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- 1 >> 3 7		
Reception Number	Safety (MA)			Carrier ID# 400		
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	ļ				
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODITATION ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODITAL HAZARDOUS MATER			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$100 REINSTATEMENT OF Confidence of cancellation	ANCELLED COMMO	N CAR	RIER PER	RMIT - Must be filed within 10 months		
	MOTOR CARRIES	RIDENT	IFICATIO) N		
Common Carrier Unified Business Identifier Number (UBI): 603 275 205						
Legal Name: Pascher & Son Trucking Lusbot: 2381100						
Trade Name(s), dba(s), if any						
Email address: CPascherodo amoil com						
Phone Number: (360) 459-7043 Fax Number: 360) 459-7044						
Business (Mailing) Address: P. D. Box 386 East 0/4mptg wa 98540						
Physical Address (if different): 1725 ROUNEL Rd. S. E. CHARIGUA 98513						

hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds or more. You will not hazardous materials in any quantity. You will operate vehicles with a GVWR of less than 10,000 pounds or more. You must complete Part C, materials requiring \$1 materials requiring \$5 million in Public Liability and Property Damage Insurance. You must			TYPE OF BUSIN	IESS STRUCTU	RE		
*TRANSFER OF PERMIT NUMBER *Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number. NAME ON PERMIT	☐ Individual	☐ Partnei	ship Corporation	Mmited Lia	bility Company	State of Inc.	
*Complete this section ONLY if you are transferring an existing permit to a new owner. List name of current permit holder and permit number to be transferred. The current permit hold must sign below to authorize the transfer of the permit number. NAME ON PERMIT	NAME TITLE aumya Zdre-Pascher member / Prasi			widet	Stock Distribution or % of Shares		
Signature of current permit holder Date	permit holder a	and permit n	Y if you are transferring an umber to be transferred. T	existing perm	it to a new owne	r. List name of current gn below to authorize the	
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received 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 must complete Part C, Sections 1 and 2. MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number State VIN number	NAME ON PERI	MIT			Permi	t Number	
A permit will not be issued until acceptable insurance is received You will not haul hazardous materials in any quantity. 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 \$750,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number State VIN number	Signature of cu	rrent permit	holder		Dat	e	
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 must obtain \$750,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number State VIN number 8 8 82 6 40 40 40 40 40 40 40 40 40 40 40 40 40		เป	permit will not be issued unt	il acceptable in:	surance is received haul hazardous	You will haul hazardou	
MOTOR VEHICLE LIST (Attach additional pages if necessary) Unit # License Number State VIN number 8 8 8216400 WA INKOLOXOVR751885 12 C64231 A WA INKOX 40X4FR 421837 SIGNATURE 1, 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	quantity. You wil operate vehicles GVWR of less that pounds. You mus \$300,000 in Publ and Property Dal Insurance. You d	l only with a an 10,000 st obtain lic Liability mage o not need	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 mu	Property Day You must of Sections 1	amage Insurance. omplete Part C,	Insurance. You must complete Part C, Sections	
Unit # License Number State VIN number 8 B21640A WA INKOLROXOVR751885 12 C64231 A WA INKOLROXOVR751885 SIGNATURE 1, 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	to complete rais		AOTOR VEHICLE LIST (Attack		ones if necessary		
8 B21640A WA INKOLROXOVR751885 12 C64231 A WA INKOX 40X4FR 421837 SIGNATURE 1, 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					<u>. T </u>		
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4/2/15	l, as applicant,	perations ma	that the filing of this applic	ation does no nit is issued by	, the Commissior	I hereby declare and	
				· · · · · · · · · · · · · · · · · · ·	4/2/15		

Signature

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.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.jikeller.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.

		Controll	ed Substances a					
Name:	Taunya	Zehe-	Pascher	Position: _	memb	er/P	reside	<u>ent</u>

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.

