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PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

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

FOR OFFICIAL USE ONLY				Docket No. TV- 141227
Reception Number Safety		·		Carrier ID# 7401
111-0268-200-02 Insurance				Employee M
	TYPE OF AF	PLICAT	ION	
New Common Carrier Permit	• •	Extension of Common Carrier Permit Authority		
or Transfer of Existing Perm	it Number		-	
\$275 GENERAL COMMODI	TIES ONLY	Q \$	100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$275 GENERAL COMMODIT ARMORED CAR SERV	•	_ \$	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 COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation				
	MOTOR CARRIER	RIDENTIFI	CATIC	DN
Common Carrier #: 6938 Unified Business Identifier Number (UBI): 603-338-647				
Legal Name: Dustin Tuerson USDOT: 2497086				
Trade Name(s), dba(s), if any Od I Trucking, L.L.C.				
Email address: DITTrucking LLC @ outlook.com				
Phone Number: 915 996 5671 Fax Number: 360452 6428				
Business (Mailing) Address: 52 Boar Meddow Rd, Port Angeles Wa 98362				
Physical Address (if different):				

		TYPE OF BI	USINES	SS STRUCT	URE	
□ Individual	☐ Partner	rship 🗌 Corporation	× ×	ÛLimited L	ability Company	State of Inc.
Dust: 1 I	Jerson	TITLE			Stock Distr	ibution or % of Shares
	· · · · · · · · · · · · · · · · · · ·			·		
		*TRANSFER	Or pri	DAST NULL	ADED	-
*Complete this	section ONL					ar List name of surrent
permit holder a	*Complete this section ONLY 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 hold must sign below to authorize the transfer of the permit number.					ign below to authorize the
NAME ON PERM	MIT		·		Permi	t Number
	•					
Signature of cui	rrent permit	holder			Dat	e
		INSURANCE REQU	JIREM	ENTS (mus	st check one)	
	Α.	permit will not be issued	until ac	ceptable in	surance is received	
Hyou will not have hazardous materi quantity. You will operate vehicles of GVWR of less that pounds. You must \$300,000 in Public and Property Dam Insurance. You do to complete Part 1	als in any only with a n 10,000 t obtain c Liability nage	Ayou will not haul hazardous materials in a quantity. You will operative hicles with a GVWR of 10,000 pounds or more. must obtain \$750,000 in Public Liability and Proper Damage Insurance. You complete Part B.	any te f You rerty	materials r million in P Property D	haul hazardous equiring \$1 rublic Liability and amage Insurance. omplete Part C, and 2.	☐ You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
	N.A.	OTOR VEHICLE LICE /A				
Unit #		OTOR VEHICLE LIST (At	tach ac			
	C38 4 6	cense Number		State War		/IN number (XF S 328423
		SI	IGNATI	URE		
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 issued by 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			 -		6/4/2019 ate	4

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

The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code

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,
 (253) 838-1650.

, (800) 732-9019 or

J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957,

, 877 564-2333.

Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030,

, 800-727-7293.

US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

	- -	Controlled Substances ar	nd Alcohol	Testing	
Name: Du	stin Ther	560	Position:	Ousner	

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 Driver's	License (CDL) Requirements	
Name: Oust!	Iverson	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, as required by the Washington State

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:	Dustin	Buerson	Position:	asser
as requ intrasta	iired by FMCSR Par ate commerce with	t 391.51 and by the WSP in W	AC 446-65-010. Owr xemptions. Owners/	employee authorized to drive motor vehicles ner/operators that work exclusively in operators that conduct any interstate er that they may use.
		Drivers	Hours of Service	·
Name:	Quest: N	Dueson	Position:	Owner
		tain true and accurate hours of in 49 CFR, Part 395.1(e) and b		each individual that drives a motor vehicle 46-65-010.
		Vehicle Inspection	ı, Repair, and Mair	ntenance
Name:	Dist:1	Duerson	—— Position:	DIONE
the FM require	CSA in 49 CFR, Par ed records for each WAC 446-65-010: • Identifica • The natur	t 396.11 and by the WSP in Wave vehicle that includes the follo tion of the vehicle.	AC 446-65-010. In acwing, as required by pection and mainten	n each vehicle used each day as required by dition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed. their date and nature.
	npanies must condi 46-65-010.	uct periodic inspections as req	uired by the FMCSA	in 49 CFR, Part 396.17 and by the WSP in
			Signature	
		tifies that I understand my s which apply to my operati		motor carrier and I will comply with all
	A	le de		6/4/2014
Signat	ore of applicant			Date

NOTE: Once issued, you must keep a copy of your permit in your vehicle.

RALSTON & RALSTON PO BOX 986 POULSBO, WA 98370 1-360-779-4448



Policy number: 02415837-0

Underwritten by: UNITED FINANCIAŁ CASUALTY COMPANY April 18, 2014 Page 1 of 1

Certificate of Insurance

Certificate Holder
Additional Insured
DUSTIN IVERSON
52 BEAR MEADOW

PORT ANGELES, WA 98362

Insured
DARRELL C IVERSON
IVERSON TRUCKING
52 BEAR MEADOW RD
PORT ANGELES, WA 98350

RALSTON & RALSTON PO BOX 986 POULSBO, WA 98370

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Sep 23, 2013		Policy Expiration Date: Sep 23, 2014		
	Insurance coverage(s)	Limits		
	BODILY INJURY/PROPERTY DAMAGE	\$1,000,000 COMBINED SINGLE LIMIT		
	UNDERINSURED MOTORIST BODILY INJURY	\$1,000,000 COMBINED SINGLE LIMIT		
	UNDERINSURED MOTORIST PROPERTY DAMAGE	\$25,000 W/\$100 DED (\$300 IF HIT & RUN)		
	PERSONAL INJURY PROTECTION	\$10,000		

Description of Location/Vehicles/Special Items

Scheduled autos only

1985 KW W90 1NKWL29XXFS328423 1952 PAGE TRAILER S178084WN

Certificate number

10814NET837

Please be advised that additional insureds and loss payees will be notified in the event of a mid-term cancellation.

K-PM

Form 5241 (10/02)

IVERSON TRUCKING

lops

PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

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

FOR OFFICIAL USE ONLY	Docket No. TV-			
Reception Number 050580 Safety	Carrier ID#			
111-0268-200-02 2-75 . <i>DU</i> Insurance	Émployee			
VI OUZOIA TYPE OF APPLICATION				
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Email address: DITTrucking LLC@ outlook.com				
Phone Number: 915 996 5671 Fax Number: 360452 6428				
Business (Mailing) Address: 52 Boar Meadow Rd. Port Angeles Wa 98362				
Physical Address (if different):	Physical Address (if different):			