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- \30672					
Reception Number	Safety M		Carrier ID# \6989					
111-0268-200-02	Insurance		Employee M					
•	TYPE OF AI							
New Common Carrier or Transfer of Existin		Extension	of Common Carrier Permit Authority					
\$275 GENERAL COM		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL CON	MMODITIES, including	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
	MODITIES, including	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
	MMODITIES, INCLUDING MATERIALS and AR SERVICE							
\$100 REINSTATEMEN	NT OF CANCELLED COMMO	ON CARRIER P	ERMIT - Must be filed within 10 months					
(f)	MOTOR CARRIE	R IDENTIFICAT	ion is a later to the					
Common Carrier #: 658	Unified Business lo	dentifier Numb	per (UBI): 602-874-942					
Legal Name: DREAMLINE	XPRESS LLC	USD	OT: 1825066					
Trade Name(s), dba(s), if any								
Email address: ustruckingsolutionslic@gmail.com								
Phone Number: 206-391-9340 Fax Number: 206-260-2733								
Business (Mailing) Address: 2609 s 275th pl , Federal Way, WA 98003								
Physical Address (if different): 27210 103RD PL SE KENT WA - 98030								

e acestra con according		TYPE OF BUSINES	S STRUCTUR	E			
☐ Individual ☐ Partr	nership	☐ Corporation 🗵	Limited Liab	ility Company	State of Inc		
NAME MANDEEP SINGH	<u>TITLE</u> Membe	_		Stock Distrib 100%	oution or % of Shares		
		*TRANSFER OF PE	DAALT NI INA	ea - Paris			
*Complete this section C	NLY if you	u are transferring an e)	isting permit	to a new owner	r. List name of current		
permit holder and permi	t number	to be transferred. The	current peri	mit hold must sig	gn below to authorize the		
transfer of the permit nu	mber.						
NAME ON PERMIT				Permit	Number		
Signature of current per	mit holde	T		Date	e ·		
1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	IN	SURANCE REQUIREN	AENTS (must	check one)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		will not be issued until a	cceptable insi	urance is received	☐ You will haul hazardous		
A 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	hazar quan vehic 10,00 must Publi	will not haul rous materials in any tity. You will operate les with a GVWR of 00 pounds or more. You obtain \$750,000 in a Liability and Property	materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. materials requiring 3 million in Public Liab and Property Damag Insurance. You must complete Part C, Se and 2.				
and Property Damage Insurance. You do not need to complete Part B.	E .	age Insurance. You must plete Part B.					
	MATA	R VEHICLE LIST (Attach	additional na	iges if necessary	Augustus		
Unit#		Number	State		VIN number		
102		64RP	WA		B9X05J08215		
787	505	36RP	, WA	1XKAL	B9XX5J090560		
	and a	SIGN	TURE	\$ 1.00 miles			
I, as applicant, understa and that no operations affirm that the informa	marcha c	anducted until a nermi	t is issued by	THE COMMISSION	ute authority to operate n. I hereby declare and powledge and belief.		
GERRIT CHEC CIC HOSTING		en geriet in der Steine der Steine Der Steine der Steine					
·				04/19/2015			
Signature				ate			

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 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.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.

Name:	MANDEEP SINGH		Position:	MEMBER
Any dri	ver who operates a vehicle	hat meets the definition of	a commerc	ial 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:	MANDEEP SINGH	Position:	Member		

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 Department of Licensing. 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.

		2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	Driver Q	ualification	Requirem	ents	Person of the
Name:	MAND	EEP SINGH			Position:	Member	
as requi	ired by F	MCSR Part 391.51 herce within Wash	and by the WSP ington have limit	in WAC 446-6 ted exemption	55-010. Ow ns. Owners,	employee authorized to mer/operators that work /operators that conduct ver that they may use.	exclusively in
		2000 2000 2000 2000 2000 2000 2000 200	Dri	ivers Hours o	of Service	A TANK CANADA	
Name:	MANI	DEEP SINGH			Position:	Member	
Each co as requ	ompany r lired by t	nust maintain tru he FMCSA in 49 C	e and accurate he FR, Part 395.1(e)	ours of service and by the W	e records fo 'SP in WAC	or each individual that dr 446-65-010.	ives a motor vehicle
	1	34 (1)	Vehicle Inspe	ection, Repai	r, and Ma	Interiance	434 165
Name:	MANI	DEEP SINGH			Position:	Member	
the FM require	ICSA in 4 ed record	9 CFR, Part 396.1: is for each vehicle 6-65-010: Identification of The nature and o	Land by the WSP that includes the the vehicle. Jue date of variou	in WAC 446-6 e following, as us inspection a	65-010. In a required band mainte	on each vehicle used each addition, each company roy the FMCSA in 49 CFR, I enance operations to be purely their date and nature.	Part 396.3 and by the
	npanies (46-65-01		odic inspections	as required by	the FMCS	A in 49 CFR, Part 396.17	and by the WSP in
	115	T. C.		^{id.} ⊯Signatu	IF e		eg () je like od
My sig the sa	gnature fety req	below certifies t uirements whicl	hat I understan n apply to my op	d my respon perations.	sibility as a	a motor carrier and I w	ill comply with all
	,	Mandap 3				04/19/2015	
Signat		applicant		-			ate

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

10	ORL) ®
1		

CERTIFICATE OF LIABILITY INSURANCE

ONTE (MM/DD/YYYY)

Layg

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 noider in lieu of su	ich endorsement(s).		
PRODUCER		NAME: CERT DEPARTMENT	
RIS Insurance Services		PHONE (A/C, No, Ext):360-293-2135 FAX (A/C, No):	
P. O. Box 1059 Anacortes WA 98221		E-MAIL ADDRESS:Certs@risnet.com	
Anaconos VVA SOZZI		INSURER(S) AFFORDING COVERAGE	NAIC#
<u> </u>		INSURER A :BERKSHIRE HATHAWAY	
INSURED	DREAM-2	INSURER B :	
DREAMLINE EXPRESS LLC		INSURER C:	
27210 103rd PL SE KENT WA 98030		INSURER D :	
KENT WA 90030	:	INSURER E:	
		INSURER F:	
COVERAGES	CERTIFICATE NUMBER: 579658752	REVISION NUMBER:	
INDICATED. NOTWITHSTANDIN	IG ANY REQUIREMENT, TERM OR CONDITION	VE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POOF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO BOOK AND A SECOND OF THE BOOK AND A SECOND O	O WHICH THIS

	XCLUSIONS AND CONDITIONS OF SUCH						•	
INSR LTR	TYPE OF INSURANCE	ADDL Insr	SUBR WVD	POLICYNUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	\$
,	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY			-			EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			02TRM008353-01	8/29/2014	8/29/2015	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED X SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$.
	HIRED AUTOS NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$
L								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION\$				-			\$
ŀ	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A		·			E.L. EACH ACCIDENT	\$
	(Mandatory in NH)			1.			E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
A	CARGO PHYSICAL DAMAGE TRAILER INTERCHANGE			02TRM008353-01	B/29/2014		\$1,000 DED	\$100,000 LIMIT COMP & COLL \$10,000 LIMIT
				<u> </u>			·	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
FORM E TO FOLLOW

-		
CERT	IFICATE	HOLDER

WUTC PO BOX 47250 OLYMPIA WA 98504 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.

AUTHORIZED REPRESENTATIVE

X

© 1988-2010 ACORD CORPORATION. All rights reserved.