# PART A TV# 40275 WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250 FER 1

| de de la companya de la seconda de la companya de<br>Companya de la companya de la compa   | 300 S E  | vergreen P<br>Teleph       | one (360)     |       |   |                 |                 |                             | 30304   | -7250              | FEB                | 180           |
|---|--|----------------------------|---------------|-------|---|-----------------|-----------------|-----------------------------|---------|--------------------|--------------------|---------------|
| Telephone (360) 664-1222 – Fax (360) 586-1181  Intrastate Common Carrier Operating Authority  A DRIVE A TION FOR DEPART.  |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
|   |  |                            | APPLICA       |       |   |                 |                 |                             |         | וסריי              | H. UT.             | P 70          |
|   | Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority  APPLICATION FOR PERMIT  (excluding Household Goods and Common Carrier Brokers)  FOR OFFICIAL USE ONLY |                            |               |       |   |                 |                 |                             |         |                    | - 12 COM           |               |
| Reception Number  | er: <b>04</b>  | 9188                       | Safety: M     |       |   |                 |                 | Carrier I                   | D#: 77  | 06                 |                    |               |
| 111 0268 200 02 275 W Insurance:  |  |                            |               |       |   | Employee:       |                 |                             |         |                    |                    |               |
| TYPE OF APPLICATION (check one)   |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
| New Common Carrier Permit Authority, or Transfer of Existing Permit Number  |  |                            |               |       |   |                 |                 | uthority                    |         |                    |                    |               |
| \$275 G   | ENERAL   | COMMODITI                  | ES ONLY       |       | \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE  |                 |                 |                             |         |                    |                    |               |
|   |  | COMMODITIE<br>CAR SERVICE  | ES, including |       | \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS  |                 |                 |                             |         |                    | ling               |               |
|   |  | COMMODITIE<br>IS MATERIALS |               |       |   | \$100           | HA.<br>SEI      | NERAL (<br>ZARDOUS<br>RVICE | MATERIA | DITIES<br>LS and / | i, includ<br>ARMOR | ing<br>ED CAR |
| H   |  | COMMODITIES MATERIALS an   |               |       |   | Pary            | IO              | # 4                         | 018     |                    |                    |               |
| \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  (Must be filed within 10 months of cancellation)  For Commission Use Only: Auth #:  |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
|   |  |                            |               | PE OF | PAYN  | ENT             |                 |                             |         |                    |                    |               |
| Check □ M   |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
|   |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
| 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):_0   | Gregory F  | ranson                     |               |       | c   | Date:_2/1       | 2/201           | 4                           |         |                    | .,                 |               |
| Signature:X   | Jugor  | y Tra                      | nson          |       | 7   | itle: Me        | mber            |                             |         |                    |                    |               |
|   | <del>- 0</del>   | N                          | KOTOR CA      | RRIE  | THE RESERVE AND THE PROPERTY OF THE PERSON NAMED IN COLUMN TO THE |                 | SVENIEN SERVICE | ¥                           |         |                    |                    |               |
| CC#: 6529<br>MC 820334>   | 0  | US DOT#<br>2387137         |               |       |   | WA UN<br>603278 |                 | BUSINE                      | SS IDEN | ITIFIER            | ₹ (UBI)            | #:            |
| LEGAL NAME  | <del></del> :  | <del>L</del>               |               |       |   |                 | PH              | ONE#:                       |         |                    |                    |               |
| White Bluff Tra   | ansport l  | LLC                        |               |       | ··  |                 |                 |                             | 509) 86 | 38-79              | 76                 |               |
| d/b/a:  | •  |                            |               |       |   |                 | FA              | X #:                        |         |                    |                    |               |
| White Bluff Tra   |  | ADDDESC                    | <u> </u>      |       |   | <del> </del>    |                 |                             | • •     |                    |                    |               |
| BUSINESS (M<br>PO Box 10247   |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
|   | PO Box 10247, Spokane, WA 99209 PHYSICAL ADDRESS: (street address, if different)   |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
| 7401 N Old Trails Rd, Spokane, WA 99224   |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
| EMAIL ADDRESS: gregfranson@yahoo.com  |  |                            |               |       |   |                 |                 |                             |         |                    |                    |               |
|   |  |                            | <u> </u>      | ·     | <del></del>   |                 |                 |                             |         | · · ·              | •                  |               |

