To:

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- DO 459			
Reception Number Safety M				Carrier ID# 6030			
111-0268-200-02 Insurance			· · · · ·	Employee M			
TYPE OF APPLICATION							
New Common Carrier Permit Authority,			Extension of Common Carrier Permit Authority				
or Transfer of Existing Perm	it Number						
Sector Commodities Only			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE			
Signal Signal Commodia Signal Commodia Armored Car Serv	· -		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
-	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODIT HAZARDOUS MATER ARMORED CAR SERV	IALS and						
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation							
MOTOR CARRIER IDENTIFICATION							
Common Carrier #: $(S80)$ Unified Business Identifier Number (UBI): 603440204							
Legal Name:Delgado Trucking LLC USDOT:2564641							
Trade Name(s), dba(s), if any							
Email address:indalberto02@yahoo.com							
Phone Number:425-953-0717 Fax Number:							
Business (Mailing) Address:19812 48 th Ave W Apt #M16 Lynwood, WA 98036							
Physical Address (if different):							

	TYPE OF BUSINE	SS STRUCTU	IRE				
Partners	ship 🔲 Corporation 🛛	🔊 Limited L	iability Company	y State of Inc			
elgado Gonzalo	<u>TITLE</u> ez Owner	Stock Distribution or % of Shares					
and permit nu	/ if you are transferring an ex mber to be transferred. The	xisting perm	nit to a new own				
			Perm	t Number			
aul rials in any ill only s with a an 10,000 ist obtain dic Liability amage do not need	Dermit will not be issued until a EXYou 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.	You will materials re million in P Property D You must c	haul hazardous equiring \$1 ublic Liability and amage Insurance. omplete 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.			
License Number		State		VIN number			
C14255B	2558		TEAPHIACSM	<u>опјац2</u> ₩Н936847			
	is section ONLY and permit number e permit number RMIT urrent permit h aul rials in any ill only s with a ban 10,000 ist obtain blic Liability amage do not need t B.	elgado Gonzalez Owner *TRANSFER OF P is section ONLY if you are transferring an e and permit number to be transferred. Th e permit number. RMIT urrent permit holder INSURANCE REQUIREN A permit will not be issued until a aul trials in any ill only s with a an 10,000 ist obtain blic Liability mage do not need t B. MOTOR VEHICLE UST (Attach License Number C14255B	elgado Gonzalez Owner *TRANSFER OF PERMIT NUM is section ONLY if you are transferring an existing perm and permit number to be transferred. The current permit number. RMIT uurrent permit holder INSURANCE REQUIREMENTS (mus A permit will not be issued until acceptable in: aul E> You will not haul hazardous materials in any Hazardous materials in any ill only quantity. You will operate swith a vehicles with a GVWR of aul tic Liability Public Liability and Property Damage Damage Insurance. You must Sections 1 a Sections 1 a MOTOR VEHICLE LIST (Attach additional p. License Number State C14255B WA	elgado Gonzalez Owner *TRANSFER OF PERMIT NUMBER is section ONLY if you are transferring an existing permit to a new own and permit number to be transferred. The current permit hold must is e permit number. RMIT Permit number. IMIT Permit number. INSURANCE REQUIREMENTS (must check one) Permit will not be issued until acceptable insurance is receive aul INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is receive aul III SUURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is receive aul III only 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. Image Insurance. You must complete Part C, Sections 1 and 2. MOTOR VEHICLE LIST (Attach additional pages if necessar License Number State			

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.

Indalberto Delgado Signature

_____03/12/2015_____ Date

To:

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</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 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, <u>www.wtatrucking.com</u>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, Wł 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: Indalberto Delgado

When a CF 15

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: Indalberto Delgado

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, 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.

Fax: (909) 985-2348

Fax: +1 (360) 586-1181

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Driver Qualification Requirements

Name: Indalberto Delgado

Position: President

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 Hours of Service

To:

Name: Indalberto Delgado

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: Indalberto Delgado

Signature of applicant

Position: President

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

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.

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

Inda berto Delgado

Date

2002/002

ACORD"	CEE
	CEF

CERTIFICATE OF LIABILITY INSURANCE

DELGA-1 OP ID: PF

DATE (MM/DD/YYYY)

03/16/2015

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).

PRODUCER Vaylor-Thomason Ins. Brokers 3401 South 19th Street P.O. Box 7187 Tacoma, WA 98417 CL Written by staff		CONTACT NAME: Peggy Foote PHONE (A/C, No, Ext): 253-284-7926 F-MAIL ADDRESS: Peggy F@ttib.net						
		INSURER(8) AFFORDING COVERAGE	NAIC #					
	•	INSURER A: Mutual of Enumciaw	14761					
INSURED	Delgado Trucking LLC	INSURER B :						
	21404 52nd Ave Ѿ, Apt H12 Mountlake Terrace, WA 98043	INSURER C :						
		INŞURER D :						
		INBURER E ;						
		INSURER F :						

COVERAGES CERTIFICATE NUMBER:				REVISION NUMBER:				
	IIS IS TO CERTIFY THAT THE POLICIES DICATED. NOTWITHSTANDING ANY REC ERTIFICATE MAY BE ISSUED OR MAY P KCLUSIONS AND CONDITIONS OF SUCH P	QUIREME ERTAIN.	NT, TERM OR CONDITION OF AN THE INSURANCE AFFORDED BY	Y CONTRACT THE POLICIES REDUCED BY	OR OTHER DESCRIBED	OCUMENT WITH RESPEC	CT TO V	WHICH THIS
INSR LTR				POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	8	
A	X COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE	\$	1,000,000
	CLAIMS-MADE X OCCUR		QUOTE #CPQ1006328 00	12/19/2014	12/19/2015	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
		•				MED EXP (Any one person)	\$	10,000
						PERSONAL & ADV INJURY	3	1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	6	2,000,000
						PRODUCTS - COMP/OP AGG	\$	2,000,000
							Ş	
				1		COMBINED SINGLE LIMIT	\$	1,000,000
Α	X ANY AUTO	QUOTE #CPQ100632	QUOTE #CPQ1006328 00	8 00 12/19/2014	12/19/2015	BODILY INJURY (Per person)	3	
	ALLOWNED SCHEDULED					BODILY INJURY (Per accident)	\$	<u> </u>
:	NON-OWNED					PROPERTY DAMAGE (Per accident)	\$	
	HIRED AUTOS						S	
—	X UMBRELLA LIAB OCCUR					EACH OCCURRENCE	\$	4,000,000
A	EXCESS LIAB CLAIMS-MADE		QUOTE #CPQ1006328 00	12/19/2014	12/19/2015	AGGREGATE	\$	4,000,000
1	DED X RETENTIONS 10000						6	
-	WORKERS COMPENSATION					PER OTH- STATUTE ER		
	AND EMPLOYERS' LABILITY Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE					E.L. EACH ACCIDENT	8	
	OFFICER/MEMBER EXCLUDED?	N/A				E.L. DISEASE - EA EMPLOYEE	\$	
	IT yes, describe under ESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	3	
A	Motor Truck Cargo		QUOTE #CPQ1006328 00	12/19/2014	12/19/2015	Cargo		50,000
1						deduct		1,000
			_	·				
DE	SCRIPTION OF OPERATIONS / LOCATIONS / VEHICI	LES (ACOR	D 101, Auditional Remarks Schedule, maj	/ be attached if mo	re epace ix requi	red)		

RE: DOT #2565641

 CERTIFICATE HOLDER
 CANCELLATION

 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

 WUTC 1300 S Evergreen Pkwy Dr SW Olympia, WA 98504

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