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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

A Contest te Common Carrier Operating Authority

FOR OFF	FICIAL USE ONLY	/			Docket No. TV- (937 50
Reception Number Safety				Carrier ID# 16704	
111-026	58-200-02	Insurance			Employee
		TYPE OF AF	PLIC	ATION	
	Vew Common Carrler Permit or Transfer of Existing Perm		Extension of Common Carrier Permit Authority		
	\$275 GENERAL COMMODI	TIES ONLY		\$100	GENERAL COMMODITIES, Including ARMORED CAR SERVICE
	\$275 GENERAL COMMODIT ARMORED CAR SERV			\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS
	\$275 GENERAL COMMODIT HAZARDOUS MATER	· •		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
	\$275 GENERAL COMMODIT HAZARDOUS MATER ARMORED CAR SERV	ALS and			
	\$100 REINSTATEMENT OF CA		N CAR	RIER PER	MIT - Must be filed within 10 months
		MOTOR CARRIER	IDEN	IFICATIO	DN
Commo	n Carrier #: 65628	Jnifled Business Id	entifier	Numbe	(UBI): 602 821 595
Legal Na	ame: Hooley Bro.	5. Contract	ung 1	LC USDOT	1858088
	ame(s), dba(s), if any				
Empil ad	Idress: <u>hbc @e</u>	MY people.	ne	<u> </u>	
cinali au					
					509-935-0416
Phone N	lumber: <u>509-936</u>	-0670	_ Fax	Number	509-935-0416 15 Lake Rd. Chewelay

Oct. 17. 2014 1:49PM Licensing Services

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INSURANCE REQUIREMENTS (must check one) A peynit will not be issued until acceptable insurance is received JYou will not haul azardous materials in any uantity. You will noty perate vehicles with a property vehicles with a issuence. You must obtain 300,000 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 obtain \$750,000 in Public Liability and Property Damage insurance. You must complete Part B. J You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage insurance. You must complete Part B. MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number State VIN number 3 B & 5 & 5/1 C U.A I & S & 2.2.5 5 5 < 3.6.3.5.9.8 U.A I & S & 2.2.5 5 6 < 2.9.3.5.8.8 U.A 2.4.5.8.7 2.6.5.3.5.8.5 SigNATURE	🗆 Individual	Individual 🛛 Partnership 🔲 Corporation			Ki Limited Li	ability Company	State of inc
"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	NAME		TITL	<u>E</u>		Stock Distr	ibution or % of Shares
"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		······································				······································	
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You will not haul hazardous materials in any juantity. You will only perate vehicles with a sounds. 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 do not need to complete Part B.You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part B.Image Insurance. You must complete Part C, Sections and 2.MOTOR VEHICLE LIST (Attach additional pages If necessary)MOTOR VEHICLE LIST (Attach additional pages If necessary)Image Insurance Image InsuranceUnit #Ulcense NumberStateVIN number3B & 5 & S / I CWAI & S D D S & S & S & S & S & S & S & S &			- L. B. C.	e sele sante. Be et el l'articul de l'all' est d'articul d'artic	WIN LOUGH AND STORY STORY	- Alter the second state of the second state of the	
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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</u> <u>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, <u>www.wtatrucking.com</u>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, <u>www.ijkeller.com</u>, 877 564-2333.
- Willametre 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 Jerro ounci Name: Position:

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.

Cammercial Driver's Licen	se (CDL) Requirements
- 11 Al	Position: <u>CO-OLENCT</u>

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	Qualification Regulrements
Name: Jerrold	HODKY	Position Lo - CLENCT

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:	Jerro/d	Hoddy		Lo-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 400114 JErro/J -owner 00 Position: Name:

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

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 CERTIFICATION OF INSURANCE

Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATION OF INSURANCE
Filed with Washington Utilities & Transportation Commission (herein after called Agency) (Name of Agency)
This is to certify that the <u>American States Preferred Insurance Company</u> (Name of Company) (herein after called Company) of <u>350 E 96th St</u> , Indianapolis, IN, 46240 (Home Address of Company)
HOOLEY BROS. 2606C QUARRY BROWNS LAKE RD , CHEWELAH , WA has issued to <u>CONTRACTING, LLC</u> of
A policy or policies of insurance effective from 03/01/2014 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 Agency has jurisdiction or regulations promulgated in accordance therewith.
Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.
9450 Seward Rd Countersigned at <u>Fairfield</u> OH 45014 This <u>30th</u> day of <u>Oct</u> 20 <u>14</u> (Address) (Day) (Month) (Year)
Insurance Company File No. 06CC019346 (REINSTATE) (Policy No) (Authorized Company Representative)
Underlying Limit :0.00 Liability Limit :1,000,000.00