

**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>150758</u> |
| Reception Number             | Safety <u>MD</u> | Carrier ID# <u>17010</u>     |
| 111-0268-200-02              | Insurance        | Employee <u>MD</u>           |

**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 #: 5878 Unified Business Identifier Number (UBI): 603 500 423

Legal Name: 3 stars Deliveries USDOT: 2632896

Trade Name(s), dba(s), if any \_\_\_\_\_

Email address: chompilors@hotmail.com

Phone Number: (360) 827-2177 Fax Number: \_\_\_\_\_

Business (Mailing) Address: 930 H St Centralia WA 98531

Physical Address (if different): \_\_\_\_\_



### Driver Qualification Requirements

Name: Fernando Nino Position: Driver

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: Fernando Nino Position: Driver

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: Fernando Nino Position: Driver

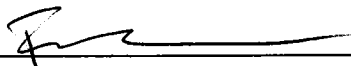
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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.



Signature of applicant

5/18/15

Date

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

