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TV#131512

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				
	and Common Carrier Brokers)			
FOR OFFICIA	AL USE ONLY			
Recept on Number: 04556	Carrier ID#:			
111 0268 200 02 275 00 Insurance: 100	Employee:			
TYPE OF APPUICATION (check one)				
New Common Carrier Permit Authority, of Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority			
\$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 filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only. Auth #: 220683			
TYPE OF	PAYMENT			
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐	Mastercard □ Visa Expiration Dat			
. ,	- Total Complete Comp			
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.				
	1/e2 Date: 8-22-13			
Signature:	Title: MUNEY			
MOTOR CARRIER	RIDENTIFICATION			
CC# (9) 10 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI)#			
APPLICANT NAME: PHONE#: 509-853-5432				
d/b/a: LOCO BOYS Trucking WFAX#				
BUSINESS (MAILING) ADDRESS:	Toppenish, wq. 98948			
PHYSICAL ADDRESS: (street address, if different)				
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		TV	PE OF BUSINE	20	STRUCTURE	
	(che				ship/corporation informat	ion)
M INDIVIDUA			HIP CORPOR	RAT	ION (LP, LLP, LLC)	
V . T					NCORPORATION	
NAME	/ <u>III</u>	<u>rle</u>	ADDR	ESS	STO	OCK DISTRIBUTION OR
Dayie	bon.	20/00	e owner	_1/	07 Washington	HUE 100%
· ·					sopenish wa.	CK DISTRIBUTION OR RCENTAGE OF SHARE 100%
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			RANSFER OF P			:
Complete this since holder and permonent of the permit number of the permit number the complete this since the permit number of the per	nit number to	are transf be transf	erring an existing perred. The current	erm peri	it to a new owner. List na mit holder must sign belo	ame of <u>current</u> permit w to authorize the transfer
NAME ON PER	MiT:				PERMIT N	JMBER:
Signature of cu			Was as a was		150	Date
					NTS (must check one) otable insurance is receiv	red -
☐ You will not h	aul	You w	rill not haul		You will haul	☐ You will hau
hazardous mate quantity. You wi			us materials in		zardous materials quiring \$1 million in	hazardous materials requiring \$5 million in
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GVWR of less the pounds. You mu			of 10,000 pounds		operty Damage	Property Damage
\$300,000 in Pub		i .	You must obtain In Public Liability	1	surance. You must mplete Part C, Sections	Insurance. You must complete Part C,
and Property Da	amage	and Prop	erty Damage		and 2.	Sections 1 and 2.
Insurance. You need to complet		Insuranc complete	e. You must			<u>.</u>
Tieed to complet				l bac	ditional pages if neces	sarv)
UNIT#	LICEN		STATE		VIN#	
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		- 	<u> </u>		12420074	1 1 1 1 B 00 8 4
			Signa	tur	9	
l, as applicant,	understand	d that the	filing of this applie	catio	on does not in itself cor	nstitute authority to
operate and th	at no opera	itions may	v be conducted ur	ntil a	a permit is received froi	m the Commission. I
hereby declare knowledge and		that the i	nformation contai	nea	in this application is th	ue to the best of my
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	Signati	ıre(s)	, <i>O</i> ,	/		Date
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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 Carner 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, 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 Dayid Gonzolez	Position: OW NEW	

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 Licens	se (CDL) Requirements	
Name David Gonzalez	Position DW ner	

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: Dayid Gonzolez Position: OWHEV
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 fimited 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: David Gonzalez Position: Owner
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: David Gonzolez Position: Owner
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.
Dawl Songoln 822-13
Signature of applicant Date