## **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- 120326					
Reception Number	Safety M	<del></del>		Carrier ID# 11896		
111-0268-200-02	Insurance	Employee MD				
,	TYPE OF A	PPLIC	ATION	l.		
New Common Carrier I or Transfer of Existing		Ex	Extension of Common Carrier Permit A			
\$275 GENERAL COM	MODITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMP			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMM HAZARDOUS M	_	0	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL COMM HAZARDOUS M ARMORED CAR	ATERIALS and					
\$100 REINSTATEMENT of cancellation	OF CANCELLED COMMO	ON CAR	RIER PER	MIT - Must be filed within 10 months		
	MOTOR CARRIE	R IDENT	TFICATIO	DN .		
Common Carrier #: 03172 Legal Name: Princehou						
Trade Name(s), dba(s), if any_						
Email address:	nd 45 @yaha	00 C	<u>om</u>			
Phone Number: 541 - 96	3-6373	_ Fax	Number:	541-663-8857		
Business (Mailing) Address:	514 Benton	Cou	rt ~	La Grande, OR 97850		
Physical Address (if different):	Sa	me				

		TYPE OF B	SUSINESS STRU	TURE	
☐ Individual	☐ Partners	ship 🔲 Corporation	n 🗖 Limited	Liability Company	State of Inc
NAME		TITLE		Stock Distr	ibution or % of Shares
Sin	incube.	se Omer	- 12	·fo	
	······································	*TRANSFE	R OF PERMIT N	JMBER	·
*Complete this so permit holder an transfer of the pe	d permit nu	if you are transferring mber to be transferre	g an existing pe	ermit to a new own	er. List name of current ign below to authorize the
NAME ON PERMI	Τ			Perm	it Number
Signature of curre	ent permit l	nolder	····	Dat	re
	Δ.	INSURANCE REQUERMENT WILL NOT BE ISSUED	-		
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 quantity. You will operate vehicles with a GVWR of 10,000 pounds or more must obtain \$750,000 in Public Liability and Proposamage Insurance. You complete Part B.	any material million in Property  You was material million in Property You must Sections perty	vill haul hazardous s requiring \$1 n Public Liability and v Damage Insurance. It complete 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 LIST (A	ttach additiona	pages if necessary	}
Unit#		ense Number	State		/IN number
			IGNATURE	•	7.54
and that no opera	ations may b	at the filing of this ap be conducted until a p contained in this applic	ermit is issued	by the Commission	te authority to operate  I hereby declare and wledge and belief.
Signature Signature		una Kous	<u> </u>	<u>ス・ス 5~</u> Date	15

PLATE NO YAES755 YAFW239 YAF1953 YAGU531 YAGE783 YAGM963 YAF1954 YAGM966	UNIT VIN 3-1NP5LB9X4WD459325 4 1FVHF6CVX7DX46748 5 1FUBFSZB1VP871858 7 1NPFLR9XX2D583610 8-1FVXFB005BDAW6927 9 2WLPCCXJ8WK949631 10 2WKEDDJH1WK951757 11-1NPFLBEXX4D814490 12-1FVXMCK87DY23606	REGISTRATION DATE 01/01/2015 01/01/2015 01/01/2015 01/01/2015 01/01/2015 01/01/2015 01/01/2015 01/01/2015
YAGM966	12/ 1FVXAMCK87DY23606	01/01/2015
YAHD551-€-	14/ 1NPFLBEX44D829972	01/01/2015

Princehouse Trucking, LLC List of Trucks



# 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.

Controlled Substances and Alcohol Testing									
Name:	Intermountain	Mobile Service Leann Shipman	Position:						

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.

010.		
	Commercial Driver's License (CDL) Requirements	
Name: —	JAMES P Permertine E Position: Oursen	

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid COL, 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.

