# **X**

#### **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 OFFICIA	AL USE ONLY				Docket No. TV- SO 5 8 C
Reception Number Safety			Carrier ID#\6 Q64		
111-0268-200-02 Insurance No.7				Employee M	
		TYPE OF A	PLIC	ATION	
	Common Carrier Permit		E	tension (	of Common Carrier Permit Authority
	\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$27	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
☐ \$27				\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$27	\$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					
		EVI BELLE			
Common Ca	arrier #: (\$843	Unified Business Ide	entifie	r Numbei	r (UBI): 603-491-258
Legal Name: TLR Express ILC USDOT: 2593468					
Trade Name	e(s), dba(s), if any	· · · · · · · · · · · · · · · · · · ·			
Email addre	ss: <u>  Istoptruckir</u>	19@gmail.c	om	·	
Phone Number: (504) 839-3867 Fax Number: 509-837-8229					
Business (Mailing) Address: PO BOX 1590 SunnySido WA 98944					
Physical Add	Physical Address (if different): 401 Klock Rd Grandview WA 98930				

			- Picon			
☐ Individual	□ Partne	rship   Corporation	Limited L	iability Company	State of Inc	
NAME Maria 1						
WENT						
*Complete t	his section ONI	Y if you are transferring an	Signification		ar List name of surrent	
		umber to be transferred.				
	ne permit numl					
NAME ON PE	RMIT			Parmi	t Number	
			·	· · · · · · · · · · · · · · · · · · ·	t Number	
<u></u>				· · · · · · · · · · · · · · · · · · ·		
Signature of	current permit	holder		Dat	e	
		in plesiula veit amaiemuli i	and the second of the second o	TEMPERATURE TO PROPERTY OF THE		
☐ You will not	haul	You will not haul	You will	haul hazardous	You will haul hazardous	
hazardous mat		hazardous materials in any		requiring \$1	materials requiring \$5	
quantity. You will only qu		quantity. You will operate	million in f	million in Public Liability		
operate vehicle GVWR of less t		vehicles with a GVWR of 10,000 pounds or more. You		amage insurance. Somplete Part C,	and Property Damage Insurance. You must	
pounds. You m	•	must obtain \$750,000 in	Sections 1		complete Part C, Sections 1	
\$300,000 in Pu	-	Public Liability and Property	<b>!</b> .		and 2.	
and Property D Insurance, You	_	Damage Insurance. You must complete Part B.				
to complete Pa		complete rait b.	]			
Ten	NVXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX					
		onioned and Educate Associa		inestreligation,		
Unit #	+ 8932	cense Number	State		IN number	
. , ,	70732	• /	WA	IFUYDSEB3	377.082613	
Las applicant	t understand t	hat the filing of this applicat	ion door not	t in its olf constitut		
and that no o	perations may	be conducted until a permi	t is issued by	the Commission	e authority to operate	
affirm that th	e information	contained in this application	is true to th	e best of my know	wledge and belief.	
	_					
Anun	Ymms	•		3/21/15		
Signature	0		Ď	ate		

## PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

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:

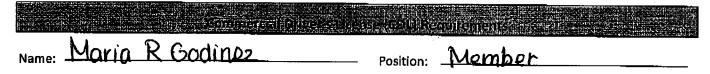
- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.wtatrucking.com, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ijkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, 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.

Name: Maria R Godinez	Position: Member	-
challed a considerable fine from 25 45,000 dia	usansiawa sangangangang menjagi kembang pinangan menjagi ke	

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.



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.

