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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250, ephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority						
APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)						
		FOR OFFICIA	L USE ONL		1149	257235252
Reception Number:	044074	Safety:	MF	Carrier ID		
111 0268 200 02	<u> </u>	Insurance:	ATION (-)	Employe		_
Now Commor	Carrier Permit	YPE OF APPLICA			Carrier Permit A	Authority
	er of Existing P					147.07.67
∑ \$275 €EN	ERAL COMMODIT	IES ONLY	\$100	GENERAL CO ARMORED CA	OMMODITIES, incli AR SERVICE	uding
	ERAL COMMODITI		\$100	GENERAL CO	OMMODITIES, incl MATERIALS	uding
	ERAL COMMODITI ARDOUS MATERIAL		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
	ERAL COMMODITI ARDOUS MATERIALS A VICE					
	STATEMENT OF C	CANCELLED COMMO cancellation)	N CARRIER PI	ERMIT	For Commission Use (	Only
		TYPE OF	PAYMENT			
☐ Check ☐ Mon	ney Order	nex 🗆 Discover 🗅	Mastercard □	√isa	Expiration Date	_
CERTIFICAT that I am auth valid. Name (printed):	norized to execute and	ed, under penalty for fals d file this document on be	ehalf of the applic	ify that the followir eant, and that all in 2 - 5 - BLDC	iformation on file is cu	190 and correct, urrent and
Signature:		·	Title:	BEDR	·	
	()	MOTOR CARRIER				
cc#: 643F	US DOT:	#2376072	M WA UI	VIFIED BUSINE	SS IDENTIFIER (U スターフア	
APPLICANT NA We	ME: St End Tir	nber Co.			360 374 90	200
d/b/a:	ost End Ti	mber Co		FAX #:	560.374-9	607
BUSINESS (MAI (street address,	ILING) ADDRES P.O. Box)	68: POB 1803				
(city, state, zip)	FORK	5 WA	9833			
PHYSICAL ADD	RESS: (street a	ddress, if different	153	RAINBOW.	Ale; FORt:	5 WA
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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

halenelly (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY Carrier ID#: Reception Number: Safety: 111 0268 200 02 Insurance: Employee: TYPE OF APPLICATION (check one) **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number X \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including \$100 HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE GENERAL COMMODITIES, INCLUDING \$275 HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: Auth #: (Must be filed within 10 months of cancellation) TYPE OF PAYMENT Expiration Date ☐ Discover ☐ Mastercard ☐ Visa ☐ Amex ☐ Check ☐ Money Order CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and concess, 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 Date: Name (printed) Title: Signature: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: CC#: 2376072 APPLICANT NAME: d/b/a: 360 374-9607 BUSINESS (MAILING) ADDRESS: POB (street address, P.O. Box) (city, state, zip) 98331 153 RAINBOW AVE; FORES PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE						
(check individual or complete partnership/corporation information)  □ INDIVIDUAL □ PARTNERSHIP ▼ CORPORATION (LP, LLP, LLC)						
	STATE OF INCORPORATION WA					
NAME	TITL	<u>.E</u>	ADDRE	<u>ESS</u>		OCK DISTRIBUTION OR
WILLIAM L	AUSCHE	PEFS			PE	RCENTAGE OF SHARE
		1.012.0				- 100 OF
		Committee of the Commit	ANSFER OF PE	a constitution	ું પ્રાપ્ત કર્યા કર્યા કરિયા કરતા તેમનું કરાજ કરાકાર કરાકાર કરતા તેમનું કે મિક્સ ફર્ટિસ ફર્સિટ કે જોઈ કે જોઈ કે	
holder ar	ection if you a nd permit num of the permit i	nber to be	erring an existing per transferred. The o	ermi curre	it to a new owner. List nent permit holder must s	ame of <u>current</u> permit ign below to authorize the
NAME_ON PERI	MIT: R	L Con	tracting In	VC.	PERMIT N	UMBER: <u>CC 64359</u>
Signature of cu	urrant narmit l	alder L			·	2-5-13
>igriature or cu			NCE REQUIRE	MEN	NTS (must check one)	Date
	A per	mit will no	ot be issued until a	ccer	otable insurance is recei	ved
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 must operate vehicles and Property Damage Insurance. You must 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 C, Sections 1 and 2.  MOTOR VEHICLE LIST (Attach additional pages if necessary)  □ 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 \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.  □ You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.						hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
UNIT#	LICEN		STATE	da a jedestaje	<del></del>	VIN#
/	A52	124C	WA		18618	55GL
2	247	3X5	WA		6881	446
		· · · · · · · · · · · · · · · · · · ·				<u></u>
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.						
2-5-13 Signature(s)						
	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

<ul> <li>J. J. Keller &amp; Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkeller.com, (877) 564-2333.</li> <li>Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.</li> <li>US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.</li> </ul>
Controlled Substances and Alcohol Testing
Name: WILLIAM LAUSCHE Position: OWNER/PRES
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul>
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: WILLIAM LAUSCHE Position: Numer/PRES
<ul> <li>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:</li> <li>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</li> </ul>

- 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 Qualificatio	n Requireme	nts
Name: William LAUSCHE	Position:	Pres/owner
Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the Vexclusively in intrastate commerce within Washington has any interstate operations must maintain a complete file of	WSP in WAC 44 ive limited exem	46-65-010. Owner/operators that work options. Owners/operators that conduct
Drivers Hours	s of Service	
Name: WILLIAM AUSCHE	Position:	PRES/OWNER
Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1		
Vehicle Inspection, Rep	pair, and Main	itenance
Name: William LAUSChe	Position:	Ples / owner
Each company must prepare a written "Driver Vehicle Inrequired by the FMCSA in 49 CFR, Part 396.11 and by the company must maintain certain required records for each FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC light	he WSP in WAG h vehicle that in 446-65-010: ction and maint tenance indicati	C 446-65-010. In addition, each acludes the following, as required by the enance operations to be performed. In their date and nature.
Signa	ature	
My signature below certifies that I understand m comply with all the safety requirements which a		
Fill March		2-13-13
Signature of applicant		Date

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

Filed with	sinington offinties & Transportation Commis	551011	(herein after called Agency)
	(Name of Agency)		
This is to	pertify that the <u>American States Insurance Compan</u>	y	
	(Name of Company)		
herein after called	Company) of 4333 Brooklyn Avenue NE, Seattle, W	/A ,98185	
	(Home Address of Company)		
has issued to	WEST END TIMBER CO of PO BO	X 2722 ,FORKS WA	98331
	(Name of Motor Carrier)	(Address of Motor Car	rrier)
policy or policies Damage Liability covering the obli	ies of insurance effective from $\frac{02/12/2013}{\text{s}}$ and continuing until cancelled as provided herein, which by a y Insurance Endorsement, has or have been amended to provigations imposed upon such motor carrier by the provisions of nulgated in accordance therewith.	attachment of the Uniform Mo ide automobile bodily injury a	nd property damage liability insurance
This certifi cancellation ma	requested, the Company agrees to furnish the Agency a duplicate and the endorsement described herein may not be cance by be effective by the Company or the insured giving thirty (30) on from the date notice is actually received in the office of the A	elled without cancellation of the days' notice in writing to the d	ne policy to which it is attached. Such
Countersigned a	650 NE Holladay	97232 This 20	)th_day of _Mar 2013
Countersigned	(Address)		ay) (Month) (Year)
Insurance Comp	pany File No. <u>01-C1-645724</u>	Jerry Strav	yn zed Company Representative)
	(Policy No)	(Authori	zed Company Representative)

Underlying Limit :0.00

Liability Limit :1,000,000.00