#### PART A

TV# 132158

# 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)

|  | DENERS IN SECTION   |  |
|--|---|--|
| 444 0000 000 00  | Carrier   | ID# 7587   |
| 111 0268 200 02 275.@ Insurance: M   | Employ  | yee: 40  |
| Nana   |   |  |
| 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 CAR SERVICE                                   |
| \$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE  | \$100 GENERAL C   | COMMODITIES, including SMATERIALS                                    |
| \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS   | \$100 GENERAL   | COMMODITIES, including MATERIALS and ARMORED CAR                     |
| \$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:<br>Auth #: SOA 70                           |
|  |   |  |
| ☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐  | Mastercard Visa   | Expiration Date  |
| <del> </del>   |   |  |
| CERTIFICATION: I, the undersigned, under penalty for false that I am authorized to execute and file this document on be valid. | e statement, certify that the following that the applicant, and that all in | ng information is true and correct, formation on file is current and |
| Name (printed): MICHAEL A Porter   | Date: 11-19-1   | 3  |
| Signature: Male AD   | Title: OWNER  |  |
|  |   |  |
| CC#: (S\Q 8   US DOT#  | WAUNIFIED BUSINES   | SS IDENTIFIER (UBI) #:   |
| APPLICANT NAME:  | PHONE#:   |  |
| the A Porter Lamo  | 18 Inc. 4   | 25-220-4446  |
| d/b/a: LADORT CORD   | FAX#:   | ·  |
| BUSINESS (MAILING) ADDRESS: EVER   | ETT, WA   | 98201  |
| PHYSICAL ADDRESS: (street address, if different)   | ,<br>   |  |
|  |   |  |

|  | IAI D.P.                        | ADTNED               |   |  |   |  |  |
|--|---------------------------------|----------------------|---|--|---|--|--|
|  | <i>)</i> AL ∟;F/                | ARTNERS              |   | DRATION (LP, LLP, LLC) OF INCORPORATION                            | UASHINATON  |  |  |
| Mike   | APorti                          | TLE<br>OR            | Pres 244  |  | STOCK DISTRIBUTION OR<br>PERCENTAGE OF SHARE                      |  |  |
|  | <del></del>                     |                      | Eu.   | erettiwa   | 100%  |  |  |
| Complete this  | section if you                  | are trans            | sferring an existing                                    | permit to a new owner. List  |   |  |  |
| holder and per<br>of the permit n                      | mit number to<br>umber.         | o be trans           | ferred. The current                                     | permit holder must sign be   | t name of <u>current</u> permit<br>elow to authorize the transfer |  |  |
| NAME ON PER  | RMIT:                           | MA                   | <u> </u>  | PERMIT   | NUMBER:   |  |  |
| Signature of c   | current permit                  | t holder             | Try cast in the case                                    |  | Date  |  |  |
| ☐ You <b>w</b> ill not h                               |                                 |                      | will not haul   | ☐ You will haul  | ☐ You will haul   |  |  |
| hazardous mate<br>quantity. You w<br>operate vehicle   | vill only                       | hazardoi<br>any quai | ous materials in<br>intity. You will<br>vehicles with a | hazardous materials requiring \$1 million in                       | hazardous materials requiring \$5 million in                      |  |  |
| GVWR of less to pounds. You mit                        | than 10,000<br>oust obtain      | GVWR of more.        | of 10,000 pounds<br>You must obtain                     | Public Liability and<br>Property Damage<br>Insurance. You must     | Public Liability and<br>Property Damage<br>Insurance. You must    |  |  |
| \$300,000 in Pull<br>and Property Da<br>Insurance. You | amage<br>do not                 | and Prop             | 0 in Public Liability<br>perty Damage<br>ce. You must   | complete Part C, Sections complete Part C, Sections 1 and 2.       |   |  |  |
| need to complet  | te Part ਲ. ੍ਹ                   | complete             | ∍ Part B.   |  |   |  |  |
| UNIT#  | LICEN                           |                      | STATE   |  | VIN#  |  |  |
| L-4  | B7036                           | 274                  | WASH  | 1 FUPCSZE  | 30WP964077  |  |  |
|  |                                 |                      |   |  |   |  |  |
|  |                                 |                      |   |  |   |  |  |
| l, as applicant,                                       | understand                      | that the             | filing of this applic                                   | cation does not in itself co                                       | onstitute authority to  |  |  |
| operate and tha  | at no operati<br>e and affirm t | tions may            | / be conducted uni                                      | til a permit is received from the second in this application is to | om the Commission I   |  |  |
| ML   | AR                              |                      |   | 11-1   | 19-12   |  |  |
|  | Signatur                        | re(s)                |   |  | Date  |  |  |
|  |                                 |                      | -   |  | 1   |  |  |

