

**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>151581</u>
Reception Number	Safety	Carrier ID# <u>17173</u>
111-0268-200-02 <u>07335B</u>	Insurance <input checked="" type="checkbox"/>	Employee

**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 #: 66030 Unified Business Identifier Number (UBI): 603497581

Legal Name: Clausen Ranch Inc. USDOT: 1025653

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

Email address: alex b@glostone.com

Phone Number: (503) 607-1088 Fax Number: (503) 650-6399

Business (Mailing) Address: P.O. Box 1650, Clackamas, OR 97015

Physical Address (if different): 14913 S Lenbo Road, Molalla, OR 97038

*BLSK*  
 SOC  
 DOR

**TYPE OF BUSINESS STRUCTURE**

Individual   
  Partnership   
  Corporation   
  Limited Liability Company   
 State of Inc. OR

NAME Douglas Clausen   
 TITLE President   
 Stock Distribution or % of Shares 100%

**\*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.

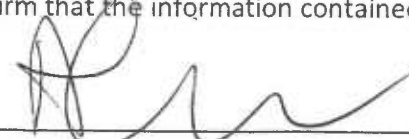
<input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B.	<input checked="" type="checkbox"/> You 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 Number	State	VIN number
<u>6775</u>	<u>YA6Q430</u>	<u>OR</u>	<u>1FU4DZYB1VP75Z46</u>

**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

7/30/15  
 \_\_\_\_\_  
 Date

**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**

Name: Douglas Clausen Position: President

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: Douglas Clausen Position: President

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: Douglas Clausen Position: President

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: Douglas Clausen Position: President

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: Douglas Clasen Position: President

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.



Signature of applicant

7/30/15

Date

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

**PART C – SECTION 1**  
**SAFETY FITNESS SURVEY**  
**FOR HAZARDOUS MATERIALS APPLICANTS**

N/A

**Companies applying to transport hazardous materials must complete this survey.**

1. Name the person or position responsible for maintaining and understanding current hazardous material regulations. \_\_\_\_\_
2. Are drivers provided with a current copy of Emergency Response Information as required by Title 49 CFR, Part 172.600?  Yes  No
3. Are drivers trained in the use of Emergency Response Information?  Yes  No
4. Is the Emergency Response Information carried in the vehicle?  Yes  No
5. Name the person or position responsible for providing training to all employees handling hazardous materials as required by Title 49 CFR, Part 177.800 and 177.816.  
\_\_\_\_\_
6. Are you familiar with accident reporting requirements in Title 49 CFR, Part 177, Subpart D?  Yes  No
7. Who is responsible for completing hazardous materials shipping papers?  
\_\_\_\_\_
8. Where are hazardous material shipping papers located during transportation?  
\_\_\_\_\_
9. If you transport Radioactive Materials, name person or position that will be familiar with and provide training to employees for all transportation under CFR, Part 173, Subpart I - Radioactive Materials.  
\_\_\_\_\_
10. Please attach a copy of your US Pipeline and Hazardous Materials Safety Administration (PHMSA) permit.

**Signature**

My signature below certifies that I understand my responsibility as a transporter of hazardous materials and I will comply with all the safety requirements which apply to my operations.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

PART C – SECTION 2

N/A

HAZARDOUS MATERIALS QUESTIONNAIRE

Companies applying to transport hazardous materials must complete the following questions.

1. Please indicate if you plan to transport:

- Petroleum or petroleum products in bulk in tank-type vehicles
- Radioactive substances
- Explosives
- Corrosives

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

2. As part of transporting any of these four materials, do you or your company intend to build, or have someone else build, install or otherwise create a new structure, or a new addition to an existing structure?  Yes  No

• If yes, does the proposed construction require a building permit by a city, county or other governmental agency?  Yes  No

• If yes, which governmental agency will issue the permit? \_\_\_\_\_

• If yes, please explain what you intend to build: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

3. In granting an application for hazardous materials transportation, the commission is required to consider possible impacts such transportation may have on the environment. Please answer the following questions related to possible environmental impacts:

a. Do you understand you are required to comply with Washington State Patrol safety standards for hazardous materials transportation, as defined in WAC 446-65-010?

Yes  No

b. Do you understand that you are required to comply with Washington State Patrol noise emission standards for commercial motor vehicles, as defined in WAC 446-65-010?

Yes  No

c. Do you understand that in the case of a hazardous materials spill, you must immediately contact the local emergency services agency, such as the 911 operator?

Yes  No

• If your answer to a, b, or c is no, please explain: \_\_\_\_\_



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
7/31/2015

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(ies) 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 certificate holder in lieu of such endorsement(s).

PRODUCER <b>Big Rigs Insurance, Inc.</b> 14510 S. Vaughan Rd. Molalla, OR 97038	CONTACT NAME:		
	PHONE (A/C, No, Ext):	503-759-3773	FAX (A/C, No): 503-759-3774
INSURED <b>CLAUSEN RANCH INC.</b>  14913 S. LEABO RD MOLALLA, OR 97038	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC#
	INSURER A:	HUDSON INSURANCE COMPANY	
	INSURER B:	CAPITOL SPECIALTY INSURANCE CORP	
	INSURER C:		
	INSURER D:		
	INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY			CS02307255	11/13/14	11/13/15	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 5,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
A	AUTOMOBILE LIABILITY			BUI003370-01	03/01/15	03/01/16	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANYAUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALLOWED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y/N	<input type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
A	CARGO			BUI003370-01	03/01/15	03/01/16	LIMIT: \$100,000
A	PHYSICAL DAMAGE			BUI003370-01	03/01/15	03/01/16	DEDUCTIBLE: \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**ANY NONOWNED TRAILER VALUED AT \$45,000 OR LESS**  
 1997 FREIGHTLINER 1FUFDZYB1VP752461 VALUE: \$20,000  
 \$1,000 COMPREHENSIVE/COLLISION DEDUCTIBLE

CERTIFICATE HOLDER <b>WASHINGTON UTILITES AND TRANSPORTATION COMMISSION</b>	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 