

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- <u>193061</u> |
| Reception Number | Safety <u>MD</u> | Carrier ID# <u>16580</u> |
| 111-0268-200-02 | Insurance | Employee <u>MD</u> |

TYPE OF APPLICATION

| 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 #: 65518 Unified Business Identifier Number (UBI): 603 400 005 1 1

Legal Name: Northport Transport, LLC USDOT: 2516847

Trade Name(s), dba(s), if any _____

Email address: northporttransportllc@gmail.com

Phone Number: (509)675-4595 Fax Number: _____

Business (Mailing) Address: P.O. Box 154, Northport, WA 99157

Physical Address (if different): 3261 Aladdin Road, Colville, WA 99114

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> |
|-------------------|--------------|--|
| Elizabeth Baird | Manager #1 | 51% |
| Robert Baird, Sr. | Manager #2 | 49% |

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

NAME ON PERMIT _____ Permit Number _____

Signature of current permit holder

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. |
|---|---|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

| Unit # | License Number | State | VIN number |
|--------|----------------|-------|---------------|
| 1 | C25194B | WA | 437472Y036887 |
| | | | |
| | | | |

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.

Robert Baird, Sr.

Signature

August 6, 2014

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, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ijkeller.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.

Controlled Substances and Alcohol Testing

Name: Robert Baird, Sr. Position: Manager #2

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: Robert Baird, Sr. Position: Manager #2

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: Robert Baird, Sr. Position: Manager #2

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: Robert Baird, Sr. Position: Manager #2

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: Robert Baird, Sr. Position: Manager #2

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.

Robert Baird, Sr.

Signature of applicant

August 6, 2014

Date

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

16580

PROGRESSIVE

HUB INTL NORTHWEST
PO BOX 151
COLVILLE, WA 99114
1-509-684-5041

Policy number: 03219612-0

Underwritten by:
UNITED FINANCIAL CASUALTY COMPANY
August 8, 2014
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Certificate of Insurance

Certificate Holder

WUTC
PO BOX 47250
OLYMPIA, WA 98504

Insured

NORTHPORT TRANSPORT, LLC
PO BOX 154
BORTHPORT, WA 99157

Agent

HUB INTL NORTHWEST
PO BOX 151
COLVILLE, WA 99114

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: Jul 21, 2014

Policy Expiration Date: Jan 21, 2015

Insurance coverage(s)

Limits

| 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 | \$100,000 W/\$100 DED (\$300 IF HIT & RUN) |
| PERSONAL INJURY PROTECTION | \$35,000 |

Description of Location/Vehicles/Special Items

Scheduled autos only

1973 INTERNATIONAL FIFTHWHEEL 437472Y036887
1975 HOBBS TRAILER TBA

Certificate number

22014NET612

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



Form 5241 (10/02)