

PART A
APPLICATION FOR PERMIT
(excluding Household Goods)

No. 0257
Aug. 12, 2015

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
Wassatake Common Carrier Operating Authority

#046 of 151674

OR OFFICIAL USE ONLY
Reception Number: 11-0268-200-02
Safety Insurance: Qwen
Docket No. TV: 151674
Carrier ID#: Q
Employee: Q

TYPE OF APPLICATION

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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	

Common Carrier #: _____ Unified Business Identifier Number (UBI): 601 322 676

Legal Name: Pulson's Towing Inc USDOT: 02071839

Trade Name(s), dba(s), if any: Pulson's Towing

Email address: Pulson's Towing@yahoo.com

Phone Number: 425 925-1033 Fax Number: 425 640 9053

Business (Mailing) Address: PO Box 3407 Lynnwood W. 98046

Physical Address (if different): 5001 208 st SW #110 Lynnwood W. 98036

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. WA

JAME Palson Palson Palson Palson Palson Palson Palson Palson Palson Palson
 TITLE Pres Stock Distribution or % of Shares 100%

No. 0257

2015

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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT _____ Permit Number _____

Signature of current permit holder _____ Date _____

<input checked="" 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 8.	<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.
--	---	---	---

Unit #	License Number	State	VIN number
002	B65469W	WA	1FV3G586KWH80682A
005	B85185L	WA	1FVA6P8V52H1520873
007	B46858P	WA	1FVACWDTXCAR5715D
008	B46783U	WA	1FVACWDTXCAR571A9

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 [Signature] Date 8-12-15

Received Time: 7:12 PM
P. 7
Aug. 12, 2015

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

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 FMCSA is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSA's are available from several vendors. These include, but are not limited to:
Washington Trucking Association, 930 S. 356th St., Suite B, Federal Way, WA 98003, www.watrucking.com, (800) 732-9019 or (253) 838-1650.
I. J. Keller & Associates, Inc., 30083 W. Breckwood Lane, Neenah, WI 54957, www.ijkc.com, 877-554-2333.
Williamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbf.com, 503-727-7293.
US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20540, www.gpo.gov, 855-512-1800.

No. 0257
2015
3:21 PM
No. 0262
Name: Gary Judson 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.

Name: _____ Position: _____

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.

Received
Permit
No. 0257
2015

Name: Greg Paulson Position: Pres

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSA Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in interstate 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: Greg Paulson Position: Pres

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 395.4(e) and by the WSP in WAC 446-65-010.

Name: Greg Paulson Position: Pres

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 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.

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:  Date: 8-12-15

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/12/2015

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 CHOICE Insurance, LLC 3 1715 Market Street, Suite 100 Kirkland WA 98033	CONTACT NAME: David P Krause
	PHONE (A/C, No, Ext): (425) 739-6565 FAX (A/C, No): (425) 739-9955 E-MAIL ADDRESS: davekrause@choiceinsurance.net
INSURER(S) AFFORDING COVERAGE	
INSURER A: Pioneer Specialty Insurance Co NAIC # 40312	
INSURED (425) 775-1033 Paulsons Towing, Inc. PO Box 3407 Lynnwood WA 98046	INSURER B:
	INSURER C:
	INSURER D:
	INSURER E:
	INSURER F:
	INSURER G:

COVERAGES

CERTIFICATE NUMBER: Cert ID 8213

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	ADDITIONAL SUBROGATION WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY		CPP 106565902	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000	
	<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 checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$ 2,000,000	
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
A	AUTOMOBILE LIABILITY		CPP 106519502	11/1/2014	11/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000	
	<input type="checkbox"/> ANY AUTO ALL OWNED AUTOS	<input checked="" type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per person) \$	
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per accident) \$	
						PROPERTY DAMAGE (Per accident) \$	
						\$	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR	UMB 101072102	11/1/2014	11/1/2015	EACH OCCURRENCE \$ 2,000,000	
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$ 2,000,000	
	DED <input checked="" type="checkbox"/> RETENTION \$ 10,000					\$ 2,000,000	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		CPP 106565902	11/1/2014	11/1/2015	WC STATUTORY LIMITS <input checked="" type="checkbox"/> OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)	Y/N <input checked="" type="checkbox"/> Y				Stop Gap	E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A					E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000
A	GarageKeepers / On-Hook		CPP 106519502	11/1/2014	11/1/2015	Location / Vehicles \$ 300,000	
A	Inland Marine / Cargo		CPP 106567602	11/1/2014	11/1/2015	Per Tow Truck \$ 100,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

WA State Registered Tow Truck Operator ID: 5971

Business & Impound Lot Location: 5001 208TH ST SW #110; Lynnwood, WA 98036

Washington Utilities and Transportation Commission is listed as a Certificate Holder on the policies.

CERTIFICATE HOLDER
 Washington Utilities and
 Transportation Commission
 PO Box 47250

Olympia WA 98504

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

© 1988-2010 ACORD CORPORATION. All rights reserved.

PAULSON'S TOWING INC.
5001 208TH ST SW
LYNNWOOD, WA 98036
425-775-1033 Fax: 425-640-9053

FAX COVER SHEET

TO: Tina DATE: 8-12-15

AT: _____

FAX: 360.586.1181

of pages (including this cover): 6

NOTES:

IF YOU DID NOT RECEIVE ANY PAGES, PLEASE CALL AND WE WILL BE HAPPY TO FAX THEM AGAIN.

HAVE A GREAT DAY!

