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			3	Docket No. TV- \30324		
Reception Number Safety MD				Carrier ID# 16 20 8		
111-0268-200-02 Insurance				Employee ///		
	TYPE OF A	PPLIC	ATION			
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		
	\$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 COMMO HAZARDOUS MAT ARMORED CAR SE	ERIALS and					
\$100 REINSTATEMENT OF of cancellation			R	RMIT - Must be filed within 10 months		
	MOTOR CARRIE	R IDEN	TIFICATIO			
Common Carrier #: 6579 Wesley W. Gibbons Legal Name: WWG Truck	_ Unified Business Id Lina & Excavat	dentifie iMA	Numbei	r (иві): <u>603-321-604</u> : 2427385		
Trade Name(s), dba(s), if any w						
Email address: darc. m?	Dhotmail. Con	Λ				
Phone Number: (509) 458-21	538	Fax	Number:	(909) 458-2535		
Business (Mailing) Address:	680 Nile Rd	. No	adhes,	Wa 98937		
Physical Address (if different):	Same as	s ab	ove			

	TYPE OF BUSINE	SS STRUCTURE			
☐ Individual ☐ Partne	ership Corporation [☐ Limited Liabili	ity Company	State of Inc.	
NAME Westey W. Gilbon	5 Owner Joperati	for	Stock Distr	ibution or % of Shares	
AV TO A STATE OF THE STATE OF T		·			
	*TRANSFER OF P	ERMIT NUMBE			
	ILY if you are transferring an e				
-	number to be transferred. Th	e current permi	t hold must s	ign below to authorize the	
transfer of the permit nun	nber.				
NAME ON DEDMAN					
NAME ON PERMIT			Perm	it Number	
Signature of current perm	it holder		Da1	le .	
			54.		
	INSURANCE REQUIREN A permit will not be issued until a	50, com 6, com 6, com 6, com 7, co 4, com 6, co	400000000000000000000000000000000000000		
I 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.	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 hauf 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 \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
	MOTOR VEHICLE LIST (Attach				
Unit#	License Number	State	VIN number		
			·····		

	SIGNA	niio=			
and that no operations ma	that the filing of this application to contained in this application	on does not in i is issued by the	Commission est of my kno	. I hereby declare and wledge and belief.	
USSKEY	100 V		∂- <i>∂</i> 5	-2015	
Signature		Date			

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 Code of Federal Regulations at 49 CFR. 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.

	Controlled Substances and Alcohol Testing					
lame:	Wesley Wayne Gibbons Position: Owner operator					
ave a	iver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must 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. rson who drives a commercial motor vehicle requiring a CDL must participate in a controlled substance and testing program as required by FMCSA in 49 CFR Part 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-					
	Commercial Driver's License (CDL) Requirements					
	AND THE PROPERTY OF THE PROPER					

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 Requir	ements
Name: Wesley W. Gibbns Position	on: owner/operator
Each company must maintain a complete Driver Qualification File for east required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. intrastate commerce within Washington have limited exemptions. Own operations must maintain a complete file on themselves and any other	Owner/operators that work exclusively in ers/operators that conduct any interstate
Drivers Hours of Servi	Ce
Name: Wesley W. Aibbas Position	n: _ ouner/perator
Each company must maintain true and accurate hours of service record as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in W	
Vehicle Inspection, Repair, and I	Maintenance
Name: Wesley W. Lithons Positio	n: Duner/operator
Each company must prepare a written "Driver Vehicle Inspection Report the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. required records for each vehicle that includes the following, as require WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspection and main A record of inspections, repairs and maintenance indicates.	In addition, each company must maintain certain d by the FMCSA in 49 CFR, Part 396.3 and by the ntenance operations to be performed.
All companies must conduct periodic inspections as required by the FM WAC 446-65-010.	CSA in 49 CFR, Part 396.17 and by the WSP in
Signature	
My signature below certifies that I understand my responsibility a the safety requirements which apply to my operations.	s a motor carrier and I will comply with all
Westey Subo	2-25-2015
Signature of applicant	Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 2/25/2015

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).

Certificate Holder in field of Such endorse	menus).							
PRODUCER		CONTACT Brittany Collier						
Conover Insurance		PHONE (509) 965-2090 FAX (A/C, No): (509) 966-3454						
125 N. 50th Ave.		E-MAIL ADDRESS: brittanyc@conoverinsurance.com						
P.O. Box 10088		INSURER(S) AFFORDING COVERAGE NAIC #						
Yakima WA 9890	09-1088	INSURER A: First National Insurance						
INSURED		INSURER B:						
Wes Gibbons								
DBA: WWG Trucking & Excavati	ina	INSURER C:						
3680 Nile Rd	3	INSURER D:						
Naches WA 9893	37	INSURER E :						
	FICATE NUMBER:CL1522561	INSURER F:	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.								
	DE SUBR SR WVD POLICY NUMBER	POLICY EFF POLICY EXP (MM/DD/YYYY)	LIMITS					
COMMERCIAL GENERAL LIABILITY CLAIMS-MADE OCCUR			EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$					
			PERSONAL & ADV INJURY \$					
			GENERAL AGGREGATE \$					
GEN'L AGGREGATE LIMIT APPLIES PER			PRODUCTS - COMP/OP AGG \$	·				
POLICY PRO-			\$					
AUTOMOBILE LIABILITY			COMBINED SINGLE LIMIT (Ea accident) \$	1,000,000				
A ANY AUTO			BODILY INJURY (Per person) \$	1,000,000				
ALL OWNED X SCHEDULED AUTOS	0600835651	7/31/2014 7/31/2015	BODILY INJURY (Per accident) \$					
X HIRED AUTOS X NON-OWNED AUTOS	1 1	· ·	PROPERTY DAMAGE (Per accident)					
	1		\$					
UMBRELLA LIAB OCCUR			EACH OCCURRENCE \$					
EXCESS LIAB CLAIMS-MADE			AGGREGATE \$					
DED RETENTIONS		i	s					
WORKERS COMPENSATION			WC STATU- OTH- TORY LIMITS ER					
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y/N		1 1	E.L EACH ACCIDENT \$					
OFFICER/MEMBER EXCLUDED?	^		E.L. DISEASE - EA EMPLOYEE \$					
If yes, describe under DESCRIPTION OF OPERATIONS below								
DESCRIPTION OF CITETOTIONS DOWN			E.L. DISEASE - POLICY LIMIT \$					
				ŀ				
]]				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES	(Attach ACORD 101, Additional Remarks S	ichedule, if more space is required)						
FORM E SOON TO FOLLOW FROM INSU	JRANCE COMPANY							
CERTIFICATE HOLDER		CANCELLATION						
(360) 586–1181		SHOULD ALW OF THE ABOVE	DADIDED DOLLOGE OF COMME					

Washington Utilities & Transportation

Commission Attn: Mike PO Box 47250

Olympia, WA 98504-7250

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

B Collier/BRITT

Britany Corver

ACORD 25 (2010/05)

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