

RECEIVED

AUG 18 2014

PART A
APPLICATION FOR PERMIT
(excluding Household Goods)

Handwritten signatures and initials
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

8.18.14

143152

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>143152</u>
Reception Number <u>051046</u>	Safety <u>MD</u>	Carrier ID# <u>16613</u>
111-0268-200-02 <u>275.00</u>	Insurance <u>MD</u>	Employee <u>MD</u>
1699 TYPE OF APPLICATION		
<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number		<input type="checkbox"/> 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 #: 65550 Unified Business Identifier Number (UBI): 602 528 025

Legal Name: Steven D Stewart USDOT: 1895364

Trade Name(s), dba(s), if any Stewart Hauling

Email address: _____

Phone Number: 360 393 6598 Fax Number: 360 855 2394

Business (Mailing) Address: 901 Metcalf St #65 Sedro Woolley WA 98284

Physical Address (if different): 41857 Challenger Rd Concrete WA 98237

TYPE OF PAYMENT

Check Money Order

Amex Discover Mastercard Visa

Expiration Date _____

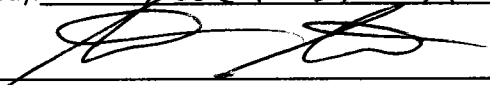
Credit Card number:

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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Company Name: Stewart Hauling

Name (printed): Steven D. Stewart Date: 8/15/14

Signature:  Title: Owner

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@utc.wa.gov

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. _____

NAME Steven D Stewart TITLE Owner Stock Distribution or % of Shares

***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

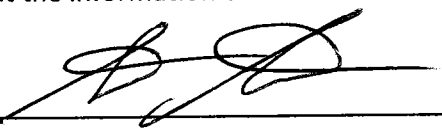
<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You 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.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

Unit #	License Number	State	VIN number
	B04595N	WA	2 HSF B A G R 7 K C 0 2 8 1 7 0
	B30165Z	WA	2 HSF B A D R X L C 0 3 7 9 0 5

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.

Signature 

Date 8/15/14

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.jjkeller.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: Steven D Stewart 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. 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: Steven D Stewart 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 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: Steven D Stewart Position: Owner

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: Steven D Stewart Position: Owner

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: Steven D Stewart Position: Owner

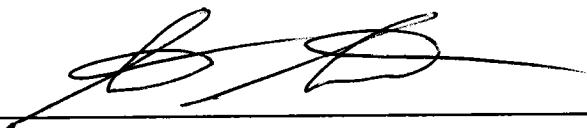
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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.



Signature of applicant

8/15/14

Date

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

166613
(P)

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 STEVEN D STEWART, STEWART HAULING of #65-901 METCALF STRE, SEDRO WOOLLEY, WA 98284 a policy or policies of insurance effective from 08/15/2014 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 25th day of August, 2014

Insurance Company File No. CA 05475571
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

ADDITIONAL COVERAGES

Ref #	Description	Coverage Code	Form No.	Edition Date
1	1989 Intl/F93 2HSFBAGR7KC028170	UNDPD		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
50,000			100	Per
Ref #	Description	Coverage Code	Form No.	Edition Date
2	1990 Intl/930 2HSFBADRXL037905	CSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
750,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
2	1990 Intl/930 2HSFBADRXL037905	UNCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
300,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
2	1990 Intl/930 2HSFBADRXL037905	UNDPD		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
50,000			100	Per
Ref #	Description	Coverage Code	Form No.	Edition Date
2	1990 Intl/930 2HSFBADRXL037905	PIP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
3	1985 GMC/N96 1GDS9F4C4FV611159	CSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
750,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
3	1985 GMC/N96 1GDS9F4C4FV611159	UNCSL		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
300,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
3	1985 GMC/N96 1GDS9F4C4FV611159	UNDPD		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
50,000			100	Per
Ref #	Description	Coverage Code	Form No.	Edition Date
3	1985 GMC/N96 1GDS9F4C4FV611159	PIP		
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
10,000				
Ref #	Description	Coverage Code	Form No.	Edition Date
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type
Ref #	Description	Coverage Code	Form No.	Edition Date
	Underinsured motorist combined single limit			
Limit 1	Limit 2	Limit 3	Deductible Amount	Deductible Type