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 | | | | | | |
|--|---------------------------|--|---------|--|--|--|
| Reception Number Safety | | | | Docket No. TV- 4 5 57 | | |
| 111-0268-200-02 Insurance | | | | Carrier ID# \(\(\sigma\)(7 | | |
| il di di con ance | | Employee | | | | |
| Nov. Com | S TYPE OF A | PPLIC | ATION | | | |
| New Common Carrier Permit or Transfer of Existing Perm | t Authority, it Number | Extension of Common Carrier Permit Authority | | | | |
| \$275 GENERAL COMMODITIES ONLY | | | \$100 | GENERAL COMMODITIES, including ARMORED CAR SERVICE | | |
| \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE | | | \$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 | | | | | | |
| A Company of the Comp | MOTOR CARRIER | IDENT | FICATIO | N The state of the | | |
| Common Carrier #: 65500 Unified Business Identifier Number (UBI): 603 426 375 | | | | | | |
| Legal Name: Mchaughlin Transportation Transportatio | | | | | | |
| Trade Name(s), dba(s), if any | | | | | | |
| Email address: WPM Claug Yahov.com | | | | | | |
| Phone Number: (470) 353-0602 Fax Number: (470) 353-0607 | | | | | | |
| Business (Mailing) Address: 5588 Fitch Rd. N. Olmsted, Ohio 44020 | | | | | | |
| Physical Address (if different): 5164 Mills Industrial PKWY. N. Ridge ville, whice 44035 | | | | | | |
| | | | | | | |

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 <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 (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
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, <u>www.likeller.com</u>, 877 564-2333.
- Willamette Traffic Burcau, 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.

| Controlled Substances | and:Alcohol Testing |
|-----------------------------|-------------------------|
| Name: William P. McLanghlin | Position: President/ceo |

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 Licen | se (CDL) Requirements |
|-----------------------------|-------------------------|
| Name: William P. McLaughlin | Position: President/Ceo |

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.

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| ☐ Individual ☐ Partn | ership Corporation | ☐ Limited L | iability Company | State of Inc. Ohio |
| NAME William P. McLa | phin President | | | ribution or % of Shares |
| | Jan Hesice 177 | | | |
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| | TRANSFER OF | PERMIT NUM | /BER | College Agent College (College Agent College |
| "Complete this section ON permit holder and permit transfer of the permit nun | NLY if you are transferring an one number to be transferred. The ber. | existing perr ne current p | nit to a new owner ermit hold must s | er. List name of current ign below to authorize the |
| NAME ON PERMIT | | Permit Number | | |
| Signature of current permit holder | | Date | | |
| | INSURANCE REQUIRE | VENTS (mu | tchedone) | The second secon |
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| azardous materials in any | hazardous materials in any | You will haul hazardous materials requiring \$1 You will haul hazardous materials requiring \$5 | | |
| uantity. You will only | quantity. You will operate | | ublic Liability and | materials requiring \$5 million in Public Liability |
| perate vehicles with a | vehicles with a GVWR of | | amage Insurance. | and Property Damage |
| VWR of less than 10,000 | 10,000 pounds or more. You | You must c | omplete Part C, | Insurance, You must |
| ounds. You must obtain 300,000 in Public Liability | must obtain \$750,000 in | Sections 1 | and 2. | complete Part C, Sections 1 |
| nd Property Damage | Public Liability and Property | • | | and 2. |
| surance. You do not need | Damage Insurance. You must complete Part B. | | | |
| complete Part B. | complete Falt B. | | | |
| | OTOR VEHICLE LIST (Affacts | additional p | iges if necessary) | × Company |
| | icense Number | State | | IN number |
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| willester unit 48 | F0435H | Florido | IXP-7D | B9X-6-616398 |
| | SIGNA | | And the state of t | Augusta and a second se |
| as applicant, understand t | that the filing of this applicati | on does not | in itself constitut | e authority to operate |
| nd triat no operations may | be conducted until a permit | is issued by | the Commission | I becaby doctors and |
| min that the information | contained in this application | is true to the | e best of my know | vledge and belief |
| Willia of | n > U. | | / | |
| gnature | - 21 | | 7/30/14 | |
| € | | Da | ote 97 | |

| The state of the s | n Requirements |
|--|---|
| Name: William P. Melaughlin | Position: Ceo/Pasident |
| Each company must maintain a complete Driver Qualification as required by FMCSR Part 391.51 and by the WSP in WAC 446 intrastate commerce within Washington have limited exempti operations must maintain a complete file on themselves and a | o-65-010. Owner/operators that work exclusively in |
| Drivers Hours | of Service |
| Name: Tina M. MeLaughin | Position: Safety Linector |
| Each company must maintain true and accurate hours of service as required by the FMCSA in 49 CFR, Part 395.1(e) and by the V | ce records for each individual that drives a motor vehicle NSP in WAC 446-65-010. |
| Vehicle Inspection, Repa | ir, and Maintenance |
| Name: Ting M. McLaighlin | Position: Safety director |
| Each company must prepare a written "Driver Vehicle Inspection the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-required records for each vehicle that includes the following, as WSP in WAC 446-65-010: | 65-010 in addition, each company must reside to |
| Identification of the vehicle. | |
| The nature and due date of various inspection a A record of inspections, repairs and maintenance | and maintenance operations to be performed. ce indicating their date and nature. |
| All companies must conduct periodic inspections as required by NAC 446-65-010. | the FMCSA in 49 CFR, Part 396.17 and by the WSP in |
| Signatu | |
| My signature below certifies that I understand my respons he safety requirements which apply to my operations. | sibility as a motor carrier and I will comply with all |
| Willia d. gr. zell. | 7/30/14 |

Signature of applicant

7/30/14

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

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MCLAUGHLIN TRANSPORTATION INC of 5164 MILLS INDUSTRIAL PARKWAY, NORTH RIDGEVILL, OH 44039 a policy or policies of insurance effective from 07/30/2014 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 5th day of August, 2014

Insurance Company File No. CA 02475817

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B