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

FOR OFFICIAL USE ONLY				Docket No. TV- 131682				
Reception Number Safety				Carrier ID# 143				
111-0268-200-02	Insurance			Employee (V)				
	TYPE OF AF	PPLIC	ATION	241337				
	New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit Authority				
\$275 GENERAL COMMODIT	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODIT ARMORED CAR SERVI			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODIT	. •		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITE HAZARDOUS MATERIA ARMORED CAR SERVI	ALS and							
\$100 REINSTATEMENT OF CA of cancellation	NCELLED COMMO	N CAR	RIER PER	MIT - Must be filed within 10 months				
	MOTOR CARRIER	IDENT	IFICATIO	N				
Common Carrier #: 66056	Inified Business Ide	entifier	Number	(UBI): 4003528348				
Legal Name: INTERNATIONAL LOGISTICS LIGISDOT: 2786672								
Trade Name(s), dba(s), if any								
Email address: <u>LE ROYS @ SOUND - SERVICE. NET</u> Phone Number: <u>425-656 0295</u> Fax Number: <u>425-656 9052</u>								
Phone Number: 425-656	0295	_ Fax I	Number:_	425-656 9052				
Business (Mailing) Address: 9c	00 SW	14	5+ 5,	- #306				
Physical Address (if different):	\mathbb{Z}_{2}	ENI	13N	Wa 98057				

		TYPE OF	BUSINES:	S STRUCTU	IRE	and the second of the second o		
☐ Individual	☐ Partners	hip 🛘 Corporatio	on 🕅	Limited Lia	ability Company	State of Inc		
NAME		TITLE			Stock Distr	bution or % of Shares		
XIANA	Zents C	HEN	MBA	e/m	il.			
		*TRANSFE	ER OF PER	RMIT NUM	BER			
*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 PER	RMIT	NA			Permi	t Number		
Signature of co	urrent permit h	older		Date				
	Ap	INSURANCE REC						
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 You will not haul hazardous m quantity. You vehicles with 10,000 poun must obtain Public Liability Damage Insu		You will not haul hazardous materials in quantity. You will ope vehicles with a GVWR 10,000 pounds or more must obtain \$750,000 Public Liability and Procomplete Part B.	n any interacted in a second i	You will I materials re million in Pi Property Da	haul hazardous equiring \$1 ublic Liability and nmage Insurance. omplete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.		
	MG	TOR VEHICLE LIST (Attach ad	ditional pa	ges if necessary)			
Unit # License Number 54815 RP				State	VIN number 1XPHD49X5CD140488			
			SIGNATU					
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.								
	2 Sca				8/12/15			

Date

Signature

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 <u>Code of Federal Regulations at 49 CFR</u>. 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, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substance	es and Alcohol Testing
Name: LE Les Scofi	- Position: DATETY MGZ

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:	Laky.	1071	Position:	=77

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 <u>Department of Licensing</u>. 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 Requiremen	ts
Name: Lek	Scott	Position:	AFETY
as required by FMCSR P intrastate commerce w	art 391.51 and by the WSF ithin Washington have lim	o in WAC 446-65-010. Owne	aployee authorized to drive motor vehicles r/operators that work exclusively in perators that conduct any interstate that they may use.
	Dr	ivers Hours of Service	
Name: Lake	Con	Position:	ARETY
		ours of service records for e and by the WSP in WAC 440	ach individual that drives a motor vehicle 6-65-010.
	Vehicle Inspe	ection, Repair, and Maint	enance
Name: Le	MON	Position:	SAFETY
the FMCSA in 49 CFR, Parequired records for each WSP in WAC 446-65-010	art 396.11 and by the WSP ch vehicle that includes the D: cation of the vehicle.	in WAC 446-65-010. In add e following, as required by the	each vehicle used each day as required by ition, each company must maintain certain he FMCSA in 49 CFR, Part 396.3 and by the
		is inspection and maintenan nd maintenance indicating th	nce operations to be performed. Their date and nature.
All companies must con WAC 446-65-010.	duct periodic inspections a	as required by the FMCSA in	49 CFR, Part 396.17 and by the WSP in
		Signature	
	ertifies that I understand ats which apply to my op		otor carrier and I will comply with all
lelen	Score h	2	8/13/15

