RECEIVED

PART A APPLICATION FOR PERMIT

(excluding Household Goods)

OCT 17 2014

WASH. UT. & TP. COMM

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

LN9-1	110		11/2-170			
FOR OFFICIAL USE ONLY	110		Docket No. TV- 143725			
Reception Number	Safety		Carrier ID# (6697)			
111-0268-200-02	Insurance		Employee			
TYPE OF APPLICATION						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension	of Common Carrier Permit Authority			
\$275 GENERAL COMMODI	TIESONLY	□ \$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE			
S275 GENERAL COMMODITAL COMMODITAL CAR SERV	•	□ \$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
S275 GENERAL COMMODIT HAZARDOUS MATER		□ \$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
S275 GENERAL COMMODIT HAZARDOUS MATER ARMORED CAR SERV	ALSand					
\$100 RENSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation						
1244 1 2 14 1 2 14 1 1 1 1 1 1 1 1 1 1 1	MOTORCARRIE	RIDENTIFICATIO				
Common Carrier #. Unified Business Identifier Number (UBI): 603 - 317 - 890 9 Legal Name: Larch Transport USDOT: 2433537						
Legal Name: Larch Tro	ansport	USDOT	1293353/			
Trade Name(s), dba(s), if any						
Email address:						
Phone Number: 509 - 314 - 8081 Fax Number: MA						
Business (Mailing) Address: 6/90 Yost Rd. Toppenish WA. 98948						
Physical Address (if different):						

TRANSFER OF PERMIT NUMBER: Only complete this section if you are transferring a permit number from one owner to another.

<u>INSURANCE REQUIREMENTS</u> Each applicant must check the appropriate box. Applicants must have their insurance company file proof of liability and property damage insurance covering each vehicle used under the permit.

- Proof of insurance must be on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E), or a written binder.
- ☐ The binder must show the Utilities & Transportation Commission listed as the Certificate Holder.
- ☐ If a binder is submitted, it will be effective for no longer than 60 days, during which time the carrier's insurance company must file the required FORM E.
- ☐ The name on the insurance must match the legal name exactly.

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\$300,000

General Commodities Only

\$5,000,000 Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

Required insurance limits for vehicles with GWR of ten thousand pounds or more:

\$750,000 General Commodities and/or Armored Car Service.

\$1,000,000 Oil listed in 49 CFR 172.101; hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in the description of the \$5,000,000 coverage requirements, below.

\$5,000,000 Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2 and 1.3 materials, Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 OR any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

MOTOR VEHICLE LIST: List all motorized vehicles, including any truck or truck tractor that will be used to haul under this permit.

PART B - SAFETY FITNESS SURVEY

All applicants with a vehicle over 10,000 gross vehicle weight rating (GWR) must complete the Safety Fitness Survey. All permitted motor carriers must comply with all of the applicable state and federal safety requirements for their operations N

2/93 PARTIC HAZARDOUS MATERIALS!

Applicants who will be hauling hazardous materials that require a placard must complete Part C, Sections 1 and 2.

PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR CV

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</u>

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 FMCSRs are available from several vendors. These include, but are not limited to: Washington Trucking Association, 930 & 386th St., Suite B, Federal Way, WA 98003, who witatrucking 85m, (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.									
	**********		α	ontrolled Sub	stances an	d Alcohol	Testing	ate and a	and the second second
Name:		sh	Nech	<u> </u>	F	Position:	owner	Sold	· · · · · · · · · · · · · · · · · · ·
 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.									
iji f			Comr	mercial Drive	r's License	(CDL) Rec	uirements :		
Name:	30	sh	Noel		F	Position:	owner		
have a vovehide is	alid ODL, a s a vehicle has a gros rating of n has a gros is designe is of any si	às rèquir e that: is combir nore tha is vehicle d to tran ize and is	ed by the Wa ned weight ra n 10,000 pou weight ratin sport 16 or n	ashington State ating of 26,001 ands; or g of 26,001 poi nore passenger asport hazardo	<u>Departmer</u> pounds that unds or mor rs, induding	nt of Licens t includes re; or the driver	I motor vehicle sing. The definit a towed unit wing; or ount that require	ion of a comm	nèngal motor nide weight

us. U		Driver Q	ualification Requirem	ents		
Name:	Josh No	2(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.						
		Driv	vers Hours of Service			
Name: -	2044	Noe (Position:	owne/	· · · · · · · · · · · · · · · · · · ·	
			urs of service records fo and by the WSP in WAC		nat drives a motor vehide	
		Vehide Inspec	tion, Repair, and Mai	ntenance		
Name: -	Jay	Noe(Position:	OWALE		
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.						
	energies de la companya de la compa	4 3 7. 3872 7.3	Sgnature			
	ature below certifie ty requirements wh			motor carrier and	d I will comply with all	
:	ON	Mul			-10-14	
Signatur	re of applicant	-			Date	

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

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

166ar fending

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 JOSHUA NOEL, LARCH TRANSPORT of 6190 YOST RD, TOPPENISH, WA 98948-0000 a policy or policies of insurance effective from 11/19/2014 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 20th day of November, 2014

Insurance Company File No. CA 03376443

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B