	PART A		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TV#17-1316
WASHINGTON UTI	LITIES AND TE	RANSPORTA	ATION COM	MISSION
1300 S Evergreen P	ark Dr SW. PO B	ox 47250, Olyr	npia, WA 98	504 <sub>7</sub> 7250
Telepho	one (360) 664-122	22 – Fax (360) !	586-1181	11/2/12
Intrasta	te Common Carr	ier Operating	Authority	w 4/3/1 >
	APPLICATION TO Household Goods 8			(, 0
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Reception Number:	Safety:		Carrier ID#:	
111 0268 200 02 AM.00	Insurance:	ME	Employee:	
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New Common Carrier Permit Transfer of Existing Pe	Authority, or	Extension of	Common Ca	rrier Permit Authority
\$275 GENERAL COMMODITI			GENERAL COM ARMORED CAR	MODITIES, Including SERVICE
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE	ES, including	MINISTER 100	HAZARDOUS MA	
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS	ES, Including	\$100	GENERAL CON HAZARDOUS MAT SERVICE	MMODITIES, including ERIALS and ARMORED CAR
\$275 GENERAL COMMODITIES HAZARDOUS MATERIALS BE SERVICE	ES, INCLUDING and ARMORED CAR			
\$100 REINSTATEMENT OF C. (Must be filed within 10 months of	ANCELLED COMMO	N CARRIER PER		or Commission Use Only: uth #: 0 6 2 5 3 6
		PAYMENT		
☐ Check ☐ Money Order ☐ Am	ex 🗆 Discover 🗅	Mastercard ☑ Vis	sa E	xpiration Date
CERTIFICATION: I, the undersigne that I am authorized to execute and valid.	d, under penalty for fals file this document on b	e statement, certify shalf of the applican	that the following in it, and that all infor	nformation is true and correct, mation on file is current and
	Dinota R	Date:	8-28-	
		<i>f</i> • • • • • • • • • • • • • • • • • • •	CNOCY	
Signature: 1 U Me (Mo )	plants AC	Title: ()		
	Morrorgovarrie	TWO TIEM	FIED BUSINESS	IDENTIFIER (UB/) #:
CC#: 650 19 US DOT#	1/22952		27467	39608
APPLICANT NAME:	imo Es	21070		7-855-6990
d/b/a: 6 00070	Truckin	a	FAX #:	
BUSINESS (MAILING) ADDRES (street address, P.O. Box)	S: PO E	ox 25	<u> </u>	
(city, state, zip)	101A 90	13411		
PHYSICAL ADDRESS: (street a	ddress, if different	) 810.J.	HOUY	24-C-11
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NAME ON PERM	VIT:				PERMIT	r NUI	MBER:			
Signature of cu	rrent permit	holder NSURAN	MENER E OUTRE	/EX	ITS:(must/check/or	ne)	Date			
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Insurance. You need to complet	do not e Part B	Insurance. You must complete Part B.								
	MOTO	OR VEHIC	OF HIST (Attac	n ac	iditional pages if ne					
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			Signe			Y IS IN VALUE	remmer og statement			
I, as applicant,	understan	d that the	filing of this appli	cation of the ca	on does not in itself a permit is received	f con I fron	stitute authority to n the Commission.  l			
hereby declare knowledge and		that the i	nformation conta	ined	in this application	is tru	n the Commission. I le to the best of my			
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	Signat	ure(5)					<del></del>			

#### 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, WI 54957, www.jjkeller.com, (877) 564-2333.
- Williamette 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.

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Name: GOUTEMO ESPINOZO Position: OUVE!

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: Gullemo Espinoza & Position: Coner

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: Gullermo Espinoza R Position: Quinor
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: Coullemo Espiroza Position: Cluncy
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: Guillemo Espino R Position: OCUMEN
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.
Coille(mo Farnoza R 8-28-13 Signature of applicant Date

# Pendure

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to GUILLERMO R ESPINOZA, ESPINOZA TRUCKING of 810 S HIGHWAY 24 C-11, OTHELLO, WA 99344 a policy or policies of insurance effective from 08/28/2013 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 effected 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  $\,$ 

this 28th day of August, 2013

Insurance Company File No. CA 02373905

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B