		<u> </u>
Driver Qualification		
Name: - Prome House	Position:	OWONER
Each company must maintain a complete Driver Qualification as required by FMCSR Part 391.51 and by the WSP in WAC 44 intrastate commerce within Washington have limited exemple operations must maintain a complete file on themselves and	16-65-010. Ow tions. Owners,	ner/operators that work exclusively in operators that conduct any interstate
Drivers Hour	rs of Service	·
Name: JAMES P. Prince House	Position:	(nu ner_
Each company must maintain true and accurate hours of servas required by the FMCSA in 49 CFR, Part 395.1(e) and by the	vice records for WSP in WAC	r each individual that drives a motor vehicle 146-65-010.
Vehicle Inspection, Rep		
Name: I Comes & Trained Houses	Position:	Durner-
Each company must prepare a written "Driver Vehicle Inspect the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 444 required records for each vehicle that includes the following, WSP in WAC 446-65-010:  Identification of the vehicle.  The nature and due date of various inspection	tion Report" o 6-65-010. In ac as required by	n each vehicle used each day as required by Idition, each company must maintain certair the FMCSA in 49 CFR, Part 396.3 and by the
A record of inspections, repairs and maintena	ance indicating	their date and nature.
All companies must conduct periodic inspections as required WAC 446-65-010.	by the FMCSA	in 49 CFR, Part 396.17 and by the WSP in
Signa	ture	
My signature below certifies that I understand my respo the safety requirements which apply to my operations.	nsibility as a ı	motor carrier and I will comply with all
Comes Officered from		2.25-15-
Signature of applicant		Date

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

ACORD'

### CERTIFICATE OF LIABILITY INSURANCE

PRINTRU-01 HWLODARCZYK

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).

Ce	HILL	cate noider in lieu of such endor	seme	ent(s)	•						
PRODUCER					CONTACT NAME:						
Bake	Baker City Office PayneWest Insurance, Inc. 2001 Main Street Baker City, OR 97814					PHONE (A/C, No, Ext): (541) 523-4411 FAX (A/C, No): (541) 523-5221					1) 523-5221
2001						E-MAIL ADDRESS:					
Dane	51 6	ity, OK 37014					INS	SURER(S) AFFOR	RDING COVERAGE	<u>-</u>	NAIC #
				_		INSURE	RA : First No	atl Ins Co o	f America		
INSU	RED	-				INSURE	R B : Americ	an States o	of Texas		
		Princehouse Trucking, LLC				INSURER C :					
		James Princehouse 514 Benton Ct				INSURER D :					
		La Grande, OR 97850				INSURER E :					
						INSURER F:					
COV	/ER	AGES CEF	RTIFIC	CATE	NUMBER:				REVISION NUMBER:		
IN	DICA	S TO CERTIFY THAT THE POLICI ATED. NOTWITHSTANDING ANY F FICATE MAY BE ISSUED OR MAY	REQU	IREM	ENT, TERM OR CONDITION	N OF A	NY CONTRA	CT OR OTHER	R DOCUMENT WITH RESP	ECT	TO WHICH THIS
ΕX		ISIONS AND CONDITIONS OF SUCH								I O AI	L THE TERMS,
INSR LTR		TYPE OF INSURANCE		SUBR			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMI	rs	
Α	X	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE	s	1,000,000
Ī		2) A 11/2 A 14/2 X	+	Į.	04017709474		08/20/2014	08/20/2015	DAMAGE TO RENTED	1	1 000 000

LTR	TYPE OF INSURANCE		TYPE OF INSURANCE INSD WVD POLICY NUMBER (MM/DD/YYYY) (MM			(MM/DD/YYYY)	LIMIT	S		
Α	X	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE	\$	1,000,000
		CLAIMS-MADE X OCCUR			01CI7709471	08/20/2014	08/20/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	s	1,000,000
	X	Loggers Bd Fm PD					•	MED EXP (Any one person)	s	10,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	LAGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	s	2,000,000
1		POLICY PRO- JECT LOC						PRODUCTS - COMP/OP AGG	s	2,000,000
l		OTHER:					İ	EMPLOYMENT PRAC	\$	10,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	s	1,000,000
В		ANY AUTO		,	04CC2315221	08/30/2014	08/30/2015	BODILY INJURY (Per person)	\$	
		ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$	
		HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	s	****
									ş	
		UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	
		EXCESS LIAB CLAIMS-MADE						AGGREGATE	s	
<u></u>		DED RETENTION \$							\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE CER/MEMBER EXCLUDED?	N/A					E.L. EACH ACCIDENT	s	
	(Man	datory in NH)						E.L. DISEASE - EA EMPLOYEE	\$	
	DES	, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
	i									

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

CERTIFICATE HOLDER

CANCELLATION

W U T C 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