Nama: Tak	unua 7 che -6	Pascher	Position:	member/	President
Name. ——					

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 Requirements					
Name: Tauny ? Zele-Pascher position: member/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					
Name: Tarry ? Rela Pascher position: hember/ 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: Tanga Zehe-Pascher Position: memberthadent					
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.					
4/2/45					
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) 4/2/2015

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 er certificate holder in lieu of such endorsement(s).	ndorsement. A statem	ent on this certificate does not conf	fer rights to the			
PRODUCER	CONTACT Linda Bethke					
WCLA Insurance Agency	PHONE (260) 252 - 5022 - 2 FAX (250) 252-1649					
P O Box 2168	(A/C. No. Ext): (360) 352-5033 K2 (A/C. No): (360) 352-1669 E-MAIL ADDRESS: linda@loggers.com					
			NAIC#			
Olympia WA 98507-2168		INSURER(S) AFFORDING COVERAGE INSURER A Granite State Insurance Co.				
INSURED	INSURER B :	23809				
C P Pascher Excavating Inc.						
Pascher & Sons Trucking, LLC	INSURER C:					
P.O. Box 386	INSURER D:					
	INSURER E :					
	INSURER F	REVISION NUMBER:				
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAY INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDIEXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE	VE BEEN ISSUED TO TH OF ANY CONTRACT OF ED BY THE POLICIES D BEEN REDUCED BY PAI	HE INSURED NAMED ABOVE FOR THE R OTHER DOCUMENT WITH RESPECT DESCRIBED HEREIN IS SUBJECT TO A ID CLAIMS.	TO WHICH THIS			
INSR TYPE OF INSURANCE INSR WYD POLICY NUMBER	POLICY EFF PO	OLICY EXP M/DDYYYYY) LIMITS				
GENERAL LIABILITY		EACH OCCURRENCE \$ DAMAGE TO RENTED	1,000,000			
X COMMERCIAL GENERAL LIABILITY		PREMISES (Ea occurrence) \$	100,000			
A CLAIMS-MADE X OCCUR 02-LX-019907562-1	9/1/2014 9/1	1/2015 MED EXP (Any one person) \$	5,000			
X Loggers BFPD	1	PERSONAL & ADV INJURY \$	1,000,000			
		GENERAL AGGREGATE \$	2,000,000			
GEN'L AGGREGATE LIMIT APPLIES PER:		PRODUCTS - COMP/OP AGG \$	2,000,000			
X POLICY PRO-						
AUTOMOBILE LIABILITY		COMBINED SINGLE LIMIT (Ea accident) 5	1,000,000			
X ANY AUTO		BODILY INJURY (Per person) \$				
ALL OWNED SCHEDULED 02-CA-016692556-1	9/1/2014 9/	1/2015 BODILY INJURY (Per accident) \$				
AUTOS X HIRED AUTOS X AUTOS NON-OWNED AUTOS AUTOS NON-OWNED AUTOS		PROPERTY DAMAGE \$. (Per accident)				
X Broadened Poll		\$				
UMBRELLA LIAB OCCUR		EACH OCCURRENCE \$				
EXCESS LIAB CLAIMS-MADE		AGGREGATE \$				
DED RETENTION \$		s				
A WORKERS COMPENSATION		WC STATU- TORY LIMITS X ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A 02-17-019907552-1		E.L. EACH ACCIDENT \$	1,000,000			
OFFICER/MEMBER EXCLUDED? N/A 02-LX-019907562-1 (Mandatory in NH)	9/1/2014 9/	1/2015 E.L. DISEASE - EA EMPLOYEE \$	1,000,000			
If yes, describe under MA Stop Gap DESCRIPTION OF OPERATIONS below MA Stop Gap		E.L. DISEASE - POLICY LIMIT \$	1,000,000			
			m			
		·				
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks	s Schedule, if more space is re	equired)				
Proof of liability insurance.						
CERTIFICATE HOLDER	CANCELLATION		<u> </u>			
(360) 586-1181	THE EXPIRATION	E ABOVE DESCRIBED POLICIES BE CAN DATE THEREOF, NOTICE WILL BE	NCELLED BEFORE DELIVERED IN			
Washington Utilities and Transportation Commission	ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
P.O. Box 47250 Olympia, WA 98504						

ACORD 25 (2010/05)

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Linda Bethke/LINDA