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## PART A APPLICATION FOR PERMIT

(excluding Household Goods)

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr. SW, PQ Box 47250, Clympla, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 586-1181

HO146 18 response (360) 664-1222 - Fax (360) 386-1181

#O146 18

4014010			Docket No. TV- DI 730			
FOR OFFICIAL USE ONLY			Carrier ID# (1/3 )			
Reception Number	Safety M		Employee M			
111-0268-200-02	Insurance	DUCATION				
	TYPE OF AP	PLICATION	of Common Carrier Permit Authority			
New Common Carrier Permi	t Authority,					
or Transfer of Existing Perm	ilt Number	\$100	GENERAL COMMODITIES, including			
CATE GENERAL COMMOD	\$275 GENERAL COMMODITIES ONLY		ARMORED CAR SERVICE			
\$275 GERENIE		<u> </u>	THE PROPERTY OF THE INCLUDING			
\$275 GENERAL COMMOD	TIES, Including	\$100	HAZARDOUS MATERIALS			
\$275 GENERAL COMMODE ARMORED CAR SER	VICE		HAZARDOGS WATER Including			
Including		\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and			
\$275 GENERAL COMMOD HAZARDOUS MATE	PIÀLS		ARMORED CAR SERVICE			
HAZARDOOS MATE			ARIVIURED CAN SERVICE			
\$275 GENERAL COMMOD	ITIES INCLUDING					
\$275 GENERAL COIVINIOL HAZARDOUS MATE	PIAIS and	}				
		1				
AKIVIORED CAR 32.	TATALLES COMM	ON CARRIER P	PERMIT - Must be filed within 10 months			
\$100 REINSTATEMENT OF	CYNCELLED COMMA	Olf Glammer				
of cancellation			· · · · · · · · · · · · · · · · · · ·			
THE RELIGIOUS CONTRACTOR OF THE PARTY OF THE	MOTOR CARRI	ER IDENTIFICA	TION			
A STATE OF THE PROPERTY OF THE			1			
Common Carrier #: 65901	Unified Business	identifier Num	ber (UBI): TOO CONTROL OF THE PROPERTY OF THE			
· · · · · · · · · · · · · · · · · · ·						
Legal Name: DEUS	INTERNS	RUENUSC	OOT:			
ragarivanie.	C 0	OCINE	TRUCKING			
Trade Name(s), dba(s), if any		KE19177	TPOCT !			
	- 114	<u> </u>				
Email address:						
C 16 75	7238	EAV NUITO	ber: 509-488-2089			
Phone Number: 509-75	50-0000					
	P.O. B.	3X 4/	6 WMOEN WD. 9885			
Business (Mailing) Address:			1 - A-2			
Physical Address (if different):	125. COU	NYLA	DOT " 1)			
Physical Address (if different): 912 S. COUNT LO AOT # 13-3 WARD TW, WIT						
			9885-)			

Licensing Selv Ces 385. y. ZU14 11:198M

		TVDE	os pusiness	STRUCTUR	The state of the s	
Individual	☐ Partnersh				ility Company	State of Inc
NAME	<b>1</b>	TITLE			Stock Distrib	utlon or % of Shares
JES	COMM	ems	OW	SEL		100 70
<u> </u>				ALL BY THE	<b>co</b>	
*Complete this	s section ONLY		NSFER OF PER sferring an axi asferred. The		しゅっ ゅういい さいがわらい	the List name of current to below to authorize the
transfer of the	permit numbe	£7.		1		Number
NAME ON FLI	1111			1)		
Signature of c	current permit h	nolder			Dat	e
Hazardous mate quantity. You wantity. You wantity. You wantity and poperate vehicle GVWR of less to pounds. You mand property to complete P.	haul crials in any vill only es with a than 10,000 oust obtain abilic Llability Damage u do not need art B.	Prouvill not be a vehicles with a 10,000 pounds must obtain \$7 Public Liability Damage Insuracomplete Part	erials in any All operate GVWR of or more, You 50,000 in and Property ince, You must B.	materials remillion in P Property D You must o Sections 1	haul hazardous equiring \$1 ubilc Liability and amage insurance. complete Part C, and 2.	materials requiring \$5 million in Public Liability
	, iv	OTOR VEHICL	ELIST (Attach	additional	ages If hecessar	y) VIN number
Unit#	1 FUT	Icense Number	5 \$ 64/64	State Wff		Alla familiare.
			Sign/	TURE		-72. TV -34. TV -35. TV -35. TV -35. TV -36. T
i, as applica and that no affirm that	nt, understand operations mathe information	that the filing y be conducted a contained in i	of this applica d until a permi this application	tion does no it is issued to n is true to	ot in Itself consti by the Commission the best of my ki	tute authority to operate on. I hereby declare and nowledge and belief.
De	our l	Contra	enas	B	7	/3
Signature				-	Date	

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## PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

Companies diplying 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 Weshington 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 8, Federal Way, WA 98003, www.wtatrucking.com. (800) 732-9019 or
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Necnah, WI 54957, www.likelier.com, 877 564-2333.
- Willamette Traffic Bureau, 15303 NE Cameron Bivd, Portland, OR 97230-5030, www.wtbtraffic.com, 800-727-7293.
- N. Capitol Street. NW. Washington, DC 20401, www.gpo.gov, 866 512-1800.

Name:	
have a valid CDL. The definition of a commercial motor versions a gross combined weight rating of 26,001 pour rating of more than 10,000 pounds; or has a gross vehicle weight rating of 26,001 pounds.	or more; or
Any person who drives a commercial motor vehicle requirelection testing program as required by FMCSA in 49 CFR P 010.	ing a CDL must participate in a controlled substance and lart 382 and 49 CFR Part 40, and by the WSP in WAC 446-65-
Commercial Driver's L	Icense (CDL) Requirements

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.

TO:13605861181

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		Griver Qualification	n Regultements	
amad	JESUS	CONTRACTS	Position: —	MEN
s required	by FMCSR Part 391.	shington have limited exempt aplete file on themselves and	lons, Owners/ope any other driver t	loyee authorized to drive motor vehicles operators that work exclusively in eators that conduct any interstate har they may use.
	FT 15	Drivers Hour	s of Service	WV2/
lame: — lach comp is required	oany must maintain t d by the FMCSA in 49	rue and accurate hours of sen 9 CFR, Part 395.1(e) and by the	vice records for ea WSP in WAC 440	ach individual that drives a motor vehicle 5-65-010.
ingga ingga		Vehicle Inspaction, Ro	pair, and Maint	enance
Vame: —	) RV	CONNERDS	Position:	Mil
the FMCS. required r	A in 49 CFR, Part 396 ecords for each vehi AC 446-65-010:	ide that includes the following	ction Report" on e 46-65-01C. In add 5, as required by t	each vehicle used each day as required by Islon, each company must maintain certain he FMCSA in 49 CFR, Part 396.3 and by the
D 0	The nature an	of the vehicle. Id due date of various inspecti spections, repairs and mainter	on and maintenar nance indicating t	nce operations to be performed. heir date and nature.
All compe WAC 446		periodic inspections as require	d by the FMCSA in	o 49 CFR, Part 396.17 and by the WSP in
		Sign	eture -	
My signa	sture below certific ty requirements wi	es that I understand my rest nich apply to my operations	oonsibility as a n	notor carrier and I will comply with all

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

17132

## Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to JESUS CONTRERAS, CONTRERAS TRUCKING of PO 416, WARDEN, WA 98857-0000 a policy or policies of insurance effective from 07/25/2015 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 14th day of July, 2015

Insurance Company File No. CA 02571174

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B