#### 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.

| Name: | Mark A |  | 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.

| Name: With A | Position: DWNCR |
|--------------|-----------------|

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.

| Name: MKA  | Position:                             | wnee   |                         |  |  |
|--|---------------------------------------|--|-------------------------|--|--|
| Each company must maintain a complete Driver Qualification vehicles as required by FMCSR Part 391.51 and by the WS exclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file on the  | P in WAC 446<br>limited exempl        | i-65-010. Owner/operators<br>tions. Owners/operators th                          | that work<br>at conduct |  |  |
|  |                                       |  |                         |  |  |
| Name: Util P   | Position:                             | wnel   |                         |  |  |
| Each company must maintain true and accurate hours of sevenicle as required by the FMCSA in 49 CFR, Part 395.1(e)  | rvice records f<br>and by the WS      | ior each individual that driv<br>SP in WAC 446-65-010.                           | es a motor              |  |  |
|  |                                       |  |                         |  |  |
| Name: MARNZ F  | Position:                             | OWNER  |                         |  |  |
| Each company must prepare a written "Driver Vehicle Inspect<br>required by the FMCSA in 49 CFR, Part 396.11 and by the V<br>company must maintain certain required records for each ve<br>FMCSA in 49 CFR, Part 396.3 and by the WSP in WAC 446<br>• Identification of the vehicle.<br>• The nature and due date of various inspection<br>• A record of inspections, repairs and maintenance | VSP in WAC 4 hicle that inclu-65-010: | 146-65-010. In addition, eaudes the following, as requance operations to be perf | ch ired by the          |  |  |
| All companies must conduct periodic inspections as required WSP in WAC 446-65-010.   | l by the FMCS                         | SA in 49 CFR, Part 396.17  | and by the              |  |  |
|  |                                       |  |                         |  |  |
|  |                                       |  |                         |  |  |
| 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.   |                                       |  |                         |  |  |
| MJLM D  Signature of applicant   |                                       | 11/19/13<br>Date   |                         |  |  |



### CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

11/25/2013

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 e certificate holder in lieu of such endorsement(s).   | -                          |  | ernem on m                               | is certaicate does not co                    | oniei rii                             | gitts to the |
|--|----------------------------|--|--|--|---------------------------------------|--------------|
| PRODUCER   | CONTACT<br>NAME: CERT DEPT |  |  |  |                                       |              |
| R.I.S. Insurance Services  | PHONE<br>(A/C, No          | Ext):360-29                            | 3-2135                                   | FAX<br>(A/C, No):                            | 360-293                               | 3-2385       |
| P. O. Box 1059<br>Anacortes WA 98221   | E-MAII                     |  | RISNET.CO                                |  |                                       |              |
| Aliacoites WA 90221  | 1,221,12                   | _                                      |  | RDING COVERAGE                               |                                       | NAIC#        |
|  | INSURE                     |  |  | L CASUALTY                                   |                                       | 1000 %       |
| INSURED MIKEP-2  | INSURE                     |  | IIII                                     | LONCONLI                                     |                                       |              |
| LAPORTE INC  | INSURE                     |  |  |  |                                       |              |
| IDBA LAPORT CORP   |                            |  |  |  |                                       |              |
| 244 BRIDGEWAY  | INSURER D :                |  |  |  |                                       |              |
| EVERETT WA 98201   | INSURER E :                |  |  |  |                                       |              |
|  | INSURER F:                 |  |  |  |                                       |              |
| COVERAGES CERTIFICATE NUMBER: 460084352  |                            |  |  | REVISION NUMBER:                             |                                       |              |
| THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HA INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORD EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE | DED BY                     | CONTRACT<br>THE POLICIE:<br>REDUCED BY | OR OTHER I<br>S DESCRIBEI<br>PAID CLAIMS | DOCUMENT WITH RESPECT TO                     | CT TO V                               | VHICH THIS   |
| INSR LTR TYPE OF INSURANCE ADDL SUBR INSR WYD POLICY NUMBER  |                            | POLICY EFF<br>(MM/DD/YYYY)             | POLICY EXP<br>(MM/DD/YYYY)               | LIMIT  | s                                     |              |
| GENERAL LIABILITY  |                            |  |  | EACH OCCURRENCE                              | \$                                    |              |
| COMMERCIAL GENERAL LIABILITY   |                            |  |  | DAMAGE TO RENTED<br>PREMISES (Ea occurrence) | \$                                    | _            |
| CLAIMS-MADE OCCUR  |                            |  | '  | MED EXP (Any one person)                     | \$                                    |              |
| SEAMO-WASE SCOOL   |                            |  |  | PERSONAL & ADV INJURY                        | \$                                    |              |
|  |                            |  |  |  | \$                                    |              |
|  |                            |  |  | GENERAL AGGREGATE                            |                                       |              |
| GENL AGGREGATE LIMIT APPLIES PER:  |                            |  |  | PRODUCTS - COMP/OP AGG                       | \$                                    |              |
| POLICY JECT LOC  |                            |  |  | COMBINED SINGLE LIMIT                        | ) <del>)</del>                        |              |
| A AUTOMOBILE LIABILITY 02192030-0  |                            | 5/3/2013                               | 5/3/2014                                 | COMBINED SINGLE LIMIT<br>(Ea accident)       | \$750,00                              | 0            |
| ANY AUTO   | 1                          |  |  | BODILY INJURY (Per person)                   | \$                                    |              |
| ALL OWNED X SCHEDULED AUTOS  |                            |  |  | BODILY INJURY (Per accident)                 | \$                                    |              |
| HIRED AUTOS NON-OWNED AUTOS  |                            |  |  | PROPERTY DAMAGE<br>(Per accident)            | \$                                    |              |
| ALL COMM OWN   | 1                          |  |  |  | \$                                    |              |
| UMBRELLA LIAB OCCUR  |                            |  |  | EACH OCCURRENCE                              | \$                                    |              |
| EXCESS LIAB CLAMS-MADE   |                            |  |  | AGGREGATE                                    | \$                                    | •            |
|  |                            |  |  | Additedate                                   | \$                                    | -            |
| DED   RETENTION \$   WORKERS COMPENSATION  |                            |  |  | WC STATU- OTH-                               | <b>3</b>                              |              |
| AND EMPLOYERS' LIABILITY Y/N   | ,                          |  |  | TORY LIMITS ER                               |                                       |              |
| ANY PROPRIETOR/PARTNER/EXECUTIVE N / A   |                            |  |  | E.L. EACH ACCIDENT                           | \$                                    |              |
| (Mandatory in NH)- If yes, describe under  |                            |  |  | E.L. DISEASE - EA EMPLOYEE                   | \$                                    |              |
| DESCRIPTION OF OPERATIONS below  |                            |  |  | E.L. DISEASE - POLICY LIMIT                  | \$                                    | <u></u>      |
| A PHYSICAL DAMAGE 02192030-0   | į                          | 5/3/2013                               | 5/3/2014                                 | \$1000 DED                                   | COMP &                                | COLL         |
| DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks   | s Schedule,                | if more space is                       | required)                                | •  |                                       |              |
|  |                            |  |  |  |                                       |              |
| CEPTIEICATE HOLDER   | CANC                       | ELLATION                               |  |  |                                       |              |
| CERTIFICATE HOLDER   | T                          | ELLATION                               |  |  | · · · · · · · · · · · · · · · · · · · |              |
|  | SHO                        | ULD ANY OF                             | THE ABOVE C                              | DESCRIBED POLICIES BE C                      | ANCELL                                | ED BEFORE    |

WUTC PO BOX 47250 OLYMPIA WA 98504 ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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