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PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

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**

FOR OFFICIAL USE ONLY 1-14-14	Docket No. TV-19377 4		
Reception Number 52666 Safety \sim	Carrier ID# \671\Z		
111-0268-200-02 275.00 Insurance M	Employee MM)		
2140 TYPE OF AF	PPLICATION		
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			
MOTOR CARRIER IDENTIFICATION			
Common Carrier #: <u>U23-19</u> Unified Business Identifier Number (UBI): <u>U02231945</u>			
Legal Name: MOOR Examples & Trucking 15 uspot: 1120152			
Trade Name(s), dba(s), if any fat Moore			
Email address: Patmoore 15830 gmail.com			
Phone Number: (509) (70-1583 Fax Number:			
Business (Mailing) Address: 6303. Navarre Coulee Rd, Chelan, W.A 98816			
Physical Address (if different): 6303 Navarre Coulee Rd, Chelan WA 98816			

		TYPE OF BUS	INESS STRUCTU	JRE -	
☑ Individual	☐ Partnersh	nip	□ Limited Li	ability Company	State of Inc.
A marvidudi	La l'altitersi			, , , ,	
<u>NAME</u>	•	TITLE		Stock Distri	bution or % of Shares
Patrick	L. Moore	Owner			
			F PERMIT NUN	erbeggist, i _j der silver militerssfrag, (Ess <u>ilve</u> t) i <u>j 160 p</u> i	
permit holder		nber to be transferred.			er. List name of current gn below to authorize the
NAME ON PER	ERMIT Permit Number		t Number		
Signature of current permit holder			Date		
	Ane	INSURANCE REQUI	ACRES IN THE PARTY OF THE PARTY		
You will not hat hazardous mate quantity. You wi operate vehicles GVWR of less the pounds. You mu \$300,000 in Pub and Property Da Insurance. You do to complete Part	rials in any If only with a an 10,000 st obtain lic Liability mage lo not need	You will not haul nazardous materials in an quantity. You will operate rehicles with a GVWR of 20,000 pounds or more. Youst obtain \$750,000 in Public Liability and Proper Damage Insurance. You member of the part B.	y materials r materials r million in P Property D You You must o Sections 1	haul hazardous equiring \$1 ublic Liability and amage Insurance. omplete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections and 2.
	MO	TOR VEHICLE LIST (Atta	ach additional p	ages if necessary	
Unit #		ense Number	State		/IN number
	A 59502	<u> </u>	WA_	IXKMDBA	x 9F5 323247
L as applicant.	understand the		ENATURE ication does no	t in itself constitu	te authority to operate

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.

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 <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 <u>(WAC) 446-65</u>.

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, 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: POHYICK MOOVO	Position: OWNEV

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 Licer	nse (CDL) Requirements
Name: Patrick Moore	Position: OWNEV

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.

Driver Qualificati	on Requirements		
Name: Patrick Moore	- Position: OWNEV		
Each company must maintain a complete Driver Qualificatio 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. Owner/operators that work exclusively in otions. Owners/operators that conduct any interstate		
Drivers Hou	rs of Service		
Name: POHICK MOOVE	- Position: ONINOV		
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, Re	pair, and Maintenance		
Name: POTTICK MOOVE	- Position: OVINOV		
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 WAC 446-65-010.	d by the FMCSA in 49 CFR, Part 396.17 and by the WSP in		
Sign	ature 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
My signature below certifies that I understand my resp the safety requirements which apply to my operations.	onsibility as a motor carrier and I will comply with all		
Catrick Lyrone	11-6-14		
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

16712 (P)

