

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-143214		
Reception Number	Safety (M)			Carrier ID# 16(2)		
111-0268-200-02	Insurance			Employee W		
TYPE OF APPLICATION						
New Common Carrier Permit	Authority,	Ex	tension (of Common Carrier Permit Authority		
or Transfer of Existing Perm	it Number					
\$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 COMMODIT HAZARDOUS MATERI	· ·		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF CA	NCELLED COMMO	N CAR	RIER PER	RMIT - Must be filed within 10 months		
	MOTOR CARRIER	HDENT	IFICATIO	JNE STORY OF THE		
Common Carrier #:	Unified Business Id	entifier	Numbe	r(UBI): 663 430 503		
Legal Name: Preston	Johnson	ν	_ USDO1	1: 2535646		
Trade Name(s), dba(s), if any			-			
Email address:				·		
Phone Number: 569-895.						
Business (Mailing) Address: 110	W. Cen	ter	<u> </u>	of ST Moxee WA 9893		
Physical Address (if different):			· · · · · ·			

W. ar at him of the state of			TWILDLE	MESS STRU	TURE	
⊠ Individual	☐ Partne	ership [Corporation	□ Limited	Liability Company	State of Inc.
NAME		TITLE			Stock Dist	ribution or % of Shares
Presta	do Lan	nson	own	eR	10	0090
			TRANSFERIOF	PERIMIT NO	IVIBER	
*Complete th	is section ON	LY if you ar	e transferring an	existing ne	rmit to a new own	er. List name of current
permit holde	r and permit r	umber to	be transferred T	he current	normit haldt	ier. List name of current sign below to authorize the
transfer of th	e permit num	ber.	e gansierica,	ne carrent	permit noid must s	sign below to authorize the
NAME ON PE	RMIT				Perm	it Number
Signature of c	urrent permit	holder			Dat	te
	A	permit will	ANCE REQUIRE	MENTS (m	ust check one) Insurance is received	
└ You will not h	aui	ÇX(You will	not haul		ill haul hazardous	You will haul hazardous
hazardous mate	r		materials in any	materials	requiring \$1	materials requiring \$5
quantity. You wi	, i		ou will operate	million in	Public Liability and	million in Public Liability
operate vehicles			ith a GVWR of	Property	Damage Insurance.	and Property Damage
GVWR of less th			unds or more. You	You must	complete Part C,	Insurance. You must
pounds. You mu			in \$750,000 in	Sections :		complete Part C, Sections 1
\$300,000 in Pub			ility and Property			and 2.
and Property Da		Damage In	surance. You must	:		
Insurance. You d	1	complete l	Part B.	1		
to complete Pari	t B.					
ESTE ESTABLISMO DA CONSTRU	a 150 material Auto Cilino Associ	ndodagos nondistratio	Security May be used to the first to the May and			
and the state of t				additional	pages if necessary)	
Unit #		cense Num	ber	State	V	/IN number
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No. odravi iza kisa z tarptek, izane a za i						
The state of the s				TURE	e Williams	
l, as applicant,	understand th	nat the filin	g of this applicat	ion does no	t in itself constitut	e authority to operate
and that no op	erations may	be conduct	ted until a permit	is issued b	v the Commission	I hereby declare and
affirm that the	information o	ontained i	n this application	is true to the	he best of my knov	where and holief
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theston	. John	A /AA	_		8/26/2	014
Signature					Date	
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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 (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ilkeller.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: treston Johnson	Position: Ewrer
Any driver who operates a vehicle that meets the definition of have a valid CDL. The definition of a commercial motor vehicle has a gross combined weight rating of 26,001 pounds trating of more than 10,000 pounds; or has a gross vehicle weight rating of 26,001 pounds or mis designed to transport 16 or more passengers, includition is of any size and is used to transport hazardous materials regulations.	is a vehicle that: hat includes a towed unit with a gross vehicle weight nore; or ng the driver: or
Any person who drives a commercial motor vehicle requiring a alcohol testing program as required by FMCSA in 49 CFR Part 38 010.	CDL must participate in a controlled substance and 32 and 49 CFR Part 40, and by the WSP in WAC 446-65-
Commercial Driver's Licens	e (CDL) Requirements
Name: Preston Johnson	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 <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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Driver Qualificat	ion Requirem	≝⁄itis
Name: Preston Johnson	- Position:	owner
Each company must maintain a complete Driver Qualification as required by FMCSR Part 391.51 and by the WSP in WAC 4 intrastate commerce within Washington have limited exemple operations must maintain a complete file on themselves and	46 - 65-010. Ow otions. Owners	ner/operators that work exclusively in operators that conduct any interstate
Drivers Hou	rs of Service	
Name: Preston Johnson	- Position:	Owner
Each company must maintain true and accurate hours of ser as required by the FMCSA in 49 CFR, Part 395.1(e) and by the	vice records fo	r each individual that drives a motor vehicle 446-65-010.
Vehicle inspection, Re	pair, and Mai	htenance
Name: Treston Johnson	Position:	owner
Each company must prepare a written "Driver Vehicle Inspective FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 44 required records for each vehicle that includes the following, WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspection A record of inspections, repairs and maintenance.	.6-65-010. In ac as required by an and mainten	ddition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed.
All companies must conduct periodic inspections as required WAC 446-65-010.	by the FMCSA	in 49 CFR, Part 396.17 and by the WSP in
Signa	ture	
My signature below certifies that I understand my respo the safety requirements which apply to my operations.	nsibility as a r	notor carrier and I will comply with all
greston Johnson		8/26/2014
Signature of applicant		Date

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

Progressive P.O. Box 94739 Cleveland, OH 44101 1-800-895-2886



Policy number: 03252930-0

Underwritten by: United Financial Casualty Company August 29, 2014 Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
PRESTON JOHNSON LLC	PRESTON JOHNSON LLC	PROG COMMERCIAL
110 N CENTENNIAL ST	110 N CENTENNIAL ST	PO BOX 94739
Moxee City, wa 98936	MOXEE CITY, WA 98936	CLEVELAND, OH 44101

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: Aug 26, 2014	Policy Expiration Date: Feb 26, 2015
insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$25,000/\$50,000/\$10,000
Motor Trucking Cargo	\$25,000 w/\$1,000 Ded

Description of Location/Vehicles/Special Items

Scheduled autos only	only	autos	led	edul	Sch
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1979 PETERBILT 352 11753P			
1985 RAVEN TRAILER 1R1F0452XFE850207 Comprehensive Collision	\$5,000 Ded \$5,000 Ded		
1966 HOMEMADE TRAILER WN6537633 Comprehensive Collision	\$5,000 Ded \$5,000 Ded		

Certificate number

24114DGI930

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Form 5241 (10/02)