FOR OFFICIAL USE ONLY

Reception Number

Docket No. TV- (41486

Carrier ID#

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

Safety

111-0	268-ZU(J-Q2	insurance			Employee / W/
			TYPE OF A	PPLIC	ATION	
		common Carrier Permi	<u> </u>	Ext	ension o	of Common Carrier Permit Authority
X		GENERAL COMMOD			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
	\$275	GENERAL COMMODI ARMORED CAR SERV	•		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
	\$275	GENERAL COMMODI HAZARDOUS MATER	•		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
	\$275	GENERAL COMMODI HAZARDOUS MATER ARMORED CAR SERV	IIALS and			
0	-	REINSTATEMENT OF C	ANCELLED COMMO	ON CAR	RIER PER	RMIT - Must be filed within 10 months
in the state of th					angan at mengeri da ina ayan angan atau atau atau atau atau atau atau at	Branch Branch
Comm	non Car	rier #: 37832	Unified Business Id	entifier	Number	r (UBI): 601-840-001
Legal	Name:	Richards	edy Truckin	مع لا	ZUSDOT	546698
Trade	Name(s), dba(s), if any				
Email	address	: Richard	G Sedy (<u>Y</u>	<u> </u>	-CDM
Phone	Numb	er: <u>360-274-</u>	7909	Fax	Number:	360-274-0698
Busine	ess (Mai	iling) Address:	33 Sar	ndu	<u> </u>	Bend Rd
Physic	al Addr	ess (if different):			,	

Section 1			ng sa persona ng pangang sa pangang sa pengangan Sa pangang sa pengangang sa pengangangan				
☐ Individual	☐ Partner	ship	國 Limited i	iability Company	State of Inc		
NAME	3 Sedy	manage manage	LC	Stock Distri	bution or % of Shares		
Dixie S	sed 4	monage			> 0 7 ₀		
*Complete this permit holder	s section ONL and permit n	Y if you are transferring umber to be transferred.	an existing per	mit to a new owne	r. List name of current gn below to authorize the		
transfer of the	permit numb	per.					
NAME ON PER	MIT			Permi	t Number		
Signature of co	ırrent permit	holder		Dat	e		
			Barrier B. B. Artenion and State A. Circles and State an				
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 not haul hazardous materials in an quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Prope Damage Insurance. You not complete Part B.	materials million in Property You You must Sections	III haul hazardous requiring \$1 Public Liability and Damage Insurance. complete Part C, 1 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.		
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Unit #	486	cense Number	State いな.		/IN number DCH1YK962539		
	-~						
and that no op	erations may	hat the filing of this appl be conducted until a pe contained in this applica	rmit is issued b	y the Commission	I hereby declare and		
Signature) \(\)	- Cy		7-19-	14		

PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

SEDY TRKING

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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 <u>Code of Federal Regulations at 49 CFR</u>. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code <u>(WAC) 446-65</u>.

Copies of the FMCSR's are available from several vendors. These include, but are not limited to:

- Washington Trucking Association, 930 S. 336th St., Sulte 8, Federal Way, WA 98003, <u>www.wtatrucking.com</u>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.iikeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

二) 26 20 10 10 10 10 10 10 10 10 10 10 10 10 10	And the second s	
Name: Richard	Sed Position:	manages

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.

		a see a
Name: Richard Sed	Position:	Manages

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 <u>Department of Licensing</u>. 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: Richard Sedy 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.

Name: Richard Sely 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.

Name: Kichard Sody Position: Managar

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.

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.

Signature of applicant

Date

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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYY) 07/01/2014

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 the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Woodland Insurance Agency, Inc 657 Goerig St Woodland, WA 98674-9442 Woodland Insurance Agency, Inc		CONTACT NAME: PHONE (AC, No, Ext): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #; SEDY-TR	MAME: PHONE (AIC, No. Ext): E-MAIL ADDRESS:					
INSURED	RICHARD SEDY TRUCKING, L.L.C. 933 Sandy Bend Road	INSURER A : American States Insurance Co. INSURER B :						
	Castle Rock, WA 98611	INSURER C :						
COVEDA		INSURER F:						

CERTIFICATE NUMBER: **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,

NSR LTR		ADDL INSR	SUBF	· · · · · · · · · · · · · · · · · · ·	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	**************************************	·····
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY			01C1701327	06/23/2014	06/23/2015	EACH OCCURRENCE	\$	100,000
	CLAIMS-MADE X OCCUR						PREMISES (Es occurrence) MED EXP (Any one person)	\$	10,00
	X \$250.00 DED						PERSONAL & ADV INJURY	6	100,00
							GENERAL AGGREGATE	\$	100,00
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	100,00
	X POLICY PRO-							6	
	ANY AUTO			01CI701327	06/23/2014	06/23/2016	COMBINED SINGLE LIMIT (Ea accident)	į	1,000,00
	ALL OWNED AUTOS		'		00/23/2014	WZ31ZU [0	BODILY INJURY (Per person)	\$	
١	X SCHEDULED AUTOR			•			BODILY INJURY (Per accident)	\$	<u> </u>
	HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT)	\$	<u> </u>
	NON-OWNED AUTOS							\$	
_								\$	
	UMBRELLA LIAB OCCUR EXCESS LIAB						EACH OCCURRENCE	\$	
	CLANVIS-IMALIE						AGGREGATE	\$	
	DEDUCTIBLE							8	
	RETENTION \$ WORKERS COMPENSATION							\$	
	AND EMPLOYERS' LIABILITY						WC STATU- OTH- YORY LIMITS ER		
		N/A					E.L. EACH ACCIDENT	\$	
	(Mendatory in NM) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	\$	
	EQUIPMENT SCHEDULE			0401704207			E.L. DISEASE - POLICY LIMIT	Š	· · · · · · · · · · · · · · · · · · ·
`	-WOIT MENT GOTEDULE	1		01CI701327	06/23/2014	06/23/2015	"ACV"		45,000
_,	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL						80% Coins		\$2600.DED

CC37832

CERTIFICATE HOLDER

MOODE AND INSURANCE

Washington Utilities & Transportation Commission Fax 360-586-1181 P. O. Box 47250 Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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