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

Signature of applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/13/2015

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 liqu of such endorsement(s)

C	ertificate noider in lieu of such endor	seme	nus	<u> </u>						
PRO	DUCER				CONTACT NAME: CERT D	EPARTME	NT			
RIS Insurance Services				PHONE (A/C, No. Ext):360-293-2135 (A/C, No):						
P. O. Box 1059				E-MAIL (A/C, NO):						
Anacortes WA 98221					E-MAIL ADDRESS:certs@risnet.com					
							RDING COVERAGE	NAIC#		
INSURED INTER03					INSURER A :NATIONAL INDEMNITY CO.					
	ERNATIONAL LOGISTICS LLC	RUS		INSURER B:						
	SW 16TH ST 306				INSURER C : INSURER D :	·····		-		
RE	NTON WA 98057									
					INSURER E :					
	VED 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TIE (INSURER F :			L.,		
				NUMBER: 580706816	E DEEN JOONED TO	THE MOUDI	REVISION NUMBER:	IOV BEDIOS		
IN C	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY XCLUSIONS AND CONDITIONS OF SUCH	QUIF PERT	REME AIN,	NT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIES	OR OTHER S DESCRIBE	DOCUMENT WITH RESPECT TO DIFFERENTIAL TO ALL	WHICH THIS		
INSR LTR	TYPE OF INSURANCE		SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
	GENERAL LIABILITY						EACH OCCURRENCE \$			
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$			
	CLAIMS-MADE OCCUR						MED EXP (Any one person) \$			
					[PERSONAL & ADV INJURY \$			
					}		GENERAL AGGREGATE \$			
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$			
	PRO-				[\$			
Ā	AUTOMOBILE LIABILITY	-		70TRS053722	8/10/2015	8/10/2016	COMBINED SINGLE LIMIT			
				701K3033722	G/16/2010	0/10/2010	(Ea accident) \$1,000 BODILY INJURY (Per person) \$,000		
	ANY AUTO ALL OWNED SCHEDULED						BODILY INJURY (Per accident) \$			
	AUTOS X AUTOS NON-OWNED	ļ	ł		1		DOODED TO COLUMN OF			
	HIRED AUTOS AUTOS						(Per accident)			
				· · · · · · · · · · · · · · · · · · ·			\$			
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$			
	EXCESS LIAB CLAIMS-MADE						AGGREGATE \$			
	DED RETENTION \$						\$			
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU- OTH- TORY LIMITS ER			
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$			
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1117					E.L. DISEASE - EA EMPLOYEE \$			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$			
A	CARGO/BROADFORM			70TRS053722	8/10/2015	8/10/2016	\$1,000 DED \$100.00	O LIMIT		
	PHYSICAL DAMAGE				3.75.25.5		\$1,000 DED COMP			
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (/	Attach	ACORD 101. Additional Remarks 5	Schedule, If more space is	required)				
	FER BREAKDOWN INCLUDED	,-		, , , , , , , , , , , , , , , , , , , ,	,	,				
	<u> </u>									
CE	RTIFICATE HOLDER				CANCELLATION					
					CHOILL D ANY OF T	THE ABOVE D	ESCRIBER DOLLCIES DE CANCEL	ED BEEOBE		
							ESCRIBED POLICIES BE CANCELI EREOF, NOTICE WILL BE DE			
	WUTC				ACCORDANCE WI					
	PO BOX 47250									
	OLYMPIA WA 98504				AUTHORIZED REPRESEN	NTATIVE				
					Xemme			ļ		
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