|   | (check                            |   |  | SS STRUCTURE<br>nership/corporation in  |  | on)  |  |  |
|---|-----------------------------------|---|--|---|--|--|--|--|
| □ INDIVIDUA   |                                   |   | IP X CORPOR  | RATION (LP, LLP, LLC<br>F INCORPORATION   |  |  |  |  |
| NAME Gregory Fran   | TITLI                             | _   | ADDR   | E <mark>SS</mark><br>Spokane, WA 9922   | P  | OCK DISTRIBUTION OR<br>ERCENTAGE OF SHARE<br>50%   |  |  |
| 0,  | <del></del>                       |   | _  | Rd, Spokane, WA 9   |  |  |  |  |
|   |                                   | 110                                       |  | irme Number   |  |  |  |  |
|   | it number to b                    | e transfe                                 | erring an existing p   | ermit to a new owner  | r. List na   | ame of <u>current</u> permit<br>w to authorize the transfer  |  |  |
| NAME ON PERI  | MIT:                              | · · · · · · · · · · · · · · · · · · ·     |  | PEI   | RMIT N   | JMBER:   |  |  |
| Oissature of a  |                                   | aldas                                     | <del>.</del>   | سجدينين   |  | Date   |  |  |
| Signature of cu   | in in                             | SURAL                                     |  | MENTS (must chec  |  |  |  |  |
| ☐ 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 do not need to complete Part B.  You will hazardous any quant operate v 6VWR of less than 10,000 and Froperate v 9750,000 and Property Damage Insurance. You do not complete Part B. |                                   |   | Il not haul is materials in tity. You will rehicles with a f 10,000 pounds You must obtain in Public Liability erty Damage e. You must Part B. | You will haul hazardous material requiring \$1 million Public Liability and Property Damage Insurance. You mus complete Part C, Se 1 and 2. | s<br>in<br>st<br>ections   | You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |  |  |
| UNIT#   | LICENS                            | Mail collaborated assumption and analysis | STATE  | n additional pages i  | the production of the second o | sary)<br>/IN#  |  |  |
| 401   | 41713RP                           |   | WA   | 4V4NC9GH27N   |  |  |  |  |
|   |                                   |   |  |   |  |  |  |  |
|   |                                   |   |  |   |  |  |  |  |
|   |                                   |   | . Signa  | ture  |  |  |  |  |
| operate and th  | at no operation at and affirm the | ons may                                   | be conducted ui  | ntil a permit is recei  | ived fro   | nstitute authority to<br>m the Commission. I<br>ue to the best of my   |  |  |
| QL)   | hegory of                         | Fran                                      | 1 <del>90</del> 71   |   | 014  | 2/204.4  |  |  |
|   | Signatur                          | e(s)                                      |  |   | 2/1  | 2/2014<br>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.
- 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 Sub  | stances and Alcohol   | Testing    | e processor de la companya de la co |  |  |  |  |  |
|---------|---|-----------------------|------------|--|--|--|--|--|--|
| Name:   | Gregory Franson   | Position:             | Member     |  |  |  |  |  |  |
| must ha | <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> |                       |            |  |  |  |  |  |  |
| and alc | rson who drives a commercial motor veh<br>cohol testing program as required by FMi<br>c 446-65-010.   |                       |            |  |  |  |  |  |  |
|         | Commercial Drive  | ers License (CDL) Red | pulrements |  |  |  |  |  |  |
| Name:   | Gregory Franson   | Position: _           | Member     |  |  |  |  |  |  |

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.

