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FERNDALE READY MIX

No. 19/9

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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- 150231
Reception Number	Safety MD	Carrier ID# 16866
111-0268-200-02	Insurance MD	Employee

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 #: MC166809 Unified Business Identifier Number (UBI): 600-180-309

Legal Name: Ferndale Ready Mix & Gravel, Inc. USDOT: 536719

Trade Name(s), dba(s), if any: _____

Email address: kkorthuis@lehighcement.com

Phone Number: (360) 354-1400 ext 201 Fax Number: (360) 354-0486

Business (Mailing) Address: 144 River Rd Lynden, WA 98264

Physical Address (if different): _____

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. _____

NAME Lehigh Cement Co, LLC **TITLE** _____ **Stock Distribution or % of Shares** 100%

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 VanWerven Trucking **Permit Number** 15491
Larry VanWerven 2-23-15
 Signature of current permit holder Date

INSURANCE REQUIREMENTS

<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
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MOTOR VEHICLES (include additional pages if necessary)

Unit #	License Number	State	VIN number

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] 2-23-15
 Signature Date

**PART B
SAFETY FITNESS SURVEY**

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR.



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 FMCSA is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSRs 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.wratrucking.com, (800) 732-9019 or (253) 838-1630.
- J. J. Keller & Associates, Inc., 3003 W. Breenwood Lane, Neenah, WI 54957, www.jjkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbrtraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.



Name: Dave Struiksma Position: Dispatcher

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.



Name: Dave Struiksma Position: Dispatcher

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: Dave Struiksma Position: Dispatcher

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.

Driver Hours of Service

Name: Robin Walker Position: Accounts Payable
Bruce Miller Mechanix

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: Larry VanWerven Position: Equipment Manager

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 and Date

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.



2-23-15

Signature of applicant

Date

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

MIXER TRUCKS

Truck	Plate#	Serial Number
50	C72558A	1NKWL90X8TS715490
53	A53104C	1NKWL90X1WR759455
54	A23195D	1NKWL90X6XR791562
55	A23194D	1NKWL90X2XR791560
57	A09655E	1NKWL00X9XR827790
59	A45244K	1NKWL00X21R875784
60	28670RP	1NKWL00X51J879424
61	A96728L	1NKWLTOX7XJ791498
63	B83996S	1NKWL00X42J891355
64	A79680P	1NKWL00X2YJ856306
65	35121RP	1NKWL00X2YJ860453
70	A29402U	1NKWLOEX64R057276
72	28672RP	1NKWL00X55J097419
73	B83997S	1NKWL00X15J097420
75	A77671Y	1NKWL00X26R125423
77	A77670Y	1NKWL00X66R125425
80	35122RP	1NKWL00X57J163485
81	28674RP	1NKWL00X67J163477
82	B84702S	1NPAL59X51D554789
87	35196RP	1NKWL70X1CR316626

DUMP TRUCKS

Truck	Plate#	Serial Number
3	23781PR	1NKWLB9X4MS562277
52	A54819B	1NKDXBOX1VR754497
56	A00828E	1NKDXBEX4XR793838
79	A00785T	2XKMAD7XOYM860279

TRANSFER TRUCKS

Truck	Plate#	Serial Number
66	A01252C	R761223GL
69	A28581U	1NKDXBEX72R885342
71	95532PR	1NKDXBEX85R078896
74	A79827W	1NKDXBEX05R117156
85	26591RP	1NKDX40X69R241408
86	35587RP	1NKDX4EX7CR323549

TRUCK TRACTORS

Truck	Plate#	Serial Number
30	93440PR	1XKDD69X1RS630432
31	93441PR	1XKDD69X3RS630433
40	40883RP	1XKDDU9X8XR797797
41	40884RP	1XKDDU9X5WR781782
46	50023PR	1XKddb9XSS656316
58	79634PR	1XKddb9X11R881438
62	82990PR	1XKDD09X8YR850041
68	A62523T	1XKWD89X71R868332
76	36547RP	1XKddb9X37R169005
78	35598RP	1XKddb9X37R208711

ALL TRUCKS ARE L
WASHINGTON STATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/16/2014

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 Marsh USA, Inc. 4400 Comerica Bank Tower 1717 Main St. Dallas, TX 75201-7357 824491-NEW-GAWP-15-16 CA 741 No	CONTACT NAME:		FAX (A/C No.):
	PHONE (A/C No. Ext.):		
E-MAIL ADDRESS:			
INSURER(S) AFFORDING COVERAGE			NAIC #
INSURER A: Liberty Mutual Fire Insurance Company			
INSURER B: Liberty Insurance Corporation			42404
INSURER C:			
INSURER D:			
INSURER E:			
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** HOU-002234984-18 **REVISION NUMBER:** 4

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	ADDITIONAL SUBSCRIBER	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 GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		TB2-631-509529-035	01/01/2015	01/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 250,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/PROP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		AS2-631-509529-025	01/01/2015	01/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	WA7-63D-509529-015 (AOS) WC7-631-509529-055 (MN, WI)	01/01/2015 01/01/2015	01/01/2016 01/01/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Re: Permit No. WAC 480 -14 250
 Certificate Holder is included as Additional Insured (except as respects all coverage afforded by the Workers' Compensation policy) with regards to claims arising out of the operations of the Named Insured, where required by written contract. The above referenced General Liability, Auto Liability and Workers' Compensation policies include Waiver of Subrogation in favor of the Certificate Holder, where required by written contract.