



1300 South Evergreen Park Dr. SW  
PO Box 47250  
Olympia, WA 98504-7250  
360-664-1222 fax 360-586-1181



### Common Carrier Broker Registration - Application

Application Fee: \$25.00

**TYPE OF OPERATION:** (Check all that apply)  Forwarder  Broker (Intrastate)  Broker (Interstate FMCSA)

**BOND IN THE AMOUNT OF \$10,000 MUST ACCOMPANY THIS REGISTRATION APPLICATION**

Applicant Name: West Winds Trucking LLC

Trade Name (if any): West Winds Logistics

Mailing Address: 120 E. Graves Rd, Spokane, Washington, 99218

Physical Address (if different than mailing address): \_\_\_\_\_

Phone Number: 509-465-1142 Fax Number: 509-467-3472

U.B.I. Number: 603 291 815 State of Incorporation: WA US DOT number: 2563043

**Type of Business Structure:**  Individual  Partnership  Corporation (LP, LLP, LLC)

Name \_\_\_\_\_ Title \_\_\_\_\_ Stock Distribution or Percentage of Share \_\_\_\_\_

Have you held a permit or registration from this Commission?  No  Yes-If yes, permit number \_\_\_\_\_

If you are registering as a FMCSA regulated broker, you must attach a copy of your bond and operating authority.

[Signature] President 1/12/2015  
Signature of Applicant Title Date

TYPE OF PAYMENT		
<input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> AMEX <input type="checkbox"/> MasterCard <input checked="" type="checkbox"/> Visa		
Amount: \$ <u>25.00</u>	Expiration Date Month/Year	
<p>CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.</p> <p>Cardholder's signature: <u>[Signature]</u> Date: <u>1/12/2015</u></p>		
Reception #	Received Date: <u>1/13/15</u>	ID: <u>U815</u>
<u>111 0268 200 02</u>	Bond <u>[initials]</u>	Docket No. <u>150073</u>
<u>111 0268 032 05</u>	FMCSA <u>[initials]</u>	Employee <u>[initials]</u>



U.S. Department of Transportation  
Federal Motor Carrier Safety Administration

1200 New Jersey Ave., S.E.  
Washington, DC 20590

**SERVICE DATE**  
**December 10, 2014**

**LICENSE**

**MC-882121-B**

U.S. DOT No. 2563043  
WEST WINDS TRUCKING LLC  
D/B/A WEST WINDS LOGISTICS  
SPOKANE, WA

This License is evidence of the applicant's authority to engage in operations, in interstate or foreign commerce, as a **broker, arranging for transportation of freight (except household goods) by motor vehicle.**

This authority will be effective as long as the broker maintains insurance coverage for the protection of the public (49 CFR 387) and the designation of agents upon whom process may be served (49 CFR 366). The applicant shall also render reasonably continuous and adequate service to the public. Failure to maintain compliance will constitute sufficient grounds for revocation of this authority.

A handwritten signature in black ink, appearing to read "Jeffrey L. Secrist".

Jeffrey L. Secrist, Chief  
Information Technology Operations Division

BPO

**FMCSA Motor Carrier**USDOT Number: **2563043**Docket Number: **MC882121**Legal Name: **WEST WINDS TRUCKING LLC**DBA (Doing-Business-As) Name **WEST WINDS LOGISTICS****Addresses**Business Address: **120 E. GRAVES RD.  
SPOKANE, WA 99218**Business Phone: **(509) 465-1142** Business Fax:

Mail Address:

Mail Phone:

Mail Fax:

Undeliverable Mail: **NO****Authorities:**

Common Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Contract Authority:	<b>NONE</b>	Application Pending:	<b>NO</b>		
Broker Authority:	<b>ACTIVE</b>	Application Pending:	<b>NO</b>		
Property:	<b>YES</b>	Passenger:	<b>NO</b>	Household Goods:	<b>NO</b>
Private:	<b>NO</b>	Enterprise:	<b>NO</b>		

**Insurance Requirements:**

BIPD Exempt:	<b>NO</b>	BIPD Waiver:	<b>NO</b>	BIPD Required:	<b>\$0</b>	BIPD on File:	<b>\$0</b>
Cargo Exempt:	<b>NO</b>			Cargo Required:	<b>NO</b>	Cargo on File:	<b>NO</b>
BOC-3:	<b>YES</b>			Bond Required:	<b>YES</b>	Bond on File:	<b>YES</b>

Blanket Company: **SKB TRUCKING PERMITS & LOGISTICS, INC**

**Comments:****Active/Pending Insurance:**

Form: <b>84</b>	Type: <b>SURETY</b>	Posted Date: <b>12/04/2014</b>
Policy/Surety Number: <b>615984311</b>	Coverage From: <b>\$0</b>	To: <b>\$75,000*</b>
Effective Date: <b>12/01/2014</b>	Cancellation Date:	

Insurance Carrier: **UNITED STATES FIRE INSURANCE CO.**  
 Attn: **TO REPORT A CLAIM CALL 888-890-1500**  
 Address: **.305 MADISON AVE.**  
**MORRISTOWN, NJ 07962-1973 US**  
 Telephone: **(973) 490 - 6000** Fax: **(973) 490 - 6448**

\* If a carrier is in compliance, the amount of coverage will always be shown as the required Federal minimum (\$5,000 per vehicle, \$10,000 per occurrence for cargo insurance, \$75,000 for bond/trust fund insurance for brokers and freight forwarders). The carrier may actually have higher levels of coverage.

# FMCSA Motor Carrier

USDOT Number: 2563043  
 Docket Number: MC882121  
 Legal Name: WEST WINDS TRUCKING LLC  
 DBA (Doing-Business-As) Name WEST WINDS LOGISTICS



### Rejected Insurances:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		Rejected:			
Received:					
Rejected Reason:					

### Insurance History:

Form:	Type:	Coverage From:	\$0	To:	\$0
Policy/Surety Number:		To:	Disposition:		
Effective Date From:					
Insurance Carrier:					
Attn:					
Address:					
Telephone:		Fax:			

### Authority History:

Sub No.	Authority Type	Original Action	Disposition Action
	PROPERTY BROKER	GRANTED	12/10/2014

### Pending Application:

Authority Type	Filed	Status	Insurance	BOC-3

### Revocation History:

Authority Type	1st Serve Date	2nd Serve Date	Reason

**FEDERAL MOTOR CARRIER SAFETY ADMINISTRATION  
ACCEPTANCE REPORT**

**USER ID: USFIRE**  
**TRANSMISSION NUMBER: WEB01178**  
**TRANSMITTED ON: 12/04/2014 14:32:59**  
**COMPANY NAME: UNITED STATES FIRE INSURANCE CO.**  
**SUMMITTED BY: UNITED STATES FIRE INSURANCE CO. (05230-00)**

Docket	Form/Type	Policy Number	Effective Date	Action
MC-882121	BMC-84/SURETY	615984311	12/01/2014	ACCEPTED

Values in FMCSA Licensing & Insurance Database:

**Legal Name: WEST WINDS TRUCKING LLC**  
**DBA Name: WEST WINDS LOGISTICS**  
**Address: 120 E. GRAVES RD.**  
**SPOKANE WA US 99218**

91X Coverage(Type/Max/Underlying):

Total: 1