

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV-15001
Reception Number	Safety <i>MS</i>	Carrier ID# 6937
111-0268-200-02	Insurance <i>MS</i>	Employee <i>MS</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 #: 69288 Unified Business Identifier Number (UBI): 602-943-687

Legal Name: Courier Systems, Inc USDOT: 2122338

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

Email address: james.guy55@hotmail.com

Phone Number: 253-261-3392 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 9035 3rd Way SE Olympia WA 98513

Physical Address (if different): 1302 29th St NW, Auburn, WA 98001



# Courier Systems, Inc / Vehicle List

## 01-01-15

Unit #	License Number	State	Vin Number
615-1	B28967L	WA	1HTSCAAMXXH619808
615-101	C53133A	WA	1FUJA6CV34PM49478
SB14-1	C531132A	WA	1GBJG31UX41129631
SB12-1	B355422	WA	1FDKE37H7RHA86165
615-4	B74821Z	WA	1HTMMAAL47H390149
615-3	B70162Z	WA	1FVACWDC97HY70302
SB14-2	B17267Z	WA	1GBJG31R5W1083236
SB16-1	B79788T	WA	J8DE5B14647903026
615-5	C53133A	WA	1HTMMAALX7H363229
615-104	C61655B	WA	1HSHXSBR45J149946
SB16-2	B94125R	WA	J8BC4B15937006728
615-6	A44272T	WA	1FVACXCS64HM77920
615-103	B38730Z	WA	1HSHBAHNXWH600657

**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: James Cox 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: James Cox 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: James Cox 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: James Cox 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: James Cox 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.

  
Signature of applicant

1-2-15  
Date

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/19/2014

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).

PRODUCER Bell Anderson Agency, Inc. 600 S.W. 39th St, Suite 200 Renton WA 98057	CONTACT NAME: Sheila Siggins
	PHONE (A/C No. Ext): (425) 291-5200 FAX (A/C No.): (425) 291-5100 E-MAIL ADDRESS: sheilas@bell-anderson.com
INSURED Courier Systems Inc. c/o James Cox 9035 3rd Way SE Olympia WA 98513	INSURER(S) AFFORDING COVERAGE INSURER A: Mutual Of Enumclaw Insurance Co 14761 INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: CL1461903005 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			BOP0008221	1/2/2014	1/2/2015	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			BAP0002510	6/20/2014	6/20/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist \$ 1,000,000
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ WC STATUTORY LIMITS OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Hired Auto Physical Damage			BAP0002510	6/20/2014	6/20/2015	Comp deductible \$100 Collision Deductible \$500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
The certificate holder is additional insured for liability, but only if required by written contract or written agreement per endorsement #CA0001 0306 and loss payee with respect to rented/leased vehicles.

CERTIFICATE HOLDER (142) 560-9129 andrea.r.mejia@erac.com Enterprise Holdings Inc; Its subsidiaries affiliated companies & limited liability 1119 SW 7th St. Renton, WA 98057	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. AUTHORIZED REPRESENTATIVE Andrew Hoven/SDS
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