FOR OFFICIAL USE ONLY

**Reception Number** 

111-0268-200-02

151698

Docket No. TV-

Carrier ID# 17

Employee M

### **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

**TYPE OF APPLICATION** 

Safety 15

Insurance

	New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Ext	tension (	of Common Carrier Permit Authority
<b>S</b>	\$275 GENERAL COMMODITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
	\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
	\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
	\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
	\$100 REINSTATEMENT OF CANCELLED COMMO of cancellation	N CARI	RIER PER	MIT - Must be filed within 10 months
	MOTOR CARRIER	IDENT	IFICATIO	N 2 TA A A A A A A A A A A A A A A A A A
	non Carrier #: 6065 Unified Business Id			
Legal	Name: OMT Trucking LL	C	_ USDOT	2206065
	Name(s), dba(s), if any		<del></del>	
Email	address: rmkd samuel a	dya	hoo	. com
Phone	e Number: <u>509-548-1433</u>	_ Fax f	Number:	509-548-6619
Busin	ess (Mailing) Address: P.O.Box 33	1,7	Pesh	astin, WA 98847
Physic	ess (Mailing) Address: $\frac{P.O.Box.33}{5000}$	jle,	Ea	st Wenatchee, WA
				2/
				4/1

	·		r		
,	TYPE OF BUSIN	ESS STRUCTURE	The same was the same		
☐ Individual ☐ Partne	ership   Corporation	Limited Liability Company	State of Inc. Wash.		
Merry Samue	1-Owner, Sole	proprietor Stock Distr	ribution or % of Shares		
		ERMIT NUMBER			
*Complete this section ON permit holder and permit ransfer of the permit num  NAME ON PERMIT	number to be transferred. Th	existing permit to a new own te current permit hold must s	er. List name of current ign below to authorize the it Number		
Signature of current permit		Date			
A		VIENTS (must check one) acceptable insurance is received			
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.	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.	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 Damage Insurance. You must complete Part C, Sections 1 and 2.		
	IOTOR VEHICLE LIST (Attach	additional pages if necessary			
	icense Number		VIN number		
20 A924	082		SF35R838358		
T1 4502 P1 6831	YW YE	WA WA 9210 WA 89 195	8		
	SIGNA	TURE	$\frac{1}{r} = \frac{r^2 - r^2}{r} = \frac{r^2 r^2}{r^2} = \frac{r^2 r^2}{r^2} = \frac{1}{r^2} \frac{r^2}{r^2} = \frac{1}{r^2} \frac{r^2}{r^2} \ln \frac{1}{r^2} \frac{1}{r^2} = \frac{1}{r^2} \frac{r^2}{r^2} \ln \frac{1}{r^2} = \frac{1}{r^2} \frac{1}{r^2} \ln \frac{1}{r^2} = $		

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

Date

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# 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, <u>www.wtatrucking.com</u>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.iikeller.com, 877 564-2333.
- Williamette 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 Substan	ces and Alcohol Testing	
Name: Message		— Position: Owner	1799 july 1
Mer Mer	ry Samuel	n of a commercial motor valida as described helevy me	

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.

10 10 10 10 10 10 10 10 10 10 10 10 10 1	1 10 10	Commercial	Driver's	License (CDL) Re	quireme	nts 🖖	
Name: M	em £	Jamuel	1	— Position:	Ou	ner	
And delice who		Lamuel 1 Samu		ion of a commerci			

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.

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ĺ	Driver Qualification Requirements
٠.	Name: Ment Januel 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: Men Dannel 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.
	Vehicle Inspection, Repair, and Maintenance
	Name: Mengammel Position: Owner
	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

Date

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

## 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 OMT TRUCKING LLC of 710 S LYLE, EAST WENATCHEE, WA 98802-0000 a policy or policies of insurance effective from 08/13/2015 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 17th day of August, 2015

Insurance Company File No. CA 02618300

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B