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-156(47				
Reception Number	Safety MS			Carrier ID# (683-6				
111-0268-200-02	Insurance			Employee VI				
	TYPE OF A	PPLIC	ATION					
New Common Carrier Permit or Transfer of Existing Permit		Extension of Common Carrier Permit Authority						
\$275 GENERAL COMMODIT	IES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITION ARMORED CAR SERVICE	- -		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITION HAZARDOUS MATERIA	· ·		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITE HAZARDOUS MATERIA ARMORED CAR SERVI	ALS and							
\$100 REINSTATEMENT OF CA of cancellation	NCELLED COMM	ON CAF	RIER PEI	RMIT - Must be filed within 10 months				
	MOTOR CARRIE	R IDEN	TIFICATIO	ON TOTAL				
Common Carrier #: 65726	Jnified Business Id	dentifie	r Numbe	er (UBI): 603-223-855				
Legal Name: SPEEDY TRANSPORTA	ATION LLC		USDO	T: _2380340				
Trade Name(s), dba(s), if any								
Email address: ustruckingsolutionsllc@	@gmail.com							
Phone Number: 206-391-9340		Fax	Number	r:206-260-2733				
Business (Mailing) Address: 2609 s	s 275th pl , Federal	Way, V	/A 98003					
Physical Address (if different): 372	21 S 286TH ST	<u>AUBUI</u>	RN WA -	98001				

		TYPE OF BUSINES	SS STRUCTUI	RE	
☐ Individual	☐ Partnershi	p Corporation	I Limited Lia	bility Company	State of Inc
NAME JASBIR SINGE	-	ITLE ember		Stock Distril 100%	oution or % of Shares
			······································		
permit holder a	section ONLY if and permit num permit number	*TRANSFER OF PI you are transferring an e ber to be transferred. The	xisting perm	it to a new owner	r. List name of current gn below to authorize the
NAME ON PERI	MIT			Permit	: Number
	-			**************************************	
Signature of cu	rrent permit ho	lder		Date	
	Ape	INSURANCE REQUIREMENT IN THE WILL NOT THE WI			
You will not hat hazardous mater quantity. You will operate vehicles GVWR of less that pounds. You mus \$300,000 in Publiand Property Dailnsurance. You did to complete Part	ials in any his lonly with a visit obtain ic Liability mage o not need ial long is labeled in the control of th	You will not haul azardous materials in any uantity. You will operate whicles with a GVWR of 0,000 pounds or more. You pust obtain \$750,000 in ublic Liability and Property amage Insurance. You must omplete Part B.	materials re million in Po Property Da You must co Sections 1 a	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 1 and 2.
		OR VEHICLE LIST (Attach	additional p	ages if necessary	
Unit # 142	Lice	nse Number 457RP	State WA	\	/IN number CGX1PA40666
and that no or	erations may b	SIGNA of the filing of this applicate e conducted until a permi entained in this application	t is issued by	the Commission	. I hereby declare and
Signature	V OUT Y)ate	and the second s

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.

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	Controll	led Substances and Accond	(O) resting	
Name:	JASBIR SINGH	Position:	MEMBER	-
Anu driv	cor who operates a vehicle that meets	the definition of a commerc	cial motor vehicle as described below must	

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

			3 4 to	
Name:	JASBIR SINGH	 Position:	Member	

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.

	Dr	river Qualification Requirem	ients :
Name:	JASBIR SINGH	Position:	Member
as requi	ired by FMCSR Part 391.51 and by th	e WSP in WAC 446-65-010. Ow ve limited exemptions. Owners	employee authorized to drive motor vehicles vner/operators that work exclusively in solutions that conduct any interstate ver that they may use.
		Drivers Hours of Service	
Name:	JASBIR SINGH	Position:	Member
	ompany must maintain true and accu ired by the FMCSA in 49 CFR, Part 39		or each individual that drives a motor vehicle 446-65-010.
	Vehicle	Inspection, Repair, and Ma	intenance
Name:	JASBIR SINGH	Position:	Member
the FM require	CSA in 49 CFR, Part 396.11 and by the directords for each vehicle that includ WAC 446-65-010: Identification of the vehicle. The nature and due date of	e WSP in WAC 446-65-010. In a des the following, as required b	on each vehicle used each day as required by addition, each company must maintain certain by the FMCSA in 49 CFR, Part 396.3 and by the mance operations to be performed.
	panies must conduct periodic inspec 46-65-010.	tions as required by the FMCSA	A in 49 CFR, Part 396.17 and by the WSP in
		Signature	
	nature below certifies that I under ety requirements which apply to i		motor carrier and I will comply with all
STORE FALL STREET, THE PARTY OF	78Anh		01/14/2015
Signati	ure of applicant		Date

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

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AC	ORD
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

49015

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)

COVERAGES	CERTIFICATE NUMBER: 151708672	REVISION N	IUMBER:					
		INSURER F:						
10001111 1111 00001		INSURER E:						
3721 S 286TH STREET AUBURN WA 98001		INSURER D:						
SPEEDY TRANSPORTATION LLC		INSURER C:						
INSURED	SPEED-4	INSURER B:						
		INSURER A: CAROLINA CASUALTY COMP.	ANY					
		INSURER(S) AFFORDING COVERAG	E NAIC#					
P. O. Box 1059 Anacortes WA 98221	!	E-MAIL ADDRESS:Certs@risnet.com						
RIS Insurance Services	•	PHONE (A/C, No., Ext):360-399-7801	FAX (A/C, No):					
PRODUCER		CONTACT NAME: CERT DEPT						
certificate floider in fled of Sacine	idorsement(s).							

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	INSR	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	(MM/DD/YYYY)	LIMIT	S
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
l	CLAIMS-MADE OCCUR			•			MED EXP (Any one person)	\$
İ							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC			·				\$
Α	AUTOMOBILE LIABILITY			CSP498225	4/19/2014	4/19/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS 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	
l	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
l	OFFICER/MEMBER EXCLUDED? [] (Mandatory in NH)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	CARGO PHYSICAL DAMAGE			CSP498225	4/19/2014	4/19/2015		\$100,000 LIMIT COMP/COLL
⊢—	<u> </u>			1	-		1	2.7.4.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	 CANCELLATION

WUTC PO BOX 47250 OLYMPIA WA 98504 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

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