RECEIVED

	IAU dia
PART A	JAN 16 2015 TV#(5093
WASHINGTON UTILITIES AND TI	WASH LIT & TRIVING COMMISSION
1300 S Evergreen Park Dr SW, PO B	
Telephone (360) 664-122	
Intrastate Common Cari	rier Operating Authority
APPLICATION	
(excluding Household Goods :	
Reception Number: 33807 Safety: MO	Carner ID#: \ (\ \ 2 \)
111 0268 200 02 275. Insurance:	Employee: M)
TYPE OF APPLICA	TION (check one)
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
S275 GENERAL COMMODITIES, including ARMORDED 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 COMMO	,
(Bust be filed within 10 months of cancellation)	Auth #:
	Mastercard □ Visa Expiration Date
that I am authorized to execute and file this document on be valid.	e statement, certify that the following information is true and correct, chalf of the applicant, and that all information on file is current and
Name (printed): DELTON AMOTH	Date: 11 19/14
Signature:	Title: PRESIDENT
	IDENTIFICATION
CC#: 65714 US DOT# (056558	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:
APPLICANT NAME: AAMODT INC	PHONE#:
d/b/a:	FAX#:
BUSINESS (MAILING) ADDRESS:	208 267 9024
(street address, P.O. Box) \mathcal{P}_{ℓ} \mathcal{B}	ct 1208
(city, state, zip)	es ferry ID 83805
PHYSICAL ADDRESS: (street address, if different)	
(obsert dearboot, it different)	DAN

INDIVIDUAL PARTNERSHIP CORPORATION (IP. LIP. LIC.) SUIT STATE OF INCORPORATION OF INCORPORATION OF STATE OF INCORPOR			TYI	PE OF BUSINES	S STRU	CTURE	
NAME TITLE ADDRESS BTOCK DISTRIBUTION OF PERCENTAGE OF SHARE DELITAN PARTH PRESIDENT TO BULLOK ADDRESS TRANSPER OF TREES BONNELLS LERKY 1/2 TO 83805 TRANSPER OF TREES TRANSPER OF TREES Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder must sign below to authorize the transfer of the permit number. NAME ON PERMIT: Signature of current permit holder TINSURANCE REQUIREMENTS (must check one) A permit will not haul hazardous materials in any quantity. You will not haul hazardous materials in any quantity. You will not haul hazardous materials in any quantity. You will solo perate vehicles with a GVWR of less than 10,000 pounds or more. You must obtain \$300,000 in Public Llability and Property Damage Insurance. You must obtain \$300,000 in Public Llability and Property Damage Insurance. You must obtain \$300,000 in Public Llability and Property Damage Insurance. You must complete Part B. UNITY LICENSES STATE VINE Signature STATE VINE 1 XPS PR X X PD 35 R 7 2 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	A Name and Advantage of the Advantage of	(chec	& individus	al or complete partr	nership/con	poration information	
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Complete this section if you are transferring an existing permit to a new owner. List name of current permit holder number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number. NAME ON PERMIT: Signature of current permit holder INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is received. A permit will not be issued until acceptable insurance is recei			,				
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UNIT# LICENSE# STATE VIN# 94 AJ 1673 D	hazardous mate quantity. You wi operate vehicles GVWR of less the pounds. You must \$300,000 in Published Property Dallinsurance. You	erials in any ill only s with a han 10,000 ust obtain olic Llability amage do not	hazardou any quan operate v GVWR o or more. \$750,000 and Prop Insurance	us materials in atity. You will vehicles with a f 10,000 pounds You must obtain in Public Liability perty Damage	requiring Public Lia Property Insurance complete 1 and 2.	\$1 million in ibility and Damage e. You must Part C, Sections	requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C. Sections 1 and 2.
UNIT# LICENSE# STATE 94 AJ 1673 D	need to complet	e Part B.	RVEH	CLE LIST (Attac	h addition	al pages if nece	saty)
35 BG 2607 FD IXP5DB9X 25D 863014 52 AK 6395 TD IXP5DB9X96D875011 88 AT 3945 TD IXKDPB0X35R084957 Signature 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 received from the Commission pereby declare and affirm that the information contained in this application is true to the best of my	UNIT#	LICEN	ISE#	STATE			VIN#
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52. AK 6395 ID IXP5DB9X96.D815011 88 AT 3945 ID IXKDPB0X35R084950 Signature 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 received from the Commission pereby declare and affirm that the information contained in this application is true to the best of my				ID .	IXPS	DB9X25DE	163014
Signature Signature AT 3945 Signature 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 received from the Commission pereby declare and affirm that the information contained in this application is true to the best of my				\mathcal{D}	IXPE	DB9X96D8	15/11
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Signature(s) 12-1-14 Date		ilter o	tus				12-1-14 Date

