PART A APPLICATION FOR PERMIT

(excluding Household Goods)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 SEvergreen Park Dr. SW, PO Box 47250, Olympia, WA 98504-7250 Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority

			Doc	ket No. TV-	1526	5
FOROFFICIALUSEONLY		000	ior ID# 17	011		
Reception Number			Carrier ID# \6871			
111-0268-200-02			oloyee MD		<u></u>	
	TYPEOFAF					
New Common Carrier Permit or Transfer of Existing Perm		Extension	on of Con	nmon Carrie	er Permit A	Authority
\$275 GENERAL COMMODI		□ \$10		ERAL COMIN		including
\$275 GENERAL COMMODI ARMORED CAR SERV		□ \$10		ERAL COMI ZARDOUSIV		
S275 GENERAL COMMODI HAZARDOUSMATER		□ \$10	HA	NERAL COM ZARDOUSIN MORED CA	NATERIALS	Sand
\$275 GENERAL COMMODI HAZARDOUSMATER ARMORED CAR SERV	IALSand 10E					
\$100 REINSTATEMENT OF C of cancellation	ANCELLED COMMIC	N CARRIER	PERMIT	- Must be fi	led within	10 months
	MOTORCARRIE	RIDENTIFIC	ATION -		dent;	
Common Carrier # 65759	Unified Business Id	entifier Nun	nber (UBI): (00(0135	<u>5558</u>
Legal Name: Horton's Touring	And Autor	<u>votive</u> us	DOT:	821	05	
Trade Name(s), dba(s), if any	air Inc.	n	1a			
Email address: Service QU	nortons-to	wing	, ore	}		<u>,</u>
Phone Number: 360 733		•			071	7464
Business (Mailing) Address:	56 Balle	rvien			Rd.	
Physical Address (if different):		<u> </u>		elling	ham !	Wa 982
· · · · ·		N .				

		TYPEOFBUSIN	SSSTRUCTURE	Second Second	
🗆 Individual	Partnersh	ip Déorporation	Umited Liabili	ty Company	State of Inc. WA
NAME		TITLE		<u>Stock Distri</u>	bution or % of Shares
Dan	iel J.	Johnson, Sr	- Presi	dent	100 70
		*TRANSFER OF F	£		
permit holder	s section ONLY and permit nur permit numbe	if you are transferring an ober to be transferred. The transferred of	existing permit t	o a new owne	r. List name of current gn below to authorize the
NAMEONPE		1000		Permi	t Number
Sgnature of c	urrent permit h	older	<u></u>	Dat	e
	An	INSURANCE REQUIRE ermit will not be issued until	MENTS(must d acceptable insur	neck one) ance is received	
☐ You will not h hazardous mate quantity. You w operate vehide GVWR of less th pounds. You mu \$300,000 in Pul and Property D Insurance. You to complete Pa	aul aul aul aul aul aul aul aul an any ill only swith a man 10,000 aust obtain a blic Liability amage do not need	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 mus complete Part B.	☐ You will hau materials requ million in Publ Property Dam You must com Sections 1 and	ul hazardous uiring \$1 lic Liability and age Insurance. Inplete 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.
	MC	TOR VEHICLE UST (Attad	n additional pag	esif necessary)
Unit # License Number			State		VN number
Lee attacked			Cust		

SGNATURE

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.

2-17-15

Sgnature

Date

2/17/15

		Revenussellist and the Rorton's Towness			
Unit #	License Number	State	VIN Number		
44	B37693V	WA	1FDUF4GT3CEB70654		
	C52778B	WA	1FDXF46P27EA54871		
66		WA	1HTSCAAM62H526826		
77	B15946K	VVA			

PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GW/R

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</u> <u>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 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.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- □ J J Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, <u>www.ijkeller.com</u>, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- USGovernment Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controllec	Substances and Alcoho	al Testing	
Name Daniel J. Johnson	S Position:	President	

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
Name Deniel J. Johnson St. Positic	n: President

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 Qua					
Name:	Daniel J	Johnson	S.	Position:	Presi	dent_	

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.

Drivers Hou	urs of Service
Name: Daniel J. Johnson f	1. Position: President

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: Daniel J. Johnson Position: President	<u>.</u>

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 WAC446-65-010. 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 WAC446-65-010:

- □ 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.

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.

