## 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- 197 805				
Reception Number Safety WA				Carrier ID# 16716			
111-0268-200-02	Insurance	Employee 1140		Employee NO			
	TYPE OF A	PLIC	ATION				
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 COMMODIT HAZARDOUS MATERI ARMORED CAR SERV	IALS and	TO THE CONTROL OF THE					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation							
	MOTOR CARRIES	RIDENT	IFICATIO	N.			
Common Carrier #: 65639 Unified Business Identifier Number (UBI): 6034/887/							
Legal Name: HARMON AND SONS USDOT: 2523982							
Trade Name(s), $dba(s)$ , if any $R$	obent Itan	<u> </u>	)				
Email address: RTHARMON	@live. Com	······································					
Phone Number: 509-675	30%	Fax	Number:				
Business (Mailing) Address: 1084 £ 3rd AVE Colville WA 99114							
Physical Address (if different):							

			TYPE OF BUSIN	ESS STRUCT	JRE		
Individual	☐ Partne	rship	☐ Corporation	☐ Limited Li	ability Company	State of Inc.	
NAME TITLE Robert J Harmon OWNER			100%	Stock Distribution or % of Shares			
			*TRANSFER OF F				
permit holde		umber t	_			er. List name of current ign below to authorize the	
NAME ON PERMIT				Permit Number			
Signature of current permit holder			Date				
			URANCE REQUIRE				
			vill not be issued until				
quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability quantity. You will only vehicles with a 10,000 pounds. You must obtain \$200,000 in Public Liability		ous materials in any y. You will operate s with a GVWR of pounds or more. You btain \$750,000 in Liability and Property e Insurance. You must	materials r million in F Property D You must o Sections 1	haul hazardous equiring \$1 Public Liability and amage Insurance. complete Part C, and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		
		IOTOR V	/EHICLE LIST (Attach	additional o	ages if necessary		
Unit #		icense N		State		VIN number	
<b>J</b>	1 C25004B		ωA	1XKDDB9XXX R 795747			
			the state of the s				
			SIGNA	ATURE			
I, as applican	t, understand	that the			t in itself constitu	te authority to operate	
	•					. I hereby declare and	
affirm that the	ne information	contain	ed in this application	n is true to th	ne best of my kno	wledge and belief.	
Signature				Pate	ang maka matanda da maka matanda matanda managa matanda da managa matanda managa pab		

# 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.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.

	Controlled Substances and Alcohol Testing
Name:	Robert HARMON Position: OWNER
•	iver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must 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.
	erson who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and il testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-
	Commercial Driver's License (CDL) Requirements
Name:	Robert Harmon 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.

Driver Qualification Requirements	
Name: Robert Harmon Position: OWNER	
Each company must maintain a complete Driver Qualification File for each employee authorized to dr as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work en intrastate commerce within Washington have limited exemptions. Owners/operators that conduct are operations must maintain a complete file on themselves and any other driver that they may use.	xclusively in
Drivers Hours of Service	
Name: Robert Harmon Position: OWNER	
Each company must maintain true and accurate hours of service records for each individual that drive as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.	s a motor vehicle
Vehicle Inspection, Repair, and Maintenance	
Name: Robert Harmon Position: OWNER	
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each of the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must required records for each vehicle that includes the following, as required by the FMCSA in 49 CFR, Part WSP in WAC 446-65-010:  Identification of the vehicle.  The nature and due date of various inspection and maintenance operations to be perturn of the part of th	st maintain certain t 396.3 and by the
All companies must conduct periodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and WAC 446-65-010.	d by the WSP in
Signature	
My signature below certifies that I understand my responsibility as a motor carrier and I will on the safety requirements which apply to my operations.	comply with all
Signature of applicant Date	3

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

ACORD

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MAUDO/YYYY) J 1/5/2014

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.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). CONTACT NAME: PRODUCER PHONE (A/G, Ng, Ext): E-MAIL Celeste Burbank Insurance Corp P O Box 303 ACCRESS Republic, WA 99166 INSURER(S) AFFORDING COVERAGE MAIC # INSURER A: Columbia Insurance Company INSURED INSURER B Robert Harmon INSURER C: **DBA Harmon & Sons** INSURER D : 1084 E 3rd Ave INSURER E Colville, WA 99114 MISURER F **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS. EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) TYPE OF INSURANCE LIMITS POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Es occurrence) 4 COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY 3 GENERAL AGGREGATE \$ GEN'L AGGREGATE LIMIT APPLIES PER: PRODUCTS - COMPIOP AGG 5 PRO-POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY s 1,000,000 7/18/2014 71TRR219360 7/18/2015 (Es accident) BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS A SCHEDULED. SCOILY INJURY (Per accident) \$ X AUTOS NON-OWNED AUTOS PROPERTY DAMAGE (Per accident) \$ HIRED AUTOS \$ IMPRELLA LIAR OCCUR EACH OCCURRENCE \$ EXCESS LIAB CLAIMS-MADE AGGREGATE \$ 3 DED RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? EIL EACH ACCIDENT \$ EL. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below EL DISEASE - POLICY LIMIT \$ 71TRR219360 7/18/2014 7/18/2015 Physical Damage Comp ded: \$1,000 Coll ded: \$1,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101; Additional Remarks Schedule, if more space is required) Evidence of Insurance only. CANCELLATION **CERTIFICATE HOLDER** WUTC SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN 1300 S Evergreen Park Dr SW ACCORDANCE WITH THE POLICY PROVISIONS. Olympia, Wa 98504 AUTHORIZED REPRESENTATIVE