# **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- \\$ 0707					
Reception Number Safety M			Carrier ID# \7003						
111-0268-200-02	Insurance			Employee 🗥					
TYPE OF APPLICATION									
New Common Carrier Permit	• •	Extension of Common Carrier Permit Authority							
or Transfer of Existing Perm	it Number	-		·					
\$275 GENERAL COMMODI	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMODIT ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODIT HAZARDOUS MATER	-		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERV	ALS and								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation									
		dol:Ki		MOPELLE CONTRACTOR					
Common Carrier #: UPW Unified Business Identifier Number (UBI): 603-495-493									
Legal Name: AMG Express UC USDOT: 2597258									
Trade Name(s), dba(s), If any									
Email address: 1 Stopt rucking @gmail.com									
Phone Number: 509-839-7867 Fax Number: 509-837-8229									
Business (Mailing) Address: PO BOX 1590 Sunnyside WA 98944									
Physical Address (if different): 180 Bus Rd Mabton WA 98935									

☐ Individual ☐ Partne	rship 🛘 Corporation	Limited Liability Company	State of Inc						
NAME Miguel Angel G	<u>title</u> M20102 Mombor	Stock Distribution or % of Shares							
*Complete this section ON	LY If you are transferring an $ eq$		er. List name of current						
*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		Permi	t Number						
Signature of current permi	holder	Date							
		daliya saliotes ete estadouega.							
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 do not need to complete Part B.	You will not hauf 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 haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.						
Unit#	icense Number		70						
84 -4	901561								
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.									
Signature Signature	2 <u>4/24/15</u> Date								

# 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, <a href="https://www.wtatrucking.com">www.wtatrucking.com</a>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.iikeller.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: Miquel A Gonzalez	Position: Mombor

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.

Name: Miguel A Gonzaloz	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 <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.

	en production de la company							
Name: Miquel A	Sonzalez	Position:	Momber					
as required by FMCSR Part 39 intrastate commerce within \	1.51 and by the WSP in WAC 446-	-65-010. Own ons. Owners/	mployee authorized to drive motor vehicles ner/operators that work exclusively in operators that conduct any interstate or that they may use.					
56. 0		(2   1   1   1   1   1   1   1   1   1						
Name: Miquel A C	onzaloz	Position: .	Member					
	true and accurate hours of servic 49 CFR, Part 395.1(e) and by the W		each individual that drives a motor vehicle 46-65-010.					
		ca arang gaman Alaman da arang da a						
Name: Miquel A C	onzalez	Position: .	Nomber					
the FMCSA in 49 CFR, Part 39 required records for each veh WSP in WAC 446-65-010:  • Identification The nature as	6.11 and by the WSP in WAC 446-	65-010. In ads required by and maintena						
All companies must conduct p WAC 446-65-010.	eriodic inspections as required by	the FMCSA	in 49 CFR, Part 396.17 and by the WSP in					
		the second						
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.								
Signature of applicant			4/24/15 Date					
NOTE: Once	issued, you must keep a c	opy of you	ır permit in your vehicle.					



## CERTIFICATE OF LIABILITY INSURANCE

**DATE (MM/DD/YYYY)**5/7/2015

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).

٥	ertificate holder in lieu of such endors	eme	nt(s)								<u> </u>
	DUCER				CONTA NAME:	WHA Pro	cessing C	Center	FAV		
Wilson-Heirgood Associates 2930 Chad Drive				PHONE (A/C, No, Ext): 800-852-6140 FAX (A/C, No): 541-342-3786							
PO Box 1421				ADDRESS: info@whainsurance.com							
Eug	gene OR 97440-1421				PRODU CUSTO	ICER MERID#: 3234	47				
						INS	URER(S) AFFOR	DING COVERAGE			NAIC#
INSURED				INSURI	ERA:Nation	al Indem	nity Co				
	G Express LLC				INSUR	ERB:		<del>-</del>			
	Box 1590 nnyside WA 98944				INSURI	ERC:					
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CO	VERAGES CER	TIFIC	CATE	NUMBER: 211341081	15 REVISION NUMBER:						
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l W	ERIOD INDICATED. NOTWITHSTANDING AN HICH THIS CERTIFICATE MAY BE ISSUED O ALL THE TERMS, EXCLUSIONS AND CON	or M	IAY Pi	ERTAIN, THE INSURANCE AF	=FORDE	ED BY THE POL	_ICIES DESCR	IBED HEREIN IS S	RESPEC UBJECT	тто	
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMIT	s	
	GENERAL LIABILITY	INJA	1770	TOLIOT NOMBER		· · · · · · · · · · · · · · · · · · ·	(minus DD) ( F 1 1 j	EACH OCCURRENC		\$	
	COMMERCIAL GENERAL LIABILITY			•				DAMAGE TO RENTE PREMISES (Ea occu	D	\$	
	CLAIMS-MADE OCCUR					1		MED EXP (Any one p		\$	
	SEALING INFEC							PERSONAL & ADV II		\$	
								GENERAL AGGREG		\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP		\$	
	POLICY PRO- JECT LOC							THODOCTO - COM	701 Auu	\$	
A	AUTOMOBILE LIABILITY			70TRS047777		4/17/2015	4/17/2016	COMBINED SINGLE	LIMIT	\$1,000,000	
	ANY AUTO							(Ea accident) BODILY INJURY (Pe	( portoon)	\$	<u> </u>
	ALL OWNED AUTOS							BODILY INJURY (Pe	· · · · · · ·	\$	<del></del>
	X SCHEDULED AUTOS			•				PROPERTY DAMAG			
	HIRED AUTOS							(Per accident)	_	\$	
	NON-OWNED AUTOS		Ì			ľ				\$	
			-							\$	
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	EXCESS LIAB CLAIMS-MADE							AGGREGATE		\$	
	DEDUCTIBLE					l i				\$	
	RETENTION \$									\$	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					-		WC STATU- TORY LIMITS	OTH- ER		
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A						E.L. EACH ACCIDEN		\$	
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A						E.L. DISEASE - EA E	MPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below					j		E.L. DISEASE - POLI	CY LIMIT	\$	
A	Motor Truck Cargo Broad Form			70TRS047777		4/17/2015	-, ,	Limit Deductible		\$100,0 \$1,000	
	CRIPTION OF OPERATIONS / LOCATIONS / VEHICLE OF E to follow	LES (A	Attach	ACORD 101, Additional Remarks	Schedule	e, if more space is	required)				
rOi	THE CO TOTTOW										
CE	RTIFICATE HOLDER				CAN	CELLATION					
					SHOTI	I D ANY OF TH	E AROVE DES	CRIBED POLICIES	S RE CAN	CELLE	
					BEFO	RE THE EXPIRA	ATION DATE 1	HEREOF, NOTICE	WILL BE	DELIV	ĔRED
	Washington Utilities	an	д т,	ransportation	IN ACC	JURDANCE WI	THE HOLK	CY PROVISIONS.			
	Commission	ai.	<u> </u>	Lan. Spot cacton							

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Catina Storks

AUTHORIZED REPRESENTATIVE

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PO Box 47250

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