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		<u>-</u> -		Docket No. TV- \\$0337	- .				
Reception Number	Safety M			Carrier ID# 6402					
111-0268-200-02	Insurance			Employee MD					
TYPE OF APPLICATION									
New Common Carrier Permit or Transfer of Existing Permi		Ext	ension	prity					
\$275 GENERAL COMMODIT	TIES ONLY		\$100	GENERAL COMMODITIES, inclu ARMORED CAR SERVICE	ding				
\$275 GENERAL COMMODIT ARMORED CAR SERVI			\$100	GENERAL COMMODITIES, inclu HAZARDOUS MATERIALS	ding				
\$275 GENERAL COMMODIT HAZARDOUS MATERI			\$100	GENERAL COMMODITIES, inclu HAZARDOUS MATERIALS and ARMORED CAR SERVICE	ding				
\$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 #: Unified Business Identifier Number (UBI):									
Legal Name: LJH Construction LLC USDOT: 27791629 2490125									
Trade Name(s), dba(s), if any Same As									
Email address: <u>rickers jewel</u> Egmail. Com									
Phone Number: 541-786-0641 Fax Number: 541-962-0243									
Phone Number: 541-786-0641 Fax Number: 541-962-0343 Business (Mailing) Address: 62916 Marroe lave La Grande Oc									
Physical Address (if different):				97	gsv 				

TYPE OF BUSINESS STRUCTURE										
☐ Individual ☐ Pa	artnership 🔲 Corporation	Limited Liab	oility Company	State of Inc.	REGON					
NAME	TITLE		Stock Distribution or % of Shares							
Amber for	s Owner			51%						
Luke Hus (W) W 49% *TRANSFER OF PERMIT NUMBER										
*Complete this section	the state of the s			and the second s						
permit holder and per transfer of the permit NAME ON PERMIT	n ONLY if you are transferring ar mit number to be transferred. number.	The current perr	nit hold must s	ign below to autho	prize the					
Signature of current permit holder Date										
	INSURANCE REQUIRE A permit will not be issued unt	EMENTS (must o	check one)							
You will not haul hazardous materials in ar quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liabilitiand Property Damage insurance. You do not need to complete Part B.		uiring \$1 lic Liability and page Insurance. aplete 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.							
	MOTOR VEHICLE LIST (Attacl	additional nac	-c if manage							
Unit #	License Number	State		/IN number						
See	Attached lust	State	V	na number						
	SIGN	ATURE								
and that no operations	and that the filing of this applica may be conducted until a perm tion contained in this applicatio	tion does not in it is issued by th n is true to the b	e Commission. Pest of my know $O\partial/\partial \omega$	I herehy declare	rate ind					
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	Year Make	Model	2		PLATE	TITLE
#25	2000 Peterbilt	379 Tractor	1XP5DB9X1YN540878	4 Axle	YAHW079	×
#23	2000 Peterbilt	379 Tractor	1XP5DB9X8YD530418	4 Axle	4 Axle YAHR130	×
#24	2000 Peterbilt	379 Tractor	1X95DB9X8YD533528	4 Axle	YAHR313	×
#25	2003 Peterbilt	379 Tractor	1XP5DB9X03N593404	3 Axle	YAHS877	×
#26	2000 Peterbilt	379 Tractor	1XP5DB9X4YD497434	3 Axle	YAHT139	×

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 \$. 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.ijkeller.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: Position: Beokkeyer In ferme who which service: La Gra Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below me 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 446 010.	 - 6 5-
Commercial Driver's License (CDL) Requirements	
Name: Lon Henry Position: Bakkupu	
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below mu	st

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 Qualification Re	quirements						
Name: 1 cm Hens Po	osition: Balckeepu						
Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicle 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 Hours of S	Service						
Name: Lari Heus	osition: Brokkeepe						
Each company must maintain true and accurate hours of service re as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP							
Vehicle Inspection, Repair, a	and Maintenance						
Name: Richard Christopher Po	osition: flut Marager						
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 A record of inspections, repairs and maintenance in 							
All companies must conduct periodic inspections as required by the WAC 446-65-010.	e FMCSA in 49 CFR, Part 396.17 and by the WSP in						
Signature							
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.							
In Hens	02/26/15						
Signature of applicant	Date						

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



CERTIFICATE OF LIABILITY INSURANCE

LJHCONS-01 HWLODARCZYK

DATE (MM/DD/YYYY) 2/27/2015

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).

	ertificate holder in lieu of such endors				iluui se	ment. A Sta	tenient on th	is certificate does not c	Jinei i	ignts to the	
PRO	DUCER				CONTA NAME:	СТ					
Baker City Office PayneWest Insurance, Inc. 2001 Main Street					PHONE (A/C, No, Ext): (541) 523-4411 FAX (A/C, No): (541) 523-5221 E-MAIL ADDRESS:						
Baker City, OR 97814							UDED(C) AFFOR			NAIC#	
						INSURER A: Hudson Insurance Co.					
INSURED					INSURER B :						
				·		RC:					
LJH Construction, LLC 62916 Monroe Lane					INSURE						
La Grande, OR 97850											
						INSURER E : INSURER F :					
COVERAGES CERTIFICATE NUMBER:					REVISION NUMBER:						
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELCINDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDICERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFF EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HA					OED BY	NY CONTRAC Y THE POLICI REDUCED BY I	CT OR OTHER IES DESCRIB PAID CLAIMS.	R DOCUMENT WITH RESPE	CT TO	WHICH THIS	
INSR LTR	TYPE OF INSURANCE	ADDL S	WVD	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	CLAIMS-MADE OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	s		
	obs.							MED EXP (Any one person)	s	-	
								PERSONAL & ADV INJURY	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE	S		
	POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG	s		
	OTHER:								\$		
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	ANY AUTO			BU100405400		06/11/2014	06/11/2015	BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED AUTOS							PROPERTY DAMAGE (Per accident)	\$		
									\$		
1	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE			•				AGGREGATE	\$		
	DED RETENTION\$							PER OTH-	\$		
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N							STATUTE ER			
	OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under							E.L. DISEASE - EA EMPLOYEE			
A	Motor Truck Cargo			BUI00405400		06/11/2014	06/11/2015	E.L. DISEASE - POLICY LIMIT 1.000 Deductible	\$	50,000	
. ~	inotor Frack Cargo			50100403400		00/11/2014	00/11/2013	1,000 Deductible		50,000	
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	ES (AC	ORD	101. Additional Remarks Schedu	le. mav h	e attached if mon	e space la requir	ed)			
	The state of the s	(//			, uy D		13 14441	,			
						,					
CE	RTIFICATE HOLDER				CANC	ELLATION					
	WUTC 1300 S Evergreen Park Dr S\	N			THE	EXPIRATION	DATE TH	ESCRIBED POLICIES BE CA EREOF, NOTICE WILL I			

AUTHORIZED REPRESENTATIVE

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PO Box 47250

Olympia, WA 98504-7250