		PART	Α	TV# 150
		TON UTILITIES AND T vergreen Park Dr SW, PO I Telephone (360) 664-12 Intrastate Common Ca APPLICATIO	Box 47250, Oly 222 – Fax (360 rrier Operating N FOR PERI	ympia, WA 98504-7250 ) 586-1181 g Authority MIT
		excluding Household Goods	s and Common Cal	- A standard standard standard and the standard stand Standard standard stand Standard standard stand Standard standard st Standard standard stand Standard standard st Standard standard stand Standard standard stand Standard standard stand Standard standard standard sta
Reception N	lumber:	Safety: MO		Carrier ID#: 1/146
111 0268 2	200 02	Insurance:		Employee
		rier Permit Authority, or Existing Permit Number	Extension	of Common Carrier Permit Authori
AL		COMMODITIES ONLY	\$100	GENERAL COMMODITIES, Including ARMORED CAR SERVICE
		COMMODITIES, including CAR SERVICE	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
\$27		COMMODITIES, including S MATERIALS	\$100	GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$27	5 GENERAL HAZARDOUS SERVICE	COMMODITIES, INCLUDING MATERIALS and ARMORED CAR		
		MENT OF CANCELLED COMM		
()		n 10 months of cancellation)	· · · ·	RMIT For Commission Use only 7 C Auth #:
	Aust be filed within	n 10 months of cancellation)	☐ Mastercard	Auth #: () () () () () () () () () () () () ()
CEF that valid	Aust be filed within RTIFICATION: I, f I am authorized f	The undersigned, under penalty for failed and file this document on	☐ Mastercard M Ise statement, certif behalf of the applica	Auth #: 00000000000000000000000000000000000
CEF that valid	Aust be filed within RTIFICATION: I, f I am authorized f d. ted): Louro	The undersigned, under penalty for failed execute and file this document on Gom.92	☐ Mastercard MV Ise statement, certif behalf of the applica	Auth #: $()$ $()$ $()$ $()$ $()$ $()$ $()$ $()$
CEF that valid	Aust be filed within RTIFICATION: I, f I am authorized f	The undersigned, under penalty for failed execute and file this document on Gom.92	☐ Mastercard MV Ise statement, certif behalf of the applica	Auth #: 00000000000000000000000000000000000
CEF that valid Name (print Signature:	Aust be filed within RTIFICATION: I, f I am authorized f d. ted): Louro	The undersigned, under penalty for failed execute and file this document on Gom.92	☐ Mastercard M v Ise statement, certif behalf of the applica Date: Title:	Auth #: $()$ $()$ $()$ $()$ $()$ $()$ $()$ $()$
CEF that valid Name (print Signature:	Aust be filed within RTIFICATION: I, f I am authorized f d. ted): Louro	a 10 months of cancellation)	☐ Mastercard X V Ise statement, certif behalf of the applica Date: Title: K	Auth #: $(0^{-0})^{10}$ Auth #: $(0^{-0})^{10}$ Auth #: $(0^{-0})^{10}$ Fy that the following information Date <b>03/18</b> Fy that the following information is true and corre- ant, and that all information on file is current and <b>7/17/15</b> Agent PoA IIFIED BUSINESS IDENTIFIER (UBI) #: <b>8-519-32/</b>
CEF that valid Name (print Signature:	Aust be filed within ATIFICATION: I, f I am authorized f d. ted): Louro COS NT NAME:	an 10 months of cancellation) → mex □ Discover □ the undersigned, under penalty for fail to execute and file this document on Gomg2 Xomes US DOT# 2726823	☐ Mastercard ₩ Ise statement, certif behalf of the applica Date: Title: WA UN & 03	Auth #: $() - 1 - 0$ <i>T</i> is a Expiration Date <b>Q3/18</b> by that the following information is true and correct ant, and that all information on file is current and <b>7/17/15</b> <b>Agent PoA</b> IIFIED BUSINESS IDENTIFIER (UBI) #: <b>8-5/9-32/</b> PHONE#:
CEF that valid Name (print Signature:	Aust be filed within ATIFICATION: I, f I am authorized f d. ted): Louro COS NT NAME:	The undersigned, under penalty for fail Complex Some US DOT#	☐ Mastercard ₩ Ise statement, certif behalf of the applica Date: Title: WA UN & 03	Auth #: $(0^{-0})^{10}$ Auth #: $(0^{-0})^{10}$ Auth #: $(0^{-0})^{10}$ Fy that the following information Date <b>03/18</b> Fy that the following information is true and corre- ant, and that all information on file is current and <b>7/17/15</b> Agent PoA IIFIED BUSINESS IDENTIFIER (UBI) #: <b>8-519-32/</b>
CEF that valid Name (print Signature: CC#: CC#: CC#: CC#: CC#: CC#: CC#: CC	Aust be filed within RTIFICATION: I, f I am authorized f d. ted): Louro COS NT NAME: È E Tr	10 months of cancellation) →mex □ Discover □ the undersigned, under penalty for fail to execute and file this document on Gom.92 Nomes US DOT# 2726823 Cucking UC	☐ Mastercard ₩ Ise statement, certif behalf of the applica Date: Title: WA UN & 03	Auth #: $() - 1 - 0$ <i>T</i> is a Expiration Date <b>Q3/18</b> by that the following information is true and correct ant, and that all information on file is current and <b>7/17/15</b> <b>Agent PoA</b> IIFIED BUSINESS IDENTIFIER (UBI) #: <b>8-5/9-32/</b> PHONE#:
CC#: CC#: CC#: CC#: CC#: CC#: CC#: CC#:	Aust be filed within RTIFICATION: I, f I am authorized f d. ted): Louro COOS NT NAME: È E Tr SS (MAILING dress, P.O. E	an 10 months of cancellation) → mex □ Discover □ the undersigned, under penalty for fail to execute and file this document on Gomg2 Xomes US DOT# 2726823	☐ Mastercard	Auth #: $()$ Auth
CEF that valid Name (print Signature: CC#: CC#: CC#: CC#: CC#: CC#: CC#: CC	Aust be filed within Aust be filed within ATIFICATION: I, f I am authorized f d. ted): Louro Louro Manager SS (MAILING dress, P.O. E e, zip)	ADDRESS:	□ Mastercard	Auth #: Auth #
CC#: CC#: CC#: CC#: CC#: CC#: CC#: CC#:	Aust be filed within Aust be filed within ATIFICATION: I, f I am authorized f d. ted): Louto Louto Agendo MT NAME: È E Tr SS (MAILING dress, P.O. E e, zip) 506 R	ADDRESS: ADDRESS: ADDRESS: ADDRESS: Box) PO BOX 1690 St	□ Mastercard v Ise statement, certif behalf of the applica Date: Title: v WA UN 603 WA 988	Auth #: UUUUU Auth #: UUUUUU Auth #: UUUUUU Auth #: UUUUUU Sepiration Date Q2/19 Auth #: UUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU

INDIVIDUAI	MEME TITLE EM ORTILO	<u>чр</u>	CORPOR STATE O ADDRE 506 R S 506 R S	T 5W	<u>sto</u>	CK DISTRIBUTION OR CENTAGE OF SHARE				
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PERI	NAME ON PERMIT:				PERMIT NUMBER:					
			/							
Signature of current permit holder Date										
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 Damageany quant operate v GVWR of or more. \$750,000 and Property Damage		zardous ny quanti perate ve VWR of more. Y 750,000 i nd Prope surance.	materials in ty. You will chicles with a 10,000 pounds ou must obtain in Public Liability rty Damage You must Part B.	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		You will haul hazardous materials requiring \$5 million in Public Liability and Property Darnage Insurance. You must complete Part C, Sections 1 and 2.				
UNIT#	LICENSE	;#	STATE		VIN#					
01	3A67015 WA		IFUYDSEBOXDB49648							
	······									
	·				ngan maga sanagan sa sa sa angan managan sa s					
operate and th	at no operation and affirm the	ns may l	be conducted un	ntil a permit is red	ceived fror	nstitute authority to In the Commission. I ue to the best of my				

5

Hama	Signature(s)
	Signature(s)

-1/17/15 Date

Received Time Jul. 17. <u>2015</u> 2:25PM No. 9915

# 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.

Name: Ibis Ortiz Cid

----- Position: Member

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.

Name: Ibis Ortiz Cid

- Position: Mamher

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.

6

Name: <u>Ibis Ortiz Cid</u> Position: <u>Member</u>
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.
Name: Ibis Ortiz Cid Position: Member
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.
Name: <u>Ibis Ortiz Cid</u> Position: <u>Member</u>
<ul> <li>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: <ul> <li>Identification of the vehicle.</li> <li>The nature and due date of various inspection and maintenance operations to be performed.</li> <li>A record of inspections, repairs and maintenance indicating their date and nature.</li> </ul> </li> </ul>
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.
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.
Jama Jones     7/17/15       Signature of applicant     Date

7

#### 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 I & E TRUCKING LLC of 506 R SW, QUINCY, WA 98848-0000 a policy or policies of insurance effective from 08/10/2015 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 11th day of August, 2015

MC1633a(08/99)

Insurance Company File No. CA 02611584 (Policy Number)

(Authorized Company Representative)

IRB3539B