

**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

*ms 8/15/14*

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-TC-12122
Reception Number	Safety <i>OK</i>	Carrier ID# 7935
111-0268-200-02	Insurance	Employee <i>ms</i>

**TYPE OF APPLICATION**

New Common Carrier Permit Authority, or <del>Transfer</del> 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"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/> \$275 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 HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation	

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: CC-62920 Unified Business Identifier Number (UBI): 603-386-616

Legal Name: Barnes + Sons Logging LLC USDOT: 1668771

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: barnesdd@hotmail.com

Phone Number: 360-864-6625 Fax Number: 360-864-6625

Business (Mailing) Address: PO Box 1102 Toledo WA 98591

Physical Address (if different): 319 Todley Rd. Toledo WA 98591

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Shares</u>
Michael Barnes	President	50%
Donald Barnes	Vice President	50%

**\*TRANSFER OF PERMIT NUMBER**

\*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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT Barnes, Michael J alba Permit Number CC-62920  
Barnes Trucking  
Debi Barnes Signature of current permit holder      6-27-14 Date

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received

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

Unit #	License Number	State	VIN number
1	C63421A	WA	3BKDXDE24F68879

**SIGNATURE**

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.

Debi Barnes Signature      6-27-14 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](http://www.wtatrucking.com), (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, [www.ijkeller.com](http://www.ijkeller.com), 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), 866 512-1800.

**Controlled Substances and Alcohol Testing**

Name: Debie A Barnes Position: BKCP

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: Debie A Barnes Position: BKCP

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: Debie Barnes Position: BKCP

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: Debie Barnes Position: BKCP

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: Debie Barnes Position: BKCP

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.

Debie Barnes

Signature of applicant

6-27-14

Date

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

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

7935  
P. Day

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the Oregon Automobile Insurance Company  
(Name of Company)  
(herein after called Company) of One Liberty Centre, 650 N E Holladay Street, Portland, OR, 97232  
(Home Address of Company)

BARNS & SONS LOGGING  
has issued to LLC (Name of Motor Carrier) of PO BOX 1102, TOLEDO, WA, 98591-0205  
(Address of Motor Carrier)

A policy or policies of insurance effective from 06/27/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 650 NE Holladay OR 97232 This 03rd day of Jul 20 14  
Portland (Address) (Day) (Month) (Year)

Insurance Company File No. C07 171936 (Policy No) Jerry Strawn  
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00



# INSURANCE BINDER

DATE (MM/DD/YYYY)  
06/27/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY  
Virgil R. Lee & Son  
Lovsted Worthington LLC  
P.O. Box 1226  
Chehalis, WA 98532  
John O Thurston

PHONE (A/C, No., Ext): 360-748-0051  
FAX (A/C, No.): 360-748-3941

CODE: \_\_\_\_\_ SUB CODE: \_\_\_\_\_

AGENCY CUSTOMER ID: BARNE-1

INSURED  
Barnes & Sons LLC  
P O Box 205  
Toledo WA 98591

COMPANY  
Oregon Automobile Ins Co  
BINDER # 4111

DATE	EFFECTIVE	TIME	EXPIRATION DATE	TIME
06/27/14			07/27/14	

THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #C06171936

DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location)  
2004 Kenworth T800 3BKDXOEX24F068879  
2008 Trail Tiltbed Trailer  
SUCPT37338A000314

COVERAGES	TYPE OF INSURANCE	COVERAGE/FORMS	LIMITS		
			DEDUCTIBLE	COINS %	AMOUNT
PROPERTY	CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR		EACH OCCURRENCE		\$
			DAMAGE TO RENTED PREMISES		\$
			MED EXP (Any one person)		\$
			PERSONAL & ADV INJURY		\$
			GENERAL AGGREGATE		\$
			PRODUCTS - COMP/OP AGG		\$
AUTOMOBILE LIABILITY	<input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$ 1,000,000
			BODILY INJURY (Per person)		\$
			BODILY INJURY (Per accident)		\$
			PROPERTY DAMAGE		\$
			MEDICAL PAYMENTS		\$ 5000
			PERSONAL INJURY PROT		\$
			UNINSURED MOTORIST		\$ 1,000,000
					\$
AUTO PHYSICAL DAMAGE	DEDUCTIBLE <input checked="" type="checkbox"/> COLLISION: 2,000 <input checked="" type="checkbox"/> OTHER THAN COL: 2,000	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE		
			STATED AMOUNT		\$
			OTHER		
GARAGE LIABILITY	<input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT		\$
			OTHER THAN AUTO ONLY:		
			EACH ACCIDENT		\$
			AGGREGATE		\$
EXCESS LIABILITY	UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
			AGGREGATE		\$
			SELF-INSURED RETENTION		\$
			WC STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY			E.L. EACH ACCIDENT		\$
			E.L. DISEASE - EA EMPLOYEE		\$
			E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS/OTHER COVERAGES			FEES		\$
			TAXES		\$
			ESTIMATED TOTAL PREMIUM		\$

NAME & ADDRESS  
Mike Dotson  
WUTC  
P O Box 47250  
Olympia WA 98504-7250

MORTGAGEE  
LOSS PAYEE

ADDITIONAL INSURED

LOAN #

AUTHORIZED REPRESENTATIVE  
John O. Thurston

7435

WASHINGTON



UTILITIES AND TRANSPORTATION  
COMMISSION

# Field Receipt

Utilities & Transportation Commission  
1300 S. Evergreen Park Drive S.W.  
Olympia, Washington 98504-7250  
Phone: (360) 664-1349  
Fax: (360) 664-1289  
www.utc.wa.gov

**Company Name** Barne's and Son's Logging LLC

**Company Code**

**Date Received** 6/27/2014      **Field Receipt ID** 1115      **Employee** Dotson, Michael

**Payment Type** Check      **Check Number** 1027

**Cash Date** \_\_\_\_\_      **Initials** \_\_\_\_\_

Payment for Application Fee		
Industry	Description	Amount Paid
200	Common Carrier Application	\$275.00
<b>Subtotal:</b>		<b>\$275.00</b>
<b>Total Paid:</b>		<b>\$275.00</b>

### Financial Services Use Only

<b>Receipt ID:</b>	050760
<b>Payment ID:</b>	1027
<b>Supplemental:</b>	Gen CC Permit
<b>Amount Received:</b>	275. <sup>00</sup>
<b>Date Received:</b>	6/30/14

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-	
Reception Number	<u>50760</u>	Safety	Carrier ID#
111-0268-200-02	<u>270.00</u>	Insurance	Employee
<b>CK # 1027</b>		<b>TYPE OF APPLICATION</b>	
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"/>	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/>	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
<input type="checkbox"/>	\$275 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 HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
<input type="checkbox"/>	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 00-62920 Unified Business Identifier Number (UBI): 603-386-616

Legal Name: Barnes + Sons Logging LLC USDOT: 1668771

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: barnesdd@hotmail.com

Phone Number: 360-864-6625 Fax Number: 360-864-6625

Business (Mailing) Address: PO Box 1102 Toledo WA 98591

Physical Address (if different): 319 Today Rd. Toledo WA 98591