

**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>151286</u>
Reception Number	Safety <u>MD</u>	Carrier ID# <u>17095</u>
111-0268-200-02	Insurance	Employee <u>MM</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 #: 65958 Unified Business Identifier Number (UBI): 603 353 164

Legal Name: BRINKLEY RECOVERY LLC USDOT: 2569989

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

Email address: brinkleyrecovery@gmail.com

Phone Number: 253-327-0636 Fax Number: 253-373-1574

Business (Mailing) Address: 1851 CENTRAL PLS, #205 KENT, WA 98030

Physical Address (if different): 614 100<sup>TH</sup> ST S, TACOMA, WA 98444

**TYPE OF BUSINESS STRUCTURE**

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

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Shares</u>
<b>RICHARD BRINKLEY</b>	<b>MANAGING MEMBER</b>	<b>100%</b>

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

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

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

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

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 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.
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**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

Unit #	License Number	State	VIN number
<b>1</b>	<b>B93822X</b>	<b>WA</b>	<b>1FTWX33F2XEB05756</b>

**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.

Signature *Donna Snady*

Date JUNE 19, 2015

**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**

**DANA BRADY**

**COMPLIANCE/ SAFETY AGENT**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**

**DANA BRADY**

**COMPLIANCE AGENT/SAFETY DIRECTOR**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**

**DANA BRADY**

**COMPLIANCE AGENT/SAFETY DIRECTOR**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**

**DANA BRADY**

**COMPLIANCE AGENT/SAFETY DIRECTOR**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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**

**DANA BRADY**

**COMPLIANCE AGENT/SAFETY DIRECTOR**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

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.



**JUNE 19, 2015**

Signature of applicant

Date

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

**POWER OF ATTORNEY**

TO WHOM IT MAY CONCERN:

That, on the 1 day of January, 2015

AS: Individual Partnership Corporation  LLC Other

NAME: Beinkley Recovery LLC

ADDRESS: 614 - 100<sup>th</sup> ST. S. Tacoma, WA 98444

Does hereby make constitute and appoint DB COMPLIANCE SERVICES LLC, And its duly authorized representatives (Dana Brady, Doreen Culp, Jeanette Salsi, Tonya Ruf) to act as attorney in fact for the following **limited special purposes**:

- To provide publicly listed telephone numbers & physical address for registration purposes.
- To obtain, complete and submit applications and fees for federal and state operating authority and United Carrier registration of federal authority.
- To obtain, complete and submit applications for highway use tax permits, title transfer, license/pro-rate plates, passes and markets (both original and renewals).
- To prepare, sign, and submit documents and checks that may be necessary for binding insurance coverage or making insurance premium payments, broker contracts and
- To sign Highway Use Tax bonds.
- To sign, complete and submit all other documents that may be required by various federal and state agencies in which the carrier can operate in the United States.
- To request IRS 2290 records for pro-rate purposes. Sign EIN applications to IRS

All correspondence and plates may be mailed to DBCS, 1402 AUBURN WAY N #457, AUBURN, WA 98002

This power of Attorney will be in effect beginning 1-7-15 and continuing until revoked.

Carrier/Account Beinkley Recovery LLC

Signature and Title X Richard Brinkley

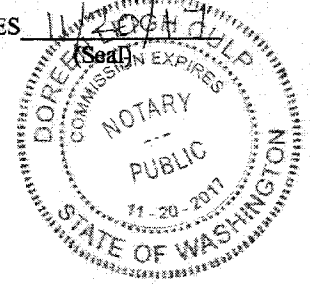
Signature and Title \_\_\_\_\_

**NOTARY:**  
State of WASHINGTON County KING of, on this 7th day of Jan

Personally appeared before me Richard Brinkley

NOTARY OF STATE OF WASHINGTON \_\_\_\_\_ COMMISSION EXPIRES 11/30/17

Notary Signature Doreen R Culp



**FORM E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE**  
**LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPPLICATE)

Filed with Washington Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the National Indemnity Company  
(Name of Company)

(hereinafter called Company) of 3024 Harney Street, Omaha, NE 68131  
(Home Office Address of Company)

has issued to BRINKLEY RECOVERY LLC  
(Name of Motor Carrier)

of 614 100TH ST SOUTH, TACOMA, WA 98444  
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/28/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commissioner.

Countersigned at 3024 Harney Street Omaha NE 68131  
(Street Address) (City) (State) (ZIP Code)

this 29th day of May, 20 15



Authorized Representative

Insurance Company File No. 70TRS050087  
(Policy Number)

1,000,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301