

PART A

TV# 193198

**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  
**APPLICATION FOR PERMIT**  
 (excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number:

111 0268 200 02

Safety: *MD*

Insurance:

Carrier ID#:

*6622*

Employee:

*MD*

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit 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)

For Commission Use Only: Auth #:

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

Expiration Date: *8/14*

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.

Name (printed): *Denise A Ho*

Date: *8/27/14*

Signature: *[Signature]*

Title: *Agent*

MOTOR CARRIER IDENTIFICATION

CC#: *65562*

US DOT#: *2536328*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *603398986*

APPLICANT NAME: *Juan Manuel Garza*

PHONE#: *509-318-9278*

d/b/a: *South Bound Express*

FAX #: *509-453-3936*

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) *3601 W. Washington Ave #1*  
(city, state, zip) *Yakima, WA 98903*

PHYSICAL ADDRESS: (street address, if different) *4908 Catalonia Dr*  
*Pasco, WA 99301*

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL  PARTNERSHIP  CORPORATION (LP, LLP, LLC)  
STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Juan Manuel Garza		4908 Catalina Dr. Pasco WA 99301	100%

**TRANSFER OF PERMIT NUMBER**

Complete this section 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: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

A permit will not be issued until acceptable insurance is received.

- 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 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.
- You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 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.

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

UNIT#	LICENSE#	STATE	VIN#
11		WA	1FUJA6CK27PU54178

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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Juan Manuel Garza by *[Signature]*  
Signature(s) Agent

8/27/14  
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, (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, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

### Controlled Substances and Alcohol Testing

Name: Juan Manuel Garza 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 Drivers License (CDL) Requirements

Name: Juan Manuel Garza 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: Juan Manuel Garza 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: Juan Manuel Garza 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: Juan Manuel Garza 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.*

Juan Manuel Garza by [Signature]  
Signature of applicant

Agent

8/27/14  
Date

Approved \_\_\_\_\_

Form E

Pending

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY  
(Name of Company)

(hereinafter called Company) SCHAUMBURG, IL  
(Home Office Address of Company)

has issued to JUAN MANUEL GARZA DBA SOUTH BOUND EXPRESS to 4908 CATALONIA DR PASCO, WA 99301  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 8/29/2014 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD SPOKANE WA 99224  
(Street Address) (City) (State) (Zip Code)

this 3RD day of SEPTEMBER 2014

NS. CO. ID# \_\_\_\_\_



(Authorized Company Representative)

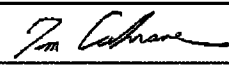
Insurance Company File No. PRA-9016317  
(Policy Number)

PO BOX 19150 SPOKANE, WA 99219  
(Address of Authorized Company Representative)

**FORM F**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY**  
**INSURANCE ENDORSEMENT**

It is agreed that:

1. The certification of the policy, as proof of financial responsibility under the provisions of any State motor carrier law or regulations promulgated by any State Commission having jurisdiction with respect thereto, amends the policy to provide insurance for automobile bodily injury and property damage liability in accordance with the provisions of such law or regulations to the extent of the coverage and limits of liability required thereby; provided only that the insured agrees to reimburse the company for any payment made by the company which it would not have been obligated to make under the terms of this policy except by reason of the obligation assumed in making such certification.
2. The Uniform Motor Carrier Bodily Injury and Property Damage Liability Certificate of Insurance has been filed with the State Commissions indicated below.
3. This endorsement may not be canceled 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 with which such certificate has been filed, such thirty (30) days' notice to commence to run from the date the notice is actually received in the office of such Commission.

Attached to and forming a part of policy No. PRA-9016317  
 issued by ZURICH AMERICAN INSURANCE COMPANY, herein called  
 Company, of SCHAUMBURG, IL  
 to JUAN MANUEL GARZA DBA SOUTH BOUND EXPRESS of 4908 CATALONIA DR PASCO, WA 99301  
 Dated at SPOKANE, WA this 3RD day of SEPTEMBER 2014  
 Countersigned by   
 Authorized Representative

X = INDICATES STATE COMMISSIONS WITH WHOM UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE HAS BEEN FILED							
ALABAMA	<input type="checkbox"/>	ILLINOIS	<input type="checkbox"/>	MONTANA	<input type="checkbox"/>	RHODE ISLAND	<input type="checkbox"/>
ALASKA	<input type="checkbox"/>	INDIANA	<input type="checkbox"/>	NEBRASKA	<input type="checkbox"/>	SOUTH CAROLINA	<input type="checkbox"/>
ARIZONA	<input type="checkbox"/>	IOWA	<input type="checkbox"/>	NEVADA	<input type="checkbox"/>	SOUTH DAKOTA	<input type="checkbox"/>
ARKANSAS	<input type="checkbox"/>	KANSAS	<input type="checkbox"/>	NEW HAMPSHIRE	<input type="checkbox"/>	TENNESSEE	<input type="checkbox"/>
CALIFORNIA	<input type="checkbox"/>	KENTUCKY	<input type="checkbox"/>	NEW JERSEY	<input type="checkbox"/>	TEXAS	<input type="checkbox"/>
COLORADO	<input type="checkbox"/>	LOUISIANA	<input type="checkbox"/>	NEW MEXICO	<input type="checkbox"/>	UTAH	<input type="checkbox"/>
CONNECTICUT	<input type="checkbox"/>	MAINE	<input type="checkbox"/>	NEW YORK	<input type="checkbox"/>	VERMONT	<input type="checkbox"/>
DELAWARE	<input type="checkbox"/>	MARYLAND	<input type="checkbox"/>	NORTH CAROLINA	<input type="checkbox"/>	VIRGINIA	<input type="checkbox"/>
DIST. OF COLUMBIA	<input type="checkbox"/>	MASSACHUSETTS	<input type="checkbox"/>	NORTH DAKOTA	<input type="checkbox"/>	WASHINGTON	<input type="checkbox"/>
FLORIDA	<input type="checkbox"/>	MICHIGAN	<input type="checkbox"/>	OHIO	<input type="checkbox"/>	WEST VIRGINIA	<input type="checkbox"/>
GEORGIA	<input type="checkbox"/>	MINNESOTA	<input type="checkbox"/>	OKLAHOMA	<input type="checkbox"/>	WISCONSIN	<input type="checkbox"/>
HAWAII	<input type="checkbox"/>	MISSISSIPPI	<input type="checkbox"/>	OREGON	<input type="checkbox"/>	WYOMING	<input type="checkbox"/>
IDAHO	<input type="checkbox"/>	MISSOURI	<input type="checkbox"/>	PENNSYLVANIA	<input type="checkbox"/>		<input type="checkbox"/>