

**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

<b>FOR OFFICIAL USE ONLY</b>		Docket No. TV-193366
Reception Number	Safety <i>M</i>	Carrier ID# 1639
111-0268-200-02	Insurance <i>M</i>	Employee <i>M</i>

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 #: 58670 Unified Business Identifier Number (UBI): 603 423 001

Legal Name: M. ELIZONDO TRUCKING L.L.C. USDOT: 2531441

Trade Name(s), dba(s), if any: \_\_\_\_\_

Email address: Elizondo.Tom@gmail.com

Phone Number: 509-947-9667 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 930 S. 9th PASCO WA. 99301

Physical Address (if different): \_\_\_\_\_

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

NAME                      TITLE                      Stock Distribution or % of Shares  
Maria Elizondo                      Owner                      100%

**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 Andres Elizondo Trucking L.L.C.    Permit Number 58670

Andres Elizondo                      9-16-14  
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
8	B5577L	WA	1FUEYRYB0FH270003
292	C01010B	WA	1FUPCSEB5TP545207
10	B55778L	WA	1XKAD29X3LS546230

**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.

Maria Elizondo                      9-16-14  
Signature                      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](http://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](http://www.jjkeller.com), 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), 866 512-1800.

**Controlled Substances and Alcohol Testing**

Name: MARIA Z Elizondo 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: MARIA Z Elizondo 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: MARIA Z Elizondo 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: MARIA Z. Elizondo 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: MARIA Z. Elizondo 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.

Maria Z Elizondo  
Signature of applicant

9-16-14  
Date

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



# VEHICLE OR EQUIPMENT CERTIFICATE OF INSURANCE

DATE (MM/DD/YYYY)  
09/16/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

This form is used to report coverages provided to a single specific vehicle or equipment. Do not use this form to report liability coverage provided to multiple vehicles under a single policy. Use ACORD 25 for that purpose.

<b>PRODUCER</b> <b>State Farm</b> Craig J Griffiths - State Farm Agent 1325 Aaron Dr Ste 104 Richland WA 99352		<b>CONTACT NAME:</b> Craig J Griffiths <b>PHONE:</b> (IAC No. Ext): 509-547-9571 <b>FAX:</b> (IAC No.): 509-542-9980 <b>E-MAIL ADDRESS:</b> Craig.Griffiths.pbct@statefarm.com <b>PRODUCER CUSTOMER ID #:</b>	
<b>INSURED</b> M.Elizondo Trucking LLC 930 S 9th Ave Pasco WA 99301-5104		<b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> State Farm Mutual Automobile Insurance Company <b>NAIC #</b> 25178 <b>INSURER B:</b> <b>INSURER C:</b> <b>INSURER D:</b> <b>INSURER E:</b>	

### DESCRIPTION OF VEHICLE OR EQUIPMENT

YEAR	MAKE / MANUFACTURER	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER
1996	Freightliner	Classic	Semi Truck	1FUPCSEBSTP545207
<b>DESCRIPTION</b>				<b>SERIAL NUMBER</b>

### COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICY(IES) OF INSURANCE LISTED BELOW HAS/HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD(S) INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICY(IES) DESCRIBED HEREIN IS/ARE SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICY(IES).

INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A		<input checked="" type="checkbox"/> VEHICLE LIABILITY	303 2929-C17-47B	05/21/2014	11/21/2014	COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ 1,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000
A		<input type="checkbox"/> GENERAL LIABILITY <input type="checkbox"/> OCCURRENCE <input checked="" type="checkbox"/> CLAIMS MADE	303 2929-C17-47B	05/21/2014	11/21/2014	EACH OCCURENCE \$ 1,000,000 GENERAL AGGREGATE \$
INSR LTR	LOSS PAYEE	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS / DEDUCTIBLE
A		<input checked="" type="checkbox"/> VEH COLLISION LOSS	303 2929-C17-47B	05/21/2014	11/21/2014	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 500.00 DED
A		<input checked="" type="checkbox"/> VEH COMP <input type="checkbox"/> VEH OTC	303 2929-C17-47B	05/21/2014	11/21/2014	<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> STATED AMT \$ 500.00 DED
		<input type="checkbox"/> PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPECIAL				<input type="checkbox"/> ACV <input type="checkbox"/> AGREED AMT \$ LIMIT <input type="checkbox"/> RC <input type="checkbox"/> STATED AMT \$ DED
A		<input checked="" type="checkbox"/> PIP 5	303 2929-C17-47B	05/21/2014	11/21/2014	100,000

REMARKS (INCLUDING SPECIAL CONDITIONS / OTHER COVERAGES) (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

### ADDITIONAL INTEREST

Select one of the following:  
 The additional interest described below has been added to the policy(ies) listed herein by policy number(s).  
 A request has been submitted to add the additional interest described below to the policy(ies) listed herein by policy number(s).

VEHICLE / EQUIPMENT INTEREST:  LEASED  FINANCED

NAME AND ADDRESS OF ADDITIONAL INTEREST:  
 Washington UTC  
 1300 S Evergreen PRK Drive SW  
 Po Box 47250  
 Olympia WA 98504-7250

### CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

DESCRIPTION OF THE ADDITIONAL INTEREST:  
 ADDITIONAL INSURED  LOSS PAYEE  
 LENDER'S LOSS PAYEE

LOAN / LEASE NUMBER

AUTHORIZED REPRESENTATIVE