RECEIVED

PART A

APPLICATION FOR PERMIT

(excluding Household Goods)

JUL 08 2015

WASH. UT. & TP. COMM

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

FOR OFFICIAL USE ONLY			Docket No. TV-					
Reception Number	Safety //			Carrier ID# 17128				
111-0268-200-02	Insurance			Employee AMO				
	TYPE OF A	PPLIC/	NOITA					
New Common Carrier Pe or Transfer of Existing F		Extension of Common Carrier Permit Authority						
\$275 GENERAL COMM			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMM ARMORED CAR S	ODITIES, including SERVICE		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMM HAZARDOUS MA	· · · · · · · · · · · · · · · · · · ·	0	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMM HAZARDOUS MA ARMORED CAR S	ATERIALS and							
\$100 REINSTATEMENT (of cancellation	OF CANCELLED COMMO	ON CAR	RIER PEF	RMIT - Must be filed within 10 months				
	MOTOR CARRIE	R IDENT	IFICATIO	ON				
Common Carrier #: 6548	Unified Business Id	lentifier	Numbe	r (UBI): 603 485 982				
Legal Name: Pride T	nucling L	C	_USDO1	: 282580572				
Trade Name(s), dba(s), if any								
Email address: Wide to	ncking @ 1	20th	vail	-com				
Phone Number: 206 8	862222	Fax	Number					
Business (Mailing) Address:	2138 K	s+	SE_	Auburn, Wa 9800				
Physical Address (if different): _	2138 K	St J	ε,	Auburn, LVa 98002				

TYPE OF BUSINESS STRUCTURE									
☐ Individual	☐ Partnershi	p Corporation	Limited Li	ability Company	State of Inc				
NAME	I	<u>ITLE</u>		Stock Distribution or % of Shares					
Mohan	med H	assan Co-8	uner	5	100				
Abdolodinan Haji Co-Owner 49 %									
permit holder			existing pern		er. List name of current gn below to authorize the				
NAME ON PER	RMIT			Permi	t Number				
Signature of current permit holder Date									
	A per	INSURANCE REQUIRE mit will not be issued unti		•					
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.		You will not haul zardous materials in any antity. You will operate hicles with a GVWR of ,000 pounds or more. You ust obtain \$750,000 in blic Liability and Property mage Insurance. You mus mplete Part B.	You will materials remillion in P Property D. You must constant of Sections 1	haul hazardous equiring \$1 ublic Liability and amage Insurance. omplete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
	MOT	OR VEHICLE LIST (Attack	n additional p	ages if necessary)					
Unit #	Licer	se Number	State WA	IFUJA	VIN number A B A V X S L N 38				
		CICAL	ATURE	L					
and that no or	perations may be	the filing of this applica conducted until a perm stained in this application	ition does not it is issued by	the Commission	. I hereby declare and				
<i>}</i>	A			6/291	15				
Signature	_		D	ate					

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 <u>Code of Federal Regulations at 49 CFR</u>. 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, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substances and Alcohol Testing								
Name: 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: Mohidin Fardh Position: Position: Mohidin Fardh								

- 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 Require	mants
Name: Name: Position Farah Farah Farah Each company must maintain a complete Driver Qualification File for each as required by FMCSR Part 391.51 and by the WSP in WAC 446-65-010. Contrastate commerce within Washington have limited exemptions. Owner operations must maintain a complete file on themselves and any other contrasts.	ch employee authorized to drive motor vehicles Owner/operators that work exclusively in ers/operators that conduct any interstate
Drivers Hours of Service	e
Name: Moham med Hassan Position Faceh company must maintain true and accurate hours of service records as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WSP in WA	for each individual that drives a motor vehicle
Vehicle Inspection, Repair, and N	laintenance
Name: Mohamad Hassan Position Each company must prepare a written "Driver Vehicle Inspection Report the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In required records for each vehicle that includes the following, as required WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspection and main A record of inspections, repairs and maintenance indicate All companies must conduct periodic inspections as required by the FMC WAC 446-65-010.	on each vehicle used each day as required by a addition, each company must maintain certain by the FMCSA in 49 CFR, Part 396.3 and by the tenance operations to be performed.
Signature	
My signature below certifies that I understand my responsibility as the safety requirements which apply to my operations.	a motor carrier and I will comply with all
	6/29/15
Signature of applicant	Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/29/2015

