Code)		
This 6th	day of	May 2011							
Insurance Compan	y File No.	AFC040460				Maria Mares			
		(Policy	Number)			(Authorized Com	npany Representative)		

 \mathbf{MC} 1633a (Ed. 8-99) UNIFORM INSURANCE SERVICES, INC.

IRB 3259B