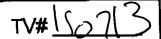


#### PART A



## 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
APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers) Carrier ID#: 11004 Safety: Reception Number: Employee: Insurance: 111 0268 200 02 **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES ONLY ARMORED CAR SERVICE \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** ARMORDED CAR SERVICE  $\Box$ GENERAL COMMODITIES, Including \$100 O \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: Auth #: (Must be filed within 10 months of cancellation) Evolration Data ☐ Discover ☑ Mastercard ☐ Visa □ Amex ☐ Check CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid. Name (printed): Francisco C Vazquez Agent POA Signature: James Homes Title: WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# CC#: NEW 2591972 603-490<u>-090</u> PHONE#: APPLICANT NAME: *5*09-839-786 Transport UC FAX #: d/b/a: <u> 509-837-8229</u> **BUSINESS (MAILING) ADDRESS:** BOX 1590 Sunnuside WA 98944 (street address, P.O. Box) (city, state, zip) 632 S ELM AVE PASCO Washington 99301

PHYSICAL ADDRESS: (street address, if different)

□ INDIVIDUAL	□ PAR	TNERSHI			P, LLP, LLC)		1700		
NAME TITLE ADDRESS STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  TROMCISCO C VOZQUEZ Member 632 S Elm AVI									
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> permit holder and permit number to be transferred. The current permit holder must sign below to authorize the transfer of the permit number.									
NAME ON PERM	/IIT:				PERMIT	NUMBER:	_		
Signature of cu	rrent permit	holder				Date			
☐ You will not ha hazardous mate quantity. You will operate vehicles GVWR of less the pounds. You mus \$300,000 in Publand Property Dalinsurance. You need to complete	rials in any Il only with a nan 10,000 ast obtain lic Liability amage do not	any quant operate v GVWR of or more. \$750,000 and Prop	s materials in tity. You will rehicles with a f 10,000 pounds You must obtain in Public Liability erty Damage e. You must	hazard requirir Public Proper Insurar	will haul ous materials ng \$1 million in Liability and ty Damage nce. You must ete Part C, Section 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#	LICE	ISE#	STATE			VIN#			
02	+902	2 5	WA	IFUJ AGCK67P		247			
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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.									
Laura	Signal	hre(s)			<u>4/2</u>	29/15 Date			

#### **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, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

	Carried Control of the Control of th
Name: Francisco C Vazquez	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. 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: Francisco C Vazquez	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.

Name: Francisco C Vazquez Position: Member
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.
Name: Francisco C Vazquez Position: Member
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.
Name: Francisco C Varquez Position: Member
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.
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  1/29/15  Date



### **CERTIFICATE OF LIABILITY INSUR**

DATE (MM/DD/YYYY) /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

	rtificate holder in lieu of such endor				idoisei	nent. A Stat	ement on th	is certificate does not co		
PROD	UCER				CONTAC NAME:	T WHA Pro	cessing C	lenter		
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	ene OR 97440-1421				PRODUCER CUSTOMER ID #: 19000					
						INS	URER(S) AFFOR	IDING COVERAGE	NAIC#	
INSU	·· <del>·</del>				INSURE	RA:Nation	al Indemo	nity Co		
	Transport LLC S Elm Avenue				INSURER B:					
Pasco WA 99301					INSURER C:					
					INSURE	RD:				
					INSURE	RE:				
					INSURE	RF:				
CO	/ERAGES CEF	RTIFIC	CATE	NUMBER: 494088448				REVISION NUMBER:		
PE Wh	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.									
INSR LTR	TYPE OF INSURANCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMITS	3	
	GENERAL LIABILITY							EACH OCCURRENCE	\$	
Ī	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Fa occurrence)	\$	

LIK	THE OF MODIFICATION	INSH	WYD	POLICY NUMBER	(MIM/DD/TTTT)	(WIM/DD/TTTT)		<u> </u>
	GENERAL LIABILITY						EACH OCCURRENCE	\$
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	CLAIMS-MADE OCCUR						MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
	GENL AGGREGATE LIMIT APPLIES PER:				-		PRODUCTS - COMP/OP AGG	\$
	POLICY PRO- LOC							\$
A	AUTOMOBILE LIABILITY			70TRS046668	3/30/2015	3/30/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	\$
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$
	SCHEDULED AUTOS HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$
	NON-OWNED AUTOS	İ						\$
								\$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$
i	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DEDUCTIBLE							\$
	RETENTION \$							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE TTT N						E.L. EACH ACCIDENT	\$
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$
Α	Motor Truck Cargo Broad Form			70TRS046668	3/30/2015	3/30/2016	Limit Deductible	\$100,000 \$1,000

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

Non-owned Trailer Physical Damage: \$10,000 Limit with \$1,000 Deductible only while attached to a scheduled power unit. Form E to follow

CERTIFICATE HOLDER	CANCELLATION
Washington Utilities and Transportation	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
Commission	
1300 S Evergreen Park Dr SW PO Box 47250 Olympia WA 98504	AUTHORIZED REPRESENTATIVE  Caturia Stanto

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