REINSTATEMENT 1131671

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	(excluding Household Goods and Common Carrier Brokers)									
FOR OFFICIAL USE ONLY										
Reception Number Safety:	Carrier ID#:									
1	et a theken Employee:									
	ATION (check one)									
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority									
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 filed within 10 months of cancellation)	N CARRIER PERMIT For Commission (256 prity) Auth #									
TYPE OF										
☐ 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): 6 = 0										
Signature: / / / / / /	Title: OWNER									
MOTOR CARRIER	IDENTIFICATION									
CC#: US DOT# 191878	WAUNIFIED BUSINESS IDENTIFIER (UBI) #) 602 869 4259									
APPLICANT NAME: PHONE#: 425-339-1611										
d/b/a Curtis Construction of 360-568-9016										
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) /8317 13u+1er rd										
(city, state, zip) Snohomish, WA. 98290 PHYSICAL ADDRESS: (street address, if different)										
E Mail add tendez Vous 3	366 @ yahan. Com -									

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)									
☐ INDIVIDUAL ☑ PARTNERSHIP ☐ CORPORATION — STATE OF INCORPORATION									
NAME	-	TITLE	ADDRE	<u>ss</u>		OCK DISTRIBUTION OR RCENTAGE OF SHARE			
Grey (urlis	0000	r 1831)	Butler	Sno.	98390			
tim C	urtis	Own	7 35105	Sra	Sultan	98274			
		TRA	NSFER OF P	ERMIT NU	JMBER				
	it number to					me of <u>current</u> permit v to authorize the transfer			
NAME ON PERI	MIT:				PERMIT NU	JMBER:			
Signature of cu	rrent permit	holder				Date			
Signature of co		·	ICE REQUIRE	MENTS (n	nust check one				
			be Issued until ac						
The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating—\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety			hazardous n any quantity n Public Liability rty Damage is required The applicant VVICL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and Insurance. Complete			HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey –			
Fitness Survey.	E	QUIPME	NT LIST (Attach	additional I	let if necessary) ·			
UNIT#	LICEN		STATE			/IN#			
10	A 063	44B	(J) A)	2 HS	FBJXR5	F CAID775			
11		12 V	WA.			V D 4 0 3 0 8 3			
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.									
Signature(s) $ \begin{array}{c} G - 4 - 13 \\ \hline Date \end{array} $									

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.
- 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 an	d Alcoho	Testing	
Name: -	Tim	Curtis	Position:	Owner	

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 I	-Icense (CDL) Requirements
Name: 7/m	Curtis	Position: Owner
Any driver who one	rates a vehicle that meets the	definition of a commercial motor vehicle as described

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 Qualific	ation Requirements
Name: Tim Curtis	Position: Owner
motor vehicles as required by FMCSR Part 391.5 Owner/operators that work exclusively in intrastat	e commerce within Washington have limited nterstate operations must maintain a complete file on
Drivers He	ours of Service
The state of the s	Position: Owner
Each company must maintain true and accurate h	ours of service records for each individual that drives (R, Part 395.1(e) and by the WSP in WAC 446-65-010
Vehicle Inspection,	Repair, and Maintenance
	Position: Owner
as required by the FMCSA in 49 CFR, Part 396.1	nicle Inspection Report" on each vehicle used each da I and by the WSP in WAC 446-65-010. In addition, ords for each vehicle that includes the following, as If by the WSP in WAC 446-65-010:
	pection and maintenance operations to be performed. aintenance indicating their date and nature.
All companies must conduct periodic inspections by the WSP in WAC 446-65-010.	as required by the FMCSA in 49 CFR, Part 396.17 and
SI	gnature
My signature below certifies that I underst will comply with all the safety requirement	and my responsibility as a motor carrier and less which apply to my operations.
My Cut	9-4-13



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 09/04/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

CONTACT NAME: PHONE (AC. No. Ext): 425-334-7577 E-MAIL preject@comca PRODUCER Greiert Insurance, Inc. FAX (A/C, No): 425-377-2858 7304 10th St SE #B-101 ADDRESS: greiert@comcast.net Lake Stevens WA 98258 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : AMERICAN STATES INSURANCE COMPNAY 19704 INSURED **Curtis Construction** INSURER B 18317 Butler Rd INSURER C INSURER D SNOHOMISH WA 98290 INSURER É INSURER F

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

_	EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBRI POLICY EFF POLICY EXP HARTE								
INSR	TYPE OF INSURANCE		WVD	POLICY NUMBER	(MIM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	S	
	GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
ŀ	X COMMERCIAL GENERAL LIABILITY				10/01/2012		DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	200,000
١.	CLAIMS-MADE X OCCUR						MED EXP (Any one person)	\$	10,000
ΙA		Y	N	01Cl66327120		10/01/2013	PERSONAL & ADV INJURY	\$	1,000,000
!			` `				GENERAL AGGREGATE	\$	2,000,000
Į .	GEN'L AGGREGATE LIMIT APPLIES PER:		j				PRODUCTS - COMP/OP AGG	\$	2,000,000
]	POLICY PRO- LOC						Fire Legal Liability	\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	300,000
	ANY AUTO	N		01Cl66327120 10/01/2012 10/	10/01/2012	10/01/2013	BODILY INJURY (Per person)	\$	
	ALL OWNED SCHEDULED AUTOS AUTOS		N				BODILY INJURY (Per accident)	\$	·
A	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	7.0100						\$		
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	والمعارضة والمعارضة والمراوات المعارض والمعارضة والمعارضة والمعارضة والمعارضة
1	DED RETENTION\$							\$	
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER		and the second s
1	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE						E.L. EACH ACCIDENT	\$	
1	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, If more space is required)

RE: OPERATIONS OF THE NAMED INSURED. CERTIFICATE HOLDER IS ALSO NAMED ADDITIONAL INSURED.

CERTIFICATE HOLDER

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S EVERGREEN PARK DR SW P O BOX 47250

Olympia WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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COVERAGES

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DATE (MM/DD/YYYY) 09/04/2013

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INSR LTR	XCLUSIONS AND CONDITIONS OF SUCH TYPE OF INBURANCE	ADDL	SUBR			PAID CLAIMS. POLICY EXP (MM/DD/YYYY)	LIMIT	8
Α	COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-	Υ	N	01Cl66327120	10/01/2013		EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/DP AGG Fire Legal Liability	\$ 1,000,000 \$ 200,000 \$ 10,000 \$ 1,000,000 \$ 2,000,000 \$ 2,000,000
Α	ANY AUTO ALL OWNED AUTOS MIRED AUTOS AUTOS AUTOS AUTOS AUTOS	N	N	01Cl66327120	10/01/2013	10/01/2014	COMBINED SINGLE LIMIT (Es socident) BODILY INJURY (Per person) BODILY INJURY (Per socident) PROPERTY DAMAGE (Fer socident)	5
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE AGGREGATE	\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTHER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					WC STATUL CTH- TORY LIMITS. CEL. E.L. EACH ACCIDENT E.L. DISEASE - POLICY LIMIT	

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