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NAME	Ш	LE	ADDRI	35	STOCK DISTRIBUTION OF SHARE
	<u></u>				
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Complete this s	section if you and permit nu of the permit	are transie imber to be	mng an existing a transferred. The	current permit holder m	First Light perion to arruphiza .
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Signature of c	3.3			MENTS (must check	one)
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and the	at no opera and affirm	tions mav	he conducted ui	ntil a permit is receiv	self constitute authority, to red from the Commission. on is true to the best of my,

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 (FMCS4, regulations in the Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSF is manuated 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 imitted to

- Washington Trucking Association, 930 S. 336th St., Suite B. Federal Way, WA 98003, www.wtatrucking.com, 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jjkelter.com. (877 564-222).

 **The Company of the Company o
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.withtraffic.com, 503 235-182
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpc.gov. 日本

Controlled	Substances	and Alcoh	d Teelle

Name: DELTON AMOTH	Position Suggestion	Irvius e	(see
140110.	Position: DEPERTY OF		200

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described between the 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 towerd unit with a gross webset 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 placardous 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 MSP in WAC 446-65-010.

Name: DELTON AMOTH Position RERVISUR NATURE CORF TES

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described between 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 toward unit with a gross wenter 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.

exclusively in	equired by FMCSR Part 3 intrastate commerce with	ete Driver Qualification File for each employee authorized to drive motor 31.51 and by the WSP in WAC 446-65-010. Owner/operators that work in Washington have limited exemptions. Owners/operators that conduct a complete file on themselves and any other driver that they may use.
31 35 24 - 27 25 34 - 27 - 27 28 29		Debers Hours of Sendos
Namé: 6	TON AMOTH	Position: SIFERVISOR / MINGE CONT
		accurate hours of service records for each individual that drives a motor CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.
48 484-11 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		nspection, Repair, and Maintenance
Name:	LIDN AMOTH	Position: SIRRVISOR/MNOK/COKE
Fach compan	ry must prepare a written "l	Driver Vehicle Inspection Report" on each vehicle used each day as
required by th company mus FMCSA in 49	ie FMCSA in 49 CFR, Part st maintain certain required CFR, Part 396.3 and by the Identification of the vehicle. The nature and due date A record of inspections, must conduct periodic ins	Oriver Vehicle Inspection Report" on each vehicle used each day as 396.11 and by the WSP in WAC 446-65-010. In addition, each records for each vehicle that includes the following, as required by the e WSP in WAC 446-65-010: e. of various inspection and maintenance operations to be performed. epairs and maintenance indicating their date and nature.
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CERTIFICATE OF LIABILITY INSURA

OP ID: BG DATE (MM/DD/YYYY)

02/04/2015

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	· · · · · · · · · · · · · · · · · · ·	CONTACT Bonnie Garza						
Stieg & Associates Ins. Inc. 1001 SW Higgins Ave #105		PHONE (A/C, No, Ext): 406-541-6953 FAX (A/C, N	o): 406-721-8484					
Tuuri SW niggins Ave #105 Missoula, MT 59806 Walter D. Stieg		E-MAIL ADDRESS:						
waiter D.	sueg	INSURER(S) AFFORDING COVERAGE	NAIC #					
		INSURER A : Great West Casualty Company	11371					
INSURED	Aamodt, Inc.	INSURER B:						
	P.O. Box 1208 Bonners Ferry, ID 83805	INSURER C:						
		INSURER D :						
		INSURER E :						
		INSURER 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.

INSR LTR	TYPE OF INSURANCE	ADDL S		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
Α	X COMMERCIAL GENERAL LIABILITY		GWP87616D	07/01/2014	07/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE X OCCUR					MED EXP (Any one person)	\$	5,000
						PERSONAL & ADV INJURY	\$	1,000,000
						GENERAL AGGREGATE	\$	2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC						\$	
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
Α	ANY AUTO		GWP87616D	07/01/2014	07/01/2015	BODILY INJURY (Per person)	\$	
	ALL OWNED X SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS X NON-OWNED AUTOS					PROPERTY DAMAGE (PER ACCIDENT)	\$	
							\$.	
	UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$	
	DED RETENTION \$						\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATU- OTH- TORY LIMITS ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$	
Α	CARGO LIABILITY		GWP87616D	07/01/2014	07/01/2015	PER AUTO		100,000
	BROAD FORM					DED		1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) BAILEE PHYSICAL DAMAGE FOR NONOWNED EQUIPMENT LIMIT \$15,000 WITH \$1,000 DEDUCTIBLE

CERTIFICATE HOLDER

WUTC 360-586-1181 P.O. BOX 47250

OLYMPIA, WA 98504

WUTC001

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

CANCELLATION

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