Filed with Washington Utilities & Transportation Commission	(herein after called Agency)
(Name of Agency)	
This is to certify that the American States Insurance Company (Name of Company)	
(herein after called Company) of 4333 Brooklyn Avenue NE , Seattle , WA ,98185 (Home Address of Company)	
(DBA) MOORE EXCAVATION & TRUCKING	
has issued to PAT MOORE Of PO BOX 5290 WENATCHEE .W. (Name of Motor Carrier) (Address of Motor Carrier)	
A policy or policies of insurance effective from policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor C Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and p covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State regulations promulgated in accordance therewith.	Carrier Bodily Injury and Property property damage liability insurance
Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policate. This certificate and the endorsement described herein may not be cancelled without cancellation of the pocancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State commence to run from the date notice is actually received in the office of the Agency.	olicy to which it is attached. Such
9450 Seward Rd Countersigned at Fairfield OH 45014 This 10th (Address) (Day)	day of Nov (Month) 20 14 (Year)
Insurance Company File No. 01C1716117 Deepika Moha (Policy No) (Authorized (nta Company Representative)
Underlying Limit :0.00 Liability Limit :1,000,000.00	



OCT 29 2014

1300 South Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250 Phone 360-664-1222 Fax 360-586-1181 Web Site: www.utc.wa.gov

transportation@utc.wa.gov

COMMON CARRIER OF PROPERTY COMM

(Excluding Household Goods Carriers and Brokers)

APPLICATION FOR CHANGE OF NAME OR BUSINESS STRUCTURE

Per WAC 480-14-210

FEE: \$50.00

For Official Use Only		ID: 16/12
111-0268-200-02 50.00	Received Date: 10-29-14	Docket TV-(437) 4
Receipt iD: 052221	Payment ID: 2130	Insurance:

Application for Change of Name or Business Structure may be used ONLY in the following circumstances:

- Carrier changes registered name, with no change in ownership or business structure.
- The carrier changes its business structure:

100 10

- a. From an individual to a corporation or limited liability company (LLC), when the individual is the majority stockholder.
- b. From an individual to a partnership, when the individual is the majority partner.
- c. From a corporation or LLC to a sole proprietorship of the majority shareholder.
- d. From a partnership to a sole proprietorship of the majority partner.
- Carrier changes from partnership to a corporation or LLC when the partners are the majority stockholders in the same proportionate ownership.
- Carrier changes from a corporation or LLC to another corporation or LLC where both corporations or LLC's are wholly owned by the same stockholders in the same proportions.

Holder of Permit CC-62349	asks the UTC for authority	to change the name of it	s business or
the business structure of the carrie	r named below under RCW	81.80 and WAC 480-14 t	o: `

New Business Information

New Legal Name: Moore Excavation - Trucking	Phone: 509-670-1583		
Trade Name: Patrick Moun	Fax #: -509-784-0193		
Mailing Address: PO BOX 5290	Physical address (if different):		
Street/PO Box:	Street: 10303 Navarre Galee Rd.		
City, State Zip Wenatchel, WA 98807	City, State, Zip Chelan, WA 98816		
Unified Business Identifier Number (UBI): 603-371-806			
	USDOT number: 1120152		

Type of Business Structure:			
☐ Individual ☐ Partnership ☐ Limited Liability Compa	any Corporation State of Inc.		
NAME TITLE ADDRESS Patrick L Moore Owner 6303 Navarre Co	percentage of shares wheekd. 100%		
Chelan, WA 98	3816		
Current Business Inf			
Current Legal Name: Junnie Moort	Phone:		
Trade Name: Na A Executing & Trobing	Fax #:		
Current Legal Name: Jumi; Moort Trade Name: Mark Examples Trubing Mailing Address:	Physical address: (if different):		
Street/PO Box:			
City, State Zip:	City, State, Zip:		
☐ Individual ☐ Partnership ☐ Limited Liability Compa			
NAME TITLE ADDRESS	PERCENTAGE OF SHARES		
Certification: I, the undersigned, affirms that the change of name or business structure does not involve a change in ownership, management, or control of the operating authority. The undersigned applicant requests that the Commission transfer CC-162349 as provided in RCW 81.80. I, the undersigned, under penalty for false statement, certify that the information contained in this application is true and correct, and that I am authorized to execute and file this document on behalf of the applicant.			
Totack & Moore	10-25-14		
Signature	Date		