Sanature

Sgnature of applicant

Date

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

Ą	CORD	CER	TIF	ICATE OF LIAE	BILITY INS	URANC	E	02	17/2015
CE	IS CERTIFICATE IS ISSUED AS RTIFICATE DOES NOT AFFIR LOW. THIS CERTIFICATE OF	A MATI MATIVEL' INSURA	FER ((OR NCE	DF INFORMATION ONLY NEGATIVELY AMEND, DOES NOT CONSTITUT	AND CONFERS	NO RIGHTS L	JPON THE CERTIFICATI		
IM the	PRESENTATIVE OR PRODUCE PORTANT: If the certificate ho e terms and conditions of the p	der is ar blicy, cert	ADD ain p	DITIONAL INSURED, the policies may require an en	policy(ies) must b dorsement. A st	e endorsed. atement on thi	If SUBROGATION IS W/	AIVED	, subject to rights to the
	rtificate holder in lieu of such e	dorseme	nųs).	1	CONTACT ROXAD	ne McCloud			
Snar	oper Shuler Kenner Ins			-	PHONE 200 2	54-4488	FAX (A/C, No):	360-3	54-1946
Brow	n & Brown of WA Inc dba Box 551				A/C. No. Ext): 500-5 E-MAIL ADDRESS: Roxani				
ynd	len, WA 98264					SURER(S) AFFOR			NAIC #
(obe	ert N. Hagedorn, CIC				INSURER A : Western	National Assuranc	e Co.		24465
INSUI	RED Horton's Towing And A	utomotiv	e		INSURER B :				
	Repair Inc. 4056/4058 Bakerview V	allev Rd			INSURER C :				ļ
	Bellingham, WA 98226				INSURER D :			. <u></u>	
					INSURER E :				
	······································				INSURER F :		REVISION NUMBER:		
T⊦ IN	VERAGES IIS IS TO CERTIFY THAT THE POI DICATED. NOTWITHSTANDING A ERTIFICATE MAY BE ISSUED OR (CLUSIONS AND CONDITIONS OF 5	ICIES OF	INSU REME	NT, TERM OR CONDITION	FD BY THE POLIC	TO THE INSURE TOR OTHER IES DESCRIBE Y PAID CLAIMS	ED NAMED ABOVE FOR TH DOCUMENT WITH RESPECT D HEREIN IS SUBJECT TO		
	TYPE OF INSURANCE	ADD		POLICY NUMBER	POLICY EFF (MM/DD/YYY	POLICY EXP () (MM/DD/YYYY)	LIMIT	s	
A	X COMMERCIAL GENERAL LIABILITY		1				EACH OCCURRENCE DAMAGE TO RENTED	\$	1,000,000
				CPP1081450	10/20/201	4 10/20/2015	PREMISES (Ea occurrence)	\$	100,000
							MED EXP (Any one person)	\$ \$	1,000,000
							PERSONAL & ADV INJURY GENERAL AGGREGATE	3 5	2,000,000
							PRODUCTS - COMP/OP AGG	s S	2.000.000
	X POLICY PRO- JECT LOC						PRODUCTO COMPTON TRO	\$	
	OTHER:						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A				CPP1078761	10/20/201	4 10/20/2015		\$	
A	ANY AUTO ALL OWNED X SCHEDULE	D					BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS	D					PROPERTY DAMAGE (Per accident)	\$	
								\$	
	X UMBRELLA LIAB X OCCUF						EACH OCCURRENCE	\$	1,000,000
Α	EXCESS LIAB CLAIMS	MADE		UMB1013565	10/20/201	4 10/20/2015	AGGREGATE	\$	1,000,000
	DED X RETENTIONS	10000					PER Y OTH-	\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N			40,000,000	4 40/00/0045	STATUTE A ER	1	1,000,000
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		A	CPP1081450	10/20/201	4 10/20/2015		\$	1,000,000
	(Mandatory in NH) If yes, describe under			STOPGAP/EMPLOYERS LIAB			E.L. DISEASE - EA EMPLOYEE	1	1,000,00
	DESCRIPTION OF OPERATIONS below			0004079764	10/20/201	4 10/20/2015	E.L. DISEASE - POLICY LIMIT	3	500,00
A A	GarageK/On-Hook Motor Truck Cargo			CPP1078761 CPP1081468	10/20/201				250,00
DEC	CRIPTION OF OPERATIONS / LOCATIONS	VEHICI ES	ACOR	D 101. Additional Remarks Schedu	lle, may be attached if n	nore space is requi	red)		<u> </u>
DES									
~=					CANCELLATIC	N		· · · · · · · · · · · · · · · · · · ·	
	Utilities & Transpor	tation			SHOULD ANY (THE EXPIRAT ACCORDANCE	OF THE ABOVE I ION DATE TH WITH THE POLI	DESCRIBED POLICIES BE (IEREOF, NOTICE WILL CY PROVISIONS.	ANCE BE D	LLED BEFORE ELIVERED IN
	Commission PO BOX 47250 Olympia, WA 98504	7250			AUTHORIZED REPRI	SENTATIVE	k-		

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DATE (MM/DD/YYYY)

OP ID: RM

02/17/2015

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