| Oriver Qualification   | Rogulier   | nen <b>ts</b>   |
|--|--|---|
| Name: Gregory Franson  | Position:  | Member  |
| Each company must maintain a complete Driver Qualificative vehicles as required by FMCSR Part 391.51 and by the Wexclusively in intrastate commerce within Washington have any interstate operations must maintain a complete file on  | /SP in WAC<br>e limited exc                              | 446-65-010. Owner/operators that work emptions. Owners/operators that conduct                                     |
| Drivers Hours  | of Service   |   |
| Name: Gregory Franson  | Position: _  | Member  |
| Each company must maintain true and accurate hours of vehicle as required by the FMCSA in 49 CFR, Part 395.1(  |  |   |
| Vehicle Inspection, Repo   | iir, and Na  | iintenance  |
| Name: Gregory Franson  | Position:  | Member  |
| Each company must prepare a written "Driver Vehicle Instrequired 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 4  Identification of the vehicle.  The nature and due date of various inspect A record of inspections, repairs and mainter | e WSP in W<br>vehicle that<br>46-65-010:<br>tion and mai | AC 446-65-010. In addition, each includes the following, as required by the intenance operations to be performed. |
| All companies must conduct periodic inspections as requi<br>WSP in WAC 446-65-010.   | red by the F   | MCSA in 49 CFR, Part 396.17 and by the  |
| Signat   | ure  |   |
| My signature below certifies that I understand my comply with all the safety requirements which ap   | •  | _   |
| Glegory Manson   |  | 2/12/2014   |
| Signature of applicant   | _  | Date  |



