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- \ Ol 84		
Reception Number	Safety ML)			Carrier ID# \ \ 84 \}	
111-0268-200-02	Insurance (M)			Employee (M)	
TYPE OF APPLICATION					
New Common Carrier Permit Authority,		Extension of Common Carrier Permit Authority			
or Transfer of Existing Permit Number \$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 COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation					
MOTOR CARRIER IDENTIFICATION					
Common Carrier #: 65735 Unified Business Identifier Number (UBI): 603368987					
Legal Name: Infinite Wave LLC USDOT: 2566086					
Trade Name(s), dba(s), if any NA					
Email address: time infinite - bottling, com					
Phone Number: 366-660-6934 Fax Number: NA					
Business (Mailing) Address: 17/3 Vista Loop SW Tumwater. WA 985/2					
Business (Mailing) Address: 1713 Vista Loop SW Tumwater. WA 98512 Physical Address (if different): 7741 9th Ave NW Seattle, WA 98117					

	TYPE OF BUSINE	SS STRUCTU	JRĒ .			
☐ Individual ☐ Partne	rship \square Corporation $oldsymbol{b}$	Limited Lia	ability Company	State of Inc. WA		
NAME TITLE Peter C. Werp Owner			Stock Distribution or % of Shares			
	*TRANSFER OF PERMIT NUMBER					
*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number.						
NAME ON PERMIT Permit Number						
Signature of current permit holder			Date			
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received						
You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B.	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. You will haul hazardous materials requiring million in Public Liability and Property Dam Insurance. You million in Public Liability and Property Dam Insurance. You million in Public Liability and Property Dam Insurance. You million in Public Liability and Property Dam Insurance. You million in Public Liability and Property Dam Insurance. You million in Public Liability and Property Dam Insurance. You mill haul hazardous materials requiring \$1 million in Public Liability and Property Dam Insurance. You mill haul hazardous materials requiring million in Public Liability and Insurance. You million in Public Liability an		You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		
N	OTOR VEHICLE LIST (Attach	additional p	ages if necessary)			
	t # License Number		VIN number			
19 8	1736 PR	N A	4V4NC9EI	13FN 935758		
SIGNATURE						
I, 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 issued by the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.						
Signature	<i>y</i>	D	ate	, <u></u>		

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.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.

		C	ontrolled Substance	s and Alcohol	Testing	
Name:	Timothy	DK	aut man	- Position:	Manager	

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 Li	icense (CDL) Requirements
Name: Timodry D Kauttman	- Position: Manager

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 C	Qualification Requirem	ents
Name: Timothy D. Kauffu	ay Position:	Managu
Each company must maintain a complete Driver Of as required by FMCSR Part 391.51 and by the WSF intrastate commerce within Washington have limit operations must maintain a complete file on them	P in WAC 446-65-010. Ow ited exemptions. Owners,	ner/operators that work exclusively in /operators that conduct any interstate
Dr	ivers Hours of Service	
Name: Timothy D Kauttma	N Position:	Manager
Each company must maintain true and accurate h as required by the FMCSA in 49 CFR, Part 395.1(e)		
Vehicle Inspe	ection, Repair, and Mai	Intenance
Name: Timothy D. Kauttmo	Position:	Manazer
Each company must prepare a written "Driver Veh the FMCSA in 49 CFR, Part 396.11 and by the WSP required records for each vehicle that includes the WSP in WAC 446-65-010:	o in WAC 446-65-010. In a e following, as required b us inspection and mainter	ddition, each company must maintain certain y the FMCSA in 49 CFR, Part 396.3 and by the nance operations to be performed.
All companies must conduct periodic inspections a WAC 446-65-010.	as required by the FMCSA	A in 49 CFR, Part 396.17 and by the WSP in
	Signature	
My signature below certifies that I understand the safety requirements which apply to my op		motor carrier and I will comply with all
Thurst Haulens		2-8-65

X

Signature of applicant

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

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/3/2015

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.

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 PHONE (A/C, No, Ext): (925) 686-2860 E-MAIL ADDRESS: Pacific Diversified Insurance FAX (A/C, No): (925) 686-6118 200 Gregory Lane Bldg. A Pleasant Hill, CA 94523 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Ohio Casualty Insurance Co INSURED **INSURER B** INSURER C Infinite Wave LLC 7741 9th Ave. NW INSURER D Seattle, WA 98117 INSURER E INSURER F **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOWHAVE 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 INSD WVD POLICY EFF POLICY EXP INSR LTR TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE DAMAGE TO RENTED \$ CLAIMS-MADE OCCUR \$ PREMISES (Ea occurren \$ MED EXP (Any one person) PERSONAL & ADV INJURY \$ GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY LOC PRODUCTS - COMP/OP AGG \$ \$ OTHER: COMBINED SINGLE LIMIT (Ea accident) **AUTOMOBILE LIABILITY** 1,000,000 12/19/2014 12/19/2015 A Χ BAS56474371 BODILY INJURY (Per person) ANY AUTO SCHEDULED AUTOS NON-OWNED ALL OWNED AUTOS **BODILY INJURY (Per accident)** PROPERTY DAMAGE \$ HIRED AUTOS AUTOS (Per accident) \$ HMRRELLA LIAR EACH OCCURRENCE \$ OCCUR **EXCESS LIAB** CLAIMS-MADE AGGREGATE \$ RETENTION \$ \$ DED WORKERS COMPENSATION STATUTE AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE E.L. EACH ACCIDENT \$ OFFICER/MEMBER EXCLUDED? E.L. DISEASE - EA EMPLOYEE (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Proof of Insurance Comp deductible: \$1,000 Collision deductible: \$1,000 **CERTIFICATE HOLDER** CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN **Utilities and Transportation Commission** ACCORDANCE WITH THE POLICY PROVISIONS. PO Box 47250 1300 S Evergreen Pk Dr SW AUTHORIZED REPRESENTATIVE Olympia, WA 98504