

PART A

TV# (5/673

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					
Intrasta	ite Common Carr	ier Operati	ng Authorit	,		
	APPLICATION					
(excludi	ng Household Goods a					
	FOR OFFICIA	L USE ONL		1D # // \		
Reception Number:	Safety:		Carrier	1110	.9	
111 0268 200 02	Insurance:			yee: 💋		
	(PEIOR APPLIES					
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority				ermit Authority		
Transfer of Existing Pe						
\$275 GENERAL COMMODITI	E\$ ONLY	\$100	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE		\$100	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAPSETVICE				IES, including nd ARMORED CAR		
\$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 #48277						
TYPE OF PAYMEND						
☐ Check ☐ Money Order ☐ Ame	ex 🗆 Discover 🗅	Mastercard 2	Visa	tion	•	
				Į.		
CERTIFICATION: 1, the undersigned	d. under penalty for false	statement, cer	tify that the follov	ving Intornace.	ši	
that I am authorized to execute and valid.	file this document on be	half of the appli	cant, and that all	information on	file is current and	
Name (printed): Thomas W	iashington	Date:_	8-11-1	5		
Signature:	Signature: Title: Owner					
	ONOR CARRIER	ALDENILLE (C	ATION			
CC#: 66052 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 403513067						
APPLICANT NAME: PHONE#:						
Thomas Washington 509.307-7370						
Washington Sheep Co FAX#: 502-1078-1801						
PHOINTEC (MAAN MC) ADDRESS:						
(street address, P.O. Box) 317904 E. Perkins Rd.						
(city, state, zip) Kennewick, WA 99337						
PHYSICAL ADDRESS: (street address, if different)						
4						

	(che		PE OF BUSINES al or complete parti		STRUCTURE ship/corporation information	on)	
INDIVIDUA		RTNERSH	IP CORPOR	ATI	ON (LP, LLP, LLC) NCORPORATION		
NIA ME	TIT	. =			070	OCK DISTRIBUTION OR	
NAME Thomas	11)ach	cofor.	170	100	E Porting PE	RCENTAGE OF SHARE	
	// // // // // // // // // // // // //	GIVIT	Ken	10 7	PUNDY LIPA 99	337	
Owner Kennewick, wa 99337							
		The Control of the Co	ANSFER OF P	127,700			
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	MIT:				PERMIT NU	JMBER:	
Signature of cu						Date	
					NTS (mus) sheckone). Hable institance is reselv	ed	
☐ You will not ha	aul	You wi	ll not haul		You will haul zardous materials	☐ You will haul hazardous materials	
hazardous mate quantity. You wi	•		ıs materials in ıtity. You will		quiring \$1 million in	requiring \$5 million in	
operate vehicles	with a		rehicles with a		iblic Liability and	Public Liability and Property Damage	
GVWR of less the pounds. You mu	-		f 10,000 pounds You must obtain		operty Damage surance, You must	Insurance. You must	
\$300,000 in Pub	olic Liability	\$750,000	in Public Liability		mplete Part C, Sections	complete Part C,	
and Property Da Insurance. You					Sections 1 and 2.		
need to complet	e Part B.	complete	Part B.		The State of the committee with a committee of the commit	na many story this ordered a transfer consideration of the State State State State State State State State Sta	
	Principal Company (Company)	***************************************		tge (ditional pages if peces		
UNIT#	LICEN	ISE#	STATE		VIN#		
700	5458	arp	WA		1FUJA 6CV8	5PV 17890	
					<u> </u>		
			Signa	tur	8		
l, as applicant,	understand	that the	filing of this appli	catio	on does not in itself cor	nstitute 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.							
08-11-15							
Signature(s) 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, (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 Substance	s and Alechol Testing	
Name: Thomas	Washington	Position: Owner	

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.

Eom	mercial Differs Licens	ie (CDL) Requirements	
Name: Thomas W	ashington	Position: Owner	

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: Thomas Washington Position: Owner
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: Thomas Washington Position: Owner
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.
Yahlole inspection, Repair, and Maintenance
Name: Thomas Washington Position: Dwner
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.
Signatura .
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.
M. Sunta 8-11-15
Signature of applicant Date

ORD

DATE IMMODATION

CERTIFICATE OF LIABILITY INSURANCE 07/06/2015 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 certificate holder in lieu of such endorsement(s). PRODUCER Bryan Graham Associated Insurance Svcs LLC P O Box 16410 PHONE (A/C, No. Est: 208-336-7733 AC, NO: 208-336-0376 Bolse, ID 63716 Aporess: bryang@aisidaho.com Bryan Graham MSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Continental Divide Insurance INSURED Thomas Washington INBURER 5 : dba Washington Sheep Co INSURER C: 217904 E Perkins Rd. INSURER D : Kennewick, WA 99337 INSURER E : INSURER F : **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. ADDL SUBR POLICY EFF POLICY EXP REAL REAL TYPE OF INSURANCE POLICY NUMBER LIMITS COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE ŝ CLAIMS-MADE OCCUR MED EXP (Any one person) \$ PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER: COMBINEO SINGLE LIMIT (En octidoni) AUTOMOBILE LIABILITY 1,000,000 05TRM013562-01 07/01/2015 | 07/01/2016 ANY AUTO BODILY INJURY (Par person) SCHEOULED AUTOS NON-OWNED AUTOS ALL OWNED BODILY INJURY (Per accident) PROPERTY DAMAGE HIRED AUTOS (Per accident) 8 UMBRELLA LIAB OCCUR EACH OCCURRENCE \$ FYCESS LIAD CLAIMS MADE AGGREGATE DEO RETENTION \$ WORKERS COMPENSATION RTATHITE AND EMPLOYERS' LIABILITY ANY PROPRIETORPARTNERÆXECUYIVE E.L. EACH ACCIDENT OFFICERMEMBER EXCLUDED? (Mandatory in NH) N/A E.L. DISEASE - EA EMPLOYEE & If yee, describe under DESCRIPTION OF OPERATIONS below E.L. DISEASE - POLICY LIMIT 07/01/2015 07/01/2016 Cargo Continental Divide 05TRM013562-01 150,000 Continental Divide 05TRM013562-01 07/01/2015 | 07/01/2016 |Trir Int 40,000 DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space to required) 2005 Freightlin 120 Ti Cargo Deductible: \$2,500 TKTR 1FUJA6CV85PV17890 CERTIFICATE HOLDER CANCELLATION STATOL1 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN State of Washington ACCORDANCE WITH THE POLICY PROVISIONS. 1300 8 Evergreen Park Dr. SW Olympia, WA 98504 AUTHORIZED REPRESENTATIVE

@ 1988-2014 ACORD CORPORATION, All rights reserved.