Name: Maria R Godinoz	Position:	Member
Each company must maintain a complete Driver Qualification as required by FMCSR Part 391.51 and by the WSP in WAC 446 intrastate commerce within Washington have limited exemptioperations must maintain a complete file on themselves and a	5-65-010. Owr ions. Owners/	ner/operators that work exclusively in operators that conduct any interstate
Name: Maria R Godinoz	Position: .	Member
Each company must maintain true and accurate hours of servi as required by the FMCSA in 49 CFR, Part 395.1(e) and by the		
		Meacare and training the control of
Name: Maria R Godinoz	Position:	Member
Each company must prepare a written "Driver Vehicle Inspectithe FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446 required records for each vehicle that includes the following, a WSP in WAC 446-65-010:  Identification of the vehicle.  The nature and due date of various inspection A record of inspections, repairs and maintenance.	6-65-010. In adas required by	Idition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed.
All companies must conduct periodic inspections as required b WAC 446-65-010.	by the FMCSA	in 49 CFR, Part 396.17 and by the WSP in
My signature below certifies that I understand my responsible safety requirements which apply to my operations.	nsibility as a r	motor carrier and I will comply with all
Laura Domes		3/21/15
Signature of applicant		Date

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

### CERTIFICATE OF LIABILITY INSURANCE

Date Entered: 4/6/2015 DATE (MM/DD/YYYY) \_**€X**7/2015

M.3 CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE DESTINATION OF 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(les) 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).

YOU FRA	CEA CERTIFICATE A	NAME D	
		INSURER F:	
	GRANDVIEN, NA 36330	INSURER E :	
	GRANDVIEW, WA 98930	INSURER D :	
	401 KLOCK RD		<del></del>
		INSURER C:	
19URED	JLR EXPRESS LLC	INSURER B :	
	<u> </u>	INSURER A: United Financial Casualty Company	
	Van Nuys, Ca 91411	INSURER(S) AFFORDING COVERAGE	NAIC #
	Suite 303		<del></del>
	14545 Victory Blvd	(AC. No. Ext): (	10,550-4540
	• •	PHONE (AIC No. Ext): (818) 989-0206 FAX (AIC No); (8	16)330-4540
RODUCER	Royalty Insurance Services, I	CONTACT NAME:	

<u>CERTIFICATE NUMBER:</u> 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.

ISR TR	TYPE OF INSURANCE	ADDL SU			POLICY EXP	LIMIT	
	COMMERCIAL GENERAL LIABILITY  CLAIMS-MADE OCCUR				1mm2 27 1 1 1 1 1	EACH OCCURRENCE DAMAGE TO RENTED PRÉMISES (Es occurrence)	<u>s</u>
						MED EXP (Any one person)	\$
	<u></u>			-   -		PERSONAL & ADV INJURY	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$
	POLICY PRO LOC					PRODUCTS - COMPIOP AGG	5
	OTHER:						5
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Le ecident)	\$1,000,000
	ANY AUTO			1		BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
¥	HIRED AUTOS NON-OWNED AUTOS		03629540-0	03/31/2015	3/31/2016	PROPERTY DAMAGE (Per accident)	5
			<u> </u>				S
	UMBRELLA LIAB OCCUR				,	EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE					AGGREGATE	<u>s                                      </u>
	DED RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					PER OTH- STATUTE ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A				ÉL. EACH AÇÇIDENT	5
	(Mandatory in NH)			ļ .		EL. DISEASE - EA EMPLOYEE	\$
	if yes, describe under DESCRIPTION OF OPERATIONS below					EL. DISEASE - POLICY LIMIT	\$
<u></u>	PHYSICAL DAMAGE		03629540-0	03/31/2015	3/31/2016	STATED VALUE	\$1,000 DED:
*	CARGO		03629540-0	03/31/2015	3/31/2016	\$100,000	\$1,000
_							

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101. Additional Remarks Schedule, may be attached if more apace is required) 000 FREIGHTLINER VIN: 1FUYDSEB3YPB82613 STATED VALUE: \$10,000

ION-OWNED TRAILER

STATED VALUE: \$10,000

CERTIFICATE HOLDER	CANCELLATION
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S. EVERGREEN PARK DR. SW P.O. BOX 47250	T SMOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
OLYMPIA, WA 98504-7250 360-586-1181	AUTHORIZED REPRESENTATIVE

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