

**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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>LS 0728</u>
Reception Number	Safety <input checked="" type="checkbox"/>	Carrier ID# <u>M9211</u>
111-0268-200-02	Insurance	Employee <input checked="" type="checkbox"/>
TYPE OF APPLICATION		
New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		

**MOTOR CARRIER IDENTIFICATION**

Common Carrier #: 62113 Unified Business Identifier Number (UBI): 602 560 201

Legal Name: John J. Johnson USDOT: 1761401

Trade Name(s), dba(s), if any: DBA Double J Trucking

Email address: jren@wavecable.com

Phone Number: 360-509-5370 Fax Number: \_\_\_\_\_

Business (Mailing) Address: P.O. Box 712, Seabeck, WA 98380

Physical Address (if different): 303 W Tahuyeh Dr, Bremerton, WA 98312

**TYPE OF BUSINESS STRUCTURE**

Individual     Partnership     Corporation     Limited Liability Company    State of Inc. \_\_\_\_\_

NAME John J. Johnson    TITLE owner    Stock Distribution or % of Shares \_\_\_\_\_

**\*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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT \_\_\_\_\_ Permit Number \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_ Date \_\_\_\_\_

<b>INSURANCE REQUIREMENTS (must check one)</b>			
A permit will not be issued until acceptable insurance is received			
<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> You will not haul 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

<b>MOTOR VEHICLE LIST (Attach additional pages if necessary)</b>			
Unit #	License Number	State	VIN number
3	A99537A	WA	1NKDLB9X6TS731950
4	B26585B	WA	1FVND5E88PP452509

**SIGNATURE**

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.

Renee Johnson    5/4/2015  
Signature    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](http://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](http://www.jjkeller.com), 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, [www.wtbtraffic.com](http://www.wtbtraffic.com), 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, [www.gpo.gov](http://www.gpo.gov), 866 512-1800.

**Controlled Substances and Alcohol Testing**

Name: John Johnson / Renee Johnson Position: owner

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.

**Commercial Driver's License (CDL) Requirements**

Name: John Johnson / Renee Johnson Position: owner

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.

**Driver Qualification Requirements**

Name: John Johnson / Renee Johnson Position: Owner

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: John Johnson / Renee Johnson Position: Owner

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: John Johnson / Renee Johnson Position: Owner

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.

Renee Johnson  
Signature of applicant

5/4/2015  
Date

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

DAVE JOHNSON INS INC  
1502 SUMNER AVE  
ABERDEEN, WA 98520

**PROGRESSIVE®**

Named insured

JOHN J JOHNSON JR  
DOUBLE J TRUCKING  
PO BOX 712  
SEABECK, WA 98380

**Policy number: 03662386-0**

Underwritten by:  
United Financial Casualty Company  
April 16, 2015  
Policy Period: Apr 15, 2015 - Apr 15, 2016  
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**progressiveagent.com**

**Online Service**

Make payments, check billing activity, print policy documents, or check the status of a claim.

**1-360-533-1741**

**DAVE JOHNSON INS INC**

Contact your agent for personalized service.

**1-800-444-4487**

For customer service if your agent is unavailable or to report a claim.

## Commercial Auto Insurance Coverage Summary

### This is your Declarations Page

Your coverage began the later of April 15, 2015 at 12:01 a.m. or at the time your application is executed on the first day of the policy period. This policy period ends on April 15, 2016 at 12:01 a.m.

Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852WA (09/05), 1652WA (09/05), MC1632 (06/04), 4852WA (09/05), 4881WA (06/12) and Z228 (01/11).

The named insured organization type is a sole proprietorship.

#### Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$5,329
Bodily Injury and Property Damage Liability	\$1,000,000 combined single limit		
Underinsured Motorist Bodily Injury	\$1,000,000 combined single limit		318
Underinsured Motorist Property Damage	\$100,000 each accident	\$100 \$300 hit & run	195
Personal Injury Protection	\$10,000 each person		87
Comprehensive			495
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			1,452
See Auto Coverage Schedule	Limit of liability less deductible		
<b>Subtotal policy premium</b>			<b>\$7,876</b>
Fees			35
<b>Total 12 month policy premium and fees</b>			<b>\$7,911</b>

#### Rated drivers

1. JOHN J JOHNSON
2. JAMES E AARO