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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the

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PRO							NAME:	CERT D		1 22		
RIS Insurance Services					PHONE (A/C, No. Ext):360-399-7801 FAX (A/C, No):							
P. O. Box 1059				E-MAIL Appress:certs@risnet.com								
Anacortes WA 98221					INSURER(S) AFFORDING COVERAGE NAIC							
					Merce			L CASUALTY				
INDUSTR												
INSURED PRIDE-1					INSURE							
PRIDE TRUCKING LLC 2138 K STREET SOUTHEAST					INSURE	RC:						
		STREET SOUTHEA RN WA 98002	431				INSURE	RD:				
ורטנ	,,,,,	NI					INSURE	INSURER E:				
INSURER F:												
COVERAGES CERTIFICATE NUMBER: 38360192										REVISION NUMBER:		
						RANCE LISTED BELOW HAY	VE BEE	N ISSUED TO	THE INSURE	D NAMED ABOVE FOR T	HE POL	ICY PERIOD
IN	DIC	ATED. NOTWITHSTAND	DING ANY RE	QUIF	REME	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH RESPE	CT TO	WHICH THIS
			NS OF SUCH	POLI	CIEŚ.	LIMITS SHOWN MAY HAVE		REDUCED BY I	PAID CLAIMS			
INSR LTR		TYPE OF INSURANCE	CE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
A		NERAL LIABILITY				02543925-0		6/24/2015	6/24/2016	EACH OCCURRENCE	\$1,000.	000
	x		IADII ITM							DAMAGE TO RENTED	\$100,00	
	<u> </u>	COMMERCIAL GENERAL LI			1					PREMISES (Ea occurrence)		<i>N</i>
		CLAIMS-MADE X	OCCUR							MED EXP (Any one person)	\$5,000	
										PERSONAL & ADV INJURY	\$1,000,	000
	[GENERAL AGGREGATE	\$2,000,	000
	GE	N'L AGGREGATE LIMIT APPL	IES PER:							PRODUCTS - COMP/OP AGG	\$2,000.	000
	X	PRO-	_								\$	
A	-	POLICY JECT TOMOBILE LIABILITY	LOC					6/24/2015	6/24/2016	COMBINED SINGLE LIMIT (Ea accident)		
^	AU	TOMOBILE LIABILITY				02543925-0		6/24/2015	0/24/2010		\$1,000,	000
	L	ANY AUTO								BODILY INJURY (Per person)	\$	
		AUTOS AU	HEDULED ITOS							BODILY INJURY (Per accident)	\$	
		l NO	ON-OWNED ITOS		Ì					PROPERTY DAMAGE (Per accident)	\$	
	_	1 III AU	1103							tr or accounty.	s	
		UMBRELLA LIAB										
		H	OCCUR							EACH OCCURRENCE	\$	
	<u> </u>	EXCESS LIAB	CLAIMS-MADE							AGGREGATE	\$	
		DED RETENTION \$									\$	
WORKERS COMPENSATION								WC STATU- OTH- TORY LIMITS ER				
AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE				1					E.L. EACH ACCIDENT	s		
OFFICER/MEMBER EXCLUDED?		N/A										
	(Mandatory in NH) If yes, describe under									E.L. DISEASE - EA EMPLOYEE		
	If yes, describe under DESCRIPTION OF OPERATIONS below								E.L. DISEASE - POLICY LIMIT	\$		
A	PHYSICAL DAMAGE MOTOR TRUCK CARGO NON-OWNED TRAILER				02543925-0		6/24/2015			COMP 8 \$100,00 \$14,000	LIMIT	
	L											
DE\$C	RIPT	TION OF OPERATIONS / LOCA	ATIONS / VEHICL	ES (/	Attach .	ACORD 101, Additional Remarks	Schedule	, if more space is	required)			
		R BREAKDOWN INC		-				•				
		E ADVISE CC # ISSI		2,50		DOCTIBLE.						
,	AQ.	LADVIOL OO # 100	OLD									
CEF	RTIF	ICATE HOLDER					CANO	ELLATION				
WUTC PO BOX 47250						SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.						
OLYMPIA WA 98504												
					AUTHO	RIZED REPRESE!	HIATIVE					
							XX					
		1										
								@ 100	29-2010 AC	ORD CORPORATION.	All rich	te record