

PART A

TV# 111482

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)

VISA

[Handwritten signature]

FOR OFFICIAL USE ONLY

Reception Number: 033464	Safety: <i>[Handwritten mark]</i>	Carrier ID#: 6576
111 0268 200 02 275	Insurance: <i>[Handwritten mark]</i>	Employee: <i>[Handwritten mark]</i>

TYPE OF APPLICATION

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 #: 003445

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): MARTIN BARRON Date: 08/11/2011

Signature: _____ Title: Treasurer

MOTOR CARRIER IDENTIFICATION

CC#: 64368	US DOT# 918438	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 518 931
APPLICANT NAME: PIPKIN INC		PHONE#: 509 884-2400
d/b/a: PIPKIN CONSTRUCTION		FAX #: 509 884-7099
BUSINESS (MAILING) ADDRESS: P.O. Box 3181 (street address, P.O. Box)		
(city, state, zip) WENATCHEE, WA 98807		
PHYSICAL ADDRESS: (street address, if different) 4801 CONTRACTORS DRIVE EAST WENATCHEE, WA 98802		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation/limited liability)

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION WA

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
ARNOLD PIPKIN	PRESIDENT	} - SAME -	50%
MICHELLE PIPKIN	SECRETARY		50%

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

You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.

You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

MOTOR VEHICLE INFORMATION

UNIT#	LICENSE#	STATE	VIN#
			SEE ATTACHMENT ON COVER PAGE

Signature

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.

Martin Barron

Signature(s)

08/11/2011

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.wta trucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 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: MARTIN BARRON Position: DRUG PROGRAM COORDINATOR

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.

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.

Commercial Drivers License (CDL) Requirements

Name: MARTIN BARRON Position: DIRECTOR OF FINANCE

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL, as required by the Washington State Department of Licensing. 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.

Driver Qualification Requirements

Name: MARTIN BARRON Position: DIRECTOR OF FINANCE

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: MARTIN BARRON Position: DIRECTOR OF FINANCE

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, Repair, and Maintenance

Name: MARTIN BARRON Position: DIRECTOR OF FINANCE

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.

Signature

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.

Piptan Inc
by Martin Barron, Treasurer

08/11/2011

Signature of applicant

Date

4801 Contractors Drive, East Wenatchee, WA 98802
P.O. Box 3181, Wenatchee, WA 98807
Tel (509)-884-2400 Fax (509)-884-7099



Fax

To: WA UTC 360-586-1181 **From:** Martin Barron *martin@pipkininc.com*

Pages: 1 of 5 **Date:** 8/11/2011

Re: PERMIT APPLICATION **CC:**

PIPKIN INC MOTOR VEHICLE LIST

<u>UNIT #</u>	<u>LICENSE #</u>	<u>STATE</u>	<u>VIN#</u>
TR06	38148Y	WA	1HTLDUXP1EHA61819
TR09	A29290R	WA	1NKDX60XXNS582440
TR10	B88400E	WA	1NKDX60X3NS582442
TR11	A40780W	WA	1NKDX60X5NS582443
TR16	A44517C	WA	1XPFD9X5RD349623
TR19	55851W	WA	1FDYD80UXGVA51023
TR30	B17503A	WA	1HTSCAAM6WH548492
TR32	A58588Z	WA	1XKDPBTXX7R196735
TR34	B36346L	WA	1NKDXB0X27R159807
WT02	66507W	WA	1HTD32152BGB21465
WT03	A27730T	WA	1HSHGB7R4RH535580
WT04	A92911G	WA	1XPFD99X6SN393929

Equipment List

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 American Economy Insurance Company
(Name of Company)
(herein after called Company) of 4333 Brooklyn Avenue NE ,Seattle ,WA ,98185
(Home Address of Company)

has issued to PIPKIN, INC. of PO BOX 3181 ,WENATCHEE ,WA ,98807
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/15/2011 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 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 136 N 3rd Street OH 45025 This 15th day of Aug 20 11
Hamilton (Address) (Day) (Month) (Year)

Insurance Company File No. 02-CE-218876
(Policy No)

William Washburn
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00