

PART A

TV# 15/318

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)

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>MD</i>	Carrier ID#: <i>7101</i>
	Insurance:	Employee: <i>MD</i>

TYPE OF APPLICATION (check one)

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT
(Must be filed within 10 months of cancellation)

For Commission Use Only:
Auth #: *025513*

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date

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): *ERIC RISKLAR* Date: *6/24/15*
Signature: *[Signature]* Title: *CFO*

MOTOR CARRIER IDENTIFICATION

CC#: <i>65966</i>	US DOT# <i>0620402</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603517836</i>
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APPLICANT NAME: *TRANSERVICE LOGISTICS INC.* PHONE#: *(516)488-3400 x119*

d/b/a: *N/A* FAX #: *(516)213-7918*

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) *5 DAKOTA DR., STE. 209*

(city, state, zip) *LAKE SUCCESS, NEW YORK 11042*

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
 STATE OF INCORPORATION NEW YORK

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>TRANSEVICE HOLDINGS INC.</u>		<u>5 DAKOTA DR., Ste. 209</u> <u>Lake Success, NY 11042</u>	<u>100%</u>

TRANSFER OF PERMIT NUMBER

Complete this section 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

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

UNIT#	LICENSE#	STATE	VIN#
—	SEE	ATTACHED	—

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 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.

Paul R. Kelly CF
Signature(s)

6/24/15
Date

STC Unit #	Vehicle Category	Vehicle Description	Manufacture Year	Make	Model	VIN #'s	Plate #	State
STC-057	TRACTOR	TADC TRACTOR	1999	KEN	T600	1XKDDU9X0XJ819791	B72387G	Washington
STC-050	TRACTOR	SADC TRACTOR	2007	KEN	T300	2XKMAD7X17M167316	B72388G	Washington
571438	TRAILER	48FT T/A VAN TRAILER	2010	GDT	ALUMVAN	1GRAA9627AB701726	6695-UX	Washington
571328	TRAILER	48FT T/A VAN TRAILER	2010	GDT	ALUMVAN	1GRAA9629AB701727	6667-UX	Washington
619068	TRUCK	24FT SAD MEDIUM VAN	2012	IHC	4300	1HTMMAAN7CH586808	B19098T	Washington
619067	TRUCK	24FT SAD MEDIUM VAN	2012	IHC	4300	1HTMMAAN5CH586807	B52751V	Washington
STC-012	TRUCK	24FT SAD HEAVY VAN	2000	KEN	T300	2NKMLZ9X8YM852820	B72378G	Washington
STC-013	TRUCK	24FT SAD HEAVY VAN	2003	KEN	T300	2NKMLD9XX3M395763	B72375G	Washington
STC-038	TRUCK	24FT SAD MEDIUM VAN	2003	KEN	T300	2NKMLD9X13M395764	C03546C	Washington
STC-047	TRUCK	18FT SAD MEDIUM VAN	1999	KEN	T300	1NKMHY7X3XR797246	B72389G	Washington
STC-032	TRUCK	18FT SAD MEDIUM VAN	2001	KEN	T300	2NKMHD7XX1M872256	B72373G	Washington
556613	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT282550936	B21986X	Washington
556611	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT282550934	B21999X	Washington
556614	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT882550939	B21992X	Washington
556610	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT982551159	C71943C	Washington
556615	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT882550942	B21983X	Washington
556609	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT582551157	B21987X	Washington
556608	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT182551155	B21988X	Washington
556612	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT782550933	B21991X	Washington
556616	TRUCK	24FT SAD MEDIUM VAN	2008	HIN	338	5PVNV8JT282550824	B21984X	Washington
458584	TRUCK	24FT SAD MEDIUM VAN	2006	IHC	4300	1HTMMAAN36H200051	B52749V	Washington

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.

Controlled Substances and Alcohol Testing

Name: Terry B. Lutz Position: AVP Risk mgmt.

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 Drivers License (CDL) Requirements

Name: JAMES WARD Position: SAFETY DIRECTOR

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: JAMES WARD Position: SAFETY DIRECTOR

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: JAMES WARD Position: SAFETY DIRECTOR

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: JAMES WARD Position: SAFETY DIRECTOR

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.

James Ward

Signature of applicant

6/24/2015

Date

8200A085

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

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

This is to certify, that the TRAVELERS PROPERTY CASUALTY CO of AMERICA
(Name of Company)

(hereinafter called Company) of One Tower Square, Hartford, CT 06183
(Home Office Address of Company)

has issued to TRANSERVICE LOGISTICS INC
(Name of Motor Carrier)

of 5 DAKOTA DRIVE LAKE SUCCESS NY 11042
(Address of Motor Carrier)

a policy or policies of insurance effective from 06/24/2015 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 Commission.

Countersigned at One Tower Square, Hartford, CT 06183 this 25th day of June, 2015
(Address)

Insurance Company File No. 8200A085
(Policy Number)

Betty Mattson
Authorized Company Representative