### **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

2/20/2014

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to

| RIS        | UCER  |                      |   |                            |                 |                            |  |           |             |  |  |  |
|------------|---|----------------------|---|----------------------------|-----------------|----------------------------|--|-----------|-------------|--|--|--|
|            | Imarimanaa Camiiaa -  | PRODUCER             |   |                            |                 |                            | CONTACT<br>NAME: Ilene Eyans                                   |           |             |  |  |  |
|            | Insurance Services<br>. Box 1059  |                      | PHONE (A/C, No, Ext): 253.850.1524 FAX (A/C, No): |                            |                 |                            |  |           |             |  |  |  |
|            | cortes WA 98221   |                      | E-MAIL<br>ADDRESS: I en                           |                            |                 |                            |  |           |             |  |  |  |
|            |   |                      |   | _                          |                 | RDING COVERAGE             |  | NAIC#     |             |  |  |  |
|            |   |                      |   | INSURER A :UN              | NITEL           | FINANCIA                   | L CASUALTY   |           |             |  |  |  |
| INSUF      | RED \   | WHITE-5              |   | INSURER B :                |                 |                            |  |           |             |  |  |  |
| ΛHI        | TE BLUFF TRANSPORT LLC  |                      |   | INSURER C :                |                 |                            |  |           |             |  |  |  |
|            | BOX 10247   |                      |   | INSURER D :                |                 |                            |  |           |             |  |  |  |
| SPO        | KANE WA 99209   |                      |   | INSURER E                  |                 |                            |  |           |             |  |  |  |
|            |   |                      |   | INSURER F :                |                 |                            |  |           |             |  |  |  |
| COV        | ÆRAGES CER  | TIFICAT              | E NUMBER: 38711040                                | MOOKENT.                   | -               |                            | REVISION NUMBER:   |           | <del></del> |  |  |  |
| INI<br>CE  | IS IS TO CERTIFY THAT THE POLICIES<br>DICATED. NOTWITHSTANDING ANY RE<br>RTIFICATE MAY BE ISSUED OR MAY | QUIREMI<br>PERTAIN,  | ENT, TERM OR CONDITION<br>THE INSURANCE AFFORDS   | OF ANY CONT<br>ED BY THE P | TRACT<br>OLICIE | OR OTHER                   | DOCUMENT WITH RESPE<br>D HEREIN IS SUBJECT TO                  | CT TO V   | WHICH THIS  |  |  |  |
|            | CLUSIONS AND CONDITIONS OF SUCH   | POLICIES<br>ADDLISUB |   |                            |                 |                            |  |           |             |  |  |  |
| NSR<br>LTR | TYPE OF INSURANCE   | INSR WV              |   | POLIC<br>(MM/DD            | <u>/۲ΫΫγ</u>    | POLICY EXP<br>(MM/DD/YYYY) | LIMIT  | s         | <u> </u>    |  |  |  |
|            | GENERAL LIABILITY   |                      |   |                            |                 |                            | EACH OCCURRENCE  | \$        |             |  |  |  |
|            | COMMERCIAL GENERAL LIABILITY  |                      |   |                            |                 |                            | DAMAGE TO RENTED<br>PREMISES (Ea occurrence)                   | \$        |             |  |  |  |
|            | CLAIMS-MADE OCCUR   |                      |   |                            |                 |                            | MED EXP (Any one person)                                       | \$        |             |  |  |  |
|            |   |                      |   |                            |                 |                            | PERSONAL & ADV INJURY  | \$        |             |  |  |  |
|            |   |                      |   |                            |                 |                            | GENERAL AGGREGATE  | \$        |             |  |  |  |
|            | GEN'L AGGREGATE LIMIT APPLIES PER:  |                      |   |                            |                 |                            | PRODUCTS - COMP/OP AGG   | \$        |             |  |  |  |
|            | POLICY PRO-<br>JECT LOC   |                      |   |                            |                 |                            |  | \$        |             |  |  |  |
| `          | AUTOMOBILE LIABILITY  |                      | 02135714-0  | 3/29/20                    | 13              | 3/29/2014                  | COMBINED SINGLE LIMIT (Ea accident)                            | \$1,000,  | 000         |  |  |  |
|            | ANY AUTO  |                      |   | · •                        |                 |                            | BODILY INJURY (Per person)                                     | \$        |             |  |  |  |
|            | ALL OWNED X SCHEDULED AUTOS   |                      | ·   | +                          |                 |                            | BODILY INJURY (Per accident)                                   | \$        |             |  |  |  |
|            | HIRED AUTOS NON-OWNED AUTOS   |                      |   |                            |                 |                            | PROPERTY DAMAGE<br>(Per accident)                              | \$        |             |  |  |  |
|            |   |                      |   |                            |                 |                            |  | \$        | ,           |  |  |  |
|            | UMBRELLA LIAB OCCUR   |                      |   |                            |                 |                            | EACH OCCURRENCE  | \$        |             |  |  |  |
| Ī          | EXCESS LIAB CLAIMS-MADE   |                      |   |                            |                 |                            | AGGREGATE  | \$        |             |  |  |  |
|            | DED RETENTION \$  |                      |   |                            |                 | 1                          |  | \$        |             |  |  |  |
|            | WORKERS COMPENSATION  |                      |   |                            |                 |                            | WC STATU- OTH-<br>TORY LIMITS ER                               |           |             |  |  |  |
|            | AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE   |                      |   |                            |                 |                            | E.L. EACH ACCIDENT   | s         |             |  |  |  |
|            | OFFICER/MEMBER EXCLUDED? (Mandatory in NH)  | N/A                  |   |                            |                 |                            | E.L. DISEASE - EA EMPLOYEE                                     |           |             |  |  |  |
|            | If yes, describe under<br>DESCRIPTION OF OPERATIONS below   |                      |   |                            |                 | 1                          | E.L. DISEASE - POLICY LIMIT                                    |           |             |  |  |  |
|            | MOTOR TRUCK CARGO   |                      | 02135714-0  | 3/29/20                    | 13              | 3/29/2014                  | \$1000 DED   | \$100,000 | )           |  |  |  |
|            | PHYSICAL DAMAGE   |                      |   | 5.25.25                    |                 |                            | \$1000 DED   | COMP/C    |             |  |  |  |
|            |   |                      |   |                            |                 |                            |  |           |             |  |  |  |
| DESC       | RIPTION OF OPERATIONS / LOCATIONS / VEHICI  | LES (Attaci          | ACORD 101, Additional Remarks                     | Schedule, if more          | space is        | s required)                |  |           |             |  |  |  |
|            |   |                      |   |                            |                 |                            |  |           | •           |  |  |  |
|            |   |                      |   |                            |                 |                            |  |           |             |  |  |  |
| CER        | TIFICATE HOLDER   |                      |   | CANCELLA                   | TION            |                            |  |           |             |  |  |  |
|            | WUTC<br>1300 S EVERGREEN PAR  | RK DR S              | w   | THE EXPI                   | RATIO           | N DATE TH                  | ESCRIBED POLICIES BE C<br>EREOF, NOTICE WILL<br>CY PROVISIONS. |           |             |  |  |  |
|            | OLYMPIA WA 98504  |                      |   | AUTHORIZED REPRESENTATIVE  |                 |                            |  |           |             |  |  |  |