

PART A

TV#

**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)

**FOR OFFICIAL USE ONLY**

|                                      |           |              |
|--------------------------------------|-----------|--------------|
| Reception Number:<br>111 0268 200 02 | Safety:   | Carrier ID#: |
| Insurance:                           | Employee: |              |

**TYPE OF APPLICATION (check one)**

| New Common Carrier Permit Authority, or Transfer of Existing Permit Number  |   | Extension of Common Carrier Permit Authority                                      |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY  | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS | <input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE   |   |   |   |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS   |   |   |   |
| <input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE                         |   |   |   |
| <input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation). |   |   | For Commission Use Only:<br>Auth #:   |

**TYPE OF PAYMENT**

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): \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**MOTOR CARRIER IDENTIFICATION**

|  |                         |   |
|--|-------------------------|---|
| CC#:   | US DOT#<br>15433104     | WA UNIFIED BUSINESS IDENTIFIER (UBI) #:<br>1603 269 374 |
| LEGAL NAME:<br>ESQUIVEL Trucking LLC   | PHONE#:<br>509-547-6782 | FAX #:  |
| d/b/a:   |                         |   |
| BUSINESS (MAILING) ADDRESS:<br>3601 W. Washington Ave #1                               | Yakima WA 99103         |   |
| PHYSICAL ADDRESS: (street address, if different)<br>140 Douglas way, Wallula, WA 99363 |                         |   |
| EMAIL ADDRESS:   |                         |   |

**TYPE OF BUSINESS STRUCTURE**

(check individual or corporate partner ship or corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)  
 STATE OF INCORPORATION LLC

| NAME                     | TITLE   | ADDRESS                          | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|--------------------------|---------|----------------------------------|---|
| MOISES Esquivel          | Manager | 140 Douglas way Walling WA 99363 | 50%                                       |
| IVAN Esquivel            | Manager | 140 Douglas way Walling WA 99363 | 30%                                       |
| Alvaro & Flores Esquivel | Manager | 140 Douglas way Walling WA 99363 | ALVARO 10%<br>FLORES 10%                  |

**TRANSFER OF PERMIT NUMBER**

Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: MOISES Esquivel DBA Esquivel Trucking PERMIT NUMBER: \_\_\_\_\_  
 Signature of current permit holder: [Signature] Date: 5/12/14

**INSURANCE REQUIREMENTS (must check one)**

|   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|---|---|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

| UNIT# | LICENSE# | STATE | VIN#              |
|-------|----------|-------|-------------------|
| 3     | 27384RP  | WA    | 1FUTACCKD7LW19779 |
| 2     | 33605RP  | WA    | 1FUPDDYBXYMA73747 |

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): [Signature] Date: 5/12/14

# 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 and Alcohol Testing

Name: Mark Spill Position: Manager

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: Mark Spill Position: Manager

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: Maurice Espino Position: Manager

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: Maurice Espino Position: Manager

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: Maurice Espino Position: Manager

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.*

Maurice Espino  
Signature of applicant

5/12/14  
Date

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

140719  
1300 South Evergreen Park Drive SW  
PO Box 47250  
Olympia, WA 98504-7250  
Phone (360) 664-1222  
Fax (360) 586-1181  
Web Site: www.wutc.wa.gov

**COMMON CARRIER OF PROPERTY**  
(excluding Household Goods carriers and Brokers)

7755

**APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE**  
**FEE: \$50.00**

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Changes of carrier's name, with no change in ownership or business structure.
- Change of business structure from individual to corporation to incorporate an individual's business when the individual is the majority stockholder or, by an individual to a partnership, when the individual is the majority partner or, from a corporation to a proprietorship of the majority shareholder or, by a partnership to a proprietorship of the majority partner.
- Change of name resulting from a change in business structure from a partnership to a corporation established to incorporate the partnership business, when the partners are the majority stockholders in the same proportionate ownership.
- Change of name resulting from a change in business structure from a corporation to another corporation where both corporations are wholly owned by the same stockholders in the same proportions.

**TYPE OF PAYMENT**

Auth # 094240

Cash     Check     Money Order     AMEX     MasterCard     Visa  
Credit Card Information (if applicable)    Exp Date    Month/Year

Amount \$ 50.00    COMPANY NAME: Esquivel Trucking LLC

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.

Cardholder's signature: Melvin Esquivel    Date: 3/12/14

*For Commission Use Only*

|                 |              |                               |                   |
|-----------------|--------------|-------------------------------|-------------------|
| 111-2068-200-02 | <u>50.00</u> | Received date: <u>3-14-14</u> | ID: <u>049605</u> |
|                 |              |                               | Insurance:        |

Holder of Permit CC- 62776 asks the UTC for authority to change the name of or the business structure of the carrier named below under 81.80 RCW and WAC 480-14 to:

**NEW BUSINESS INFORMATION**

|   |   |
|---|---|
| New Name: <u>Esquivel Trucking LLC</u>            | Phone #: <u>509-547-6782</u>                            |
| Trade Name:                                       | Fax #: <u>509-453-3936</u>                              |
| Mailing Address: <u>3601 W. Washington Ave #1</u> | Physical Address: (if different) <u>140 Douglas Way</u> |
| Street/P.O. Box                                   | Street  |
| City, State Zip <u>Yakima, WA 98903</u>           | City, State Zip <u>Walla Walla, WA 99363</u>            |

USDOT # 1543264 (If you don't have one, you can apply online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or contact 360-596-3816 or 360-596-3803 for assistance.)

Unified Business Identifier Number (UBI): 603 269 374

Individual  Partnership  Corporation - State of Incorporation WA  
(LP, L.P., LLC)

| NAME          | TITLE           | ADDRESS                            | PERCENTAGE OF SHARES |
|---------------|-----------------|------------------------------------|----------------------|
| <u>Moses</u>  | <u>Esquivel</u> | <u>140 Douglas Way Walla Walla</u> | <u>35%</u>           |
| <u>Ivan</u>   | <u>Esquivel</u> | <u>140 Douglas Way Walla Walla</u> | <u>25%</u>           |
| <u>Alvaro</u> | <u>Esquivel</u> | <u>140 Douglas Way Walla Walla</u> | <u>25%</u>           |
| <u>Flor</u>   | <u>Esquivel</u> |                                    | <u>20%</u>           |

**CURRENT BUSINESS INFORMATION**

|   |   |
|---|---|
| Current Name: <u>Moses Esquivel</u>               | Phone #: <u>509-547-6782</u>                |
| Trade Name: <u>Esquivel Trucking</u>              | Fax #: <u>509-453-3936</u>                  |
| Mailing Address: <u>3601 W. Washington Ave #1</u> | Physical Address: <u>140 Douglas Way</u>    |
| Street/P.O. Box                                   | Street                                      |
| City, State Zip <u>Yakima WA 98903</u>            | City, State Zip <u>Walla Walla WA 99363</u> |

Individual  Partnership  Corporation (LP, L.P., LLC) State of Incorporation \_\_\_\_\_

| NAME | TITLE | ADDRESS | PERCENTAGE OF SHARES |
|------|-------|---------|----------------------|
|      |       |         |                      |

CERTIFICATION: Carrier affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission enter an order granting its petition as provided in 81.80 RCW.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Moses Esquivel by [Signature] 3/12/14  
Signature(s) Date  
Agent

ID 4081