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

111-0268-200-02 Insurance Employee M TYPE OF APPLICATION New Common Carrier Permit Authority, or Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY Extension of Common Carrier Permit Authority, armored CAR SERVICE \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, INCLUDING \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$2100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation MOTOR CARRIER IDENTIFICATION Common Carrier #: SCOTI Unified Business Identifier Number (UBI): LOB COMMODITIES UNIFICATION Common Carrier #: SCOTI Unified Business Ide	FOR OFFICIAL USE ONLY			Docket No. T	V-1517	18
TYPE OF APPLICATION New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation Improv CARRIER IDENTIFICATION Common Carrier #: GOT Unified Business Identifier Number (UBI): 1003 3.09 9.38 Legal Name: MUSICK LIC USDOT: 2.40 85.44 0 Phone Number: Madees: ACOMPC TAMSADITIES, INCLUDING 1 1 1 0 Business (Mailing) Address: LIC	Reception Number	Safety MD		the second s		
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Trade Name(s), dba(s), if any Havida Transportation Email address: <u>Hower @ trishield.com</u> Phone Number: <u>495-346-6722</u> Fax Number: <u>SSS 6935 (2013</u> Business (Mailing) Address: <u>Lello</u> <u>2194</u> St <u>Sw</u> <u>Ste 480</u> <u>Milintate</u> Physical Address (if different): <u>3211</u> 754 Dr <u>DF</u> <u>Mary Sville</u>	Common Carrier #: 6607	Unified Business Id	entifier Number	(UBI): 1003	3 36	9938
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Received Time Aug. 18. 2015 11:08AM No. 0362

llie Haner Fax: (888) 635-6013		To: +13605861181	Fax: +1360586118	1 Page 4 of	Page 4 of 8 08/18/2015 11:14 AM			
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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

From: 1

8-118/15 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, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ijkelier.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 Substances and Alcohol Testing

Name:

From: Kellie Haner

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

Position:

has a gross vehicle weight rating of 26,001 pounds or more; or .

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- 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 Lellio manager Position:

Name:

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.

From: Kellie Haner Fax: (888) 635-6013 To: +13605861181 Fax: +13605861181 Page 6 of 8 08/18/2015 11:14 AM **Driver Qualification Requirements** Tam Vanage Position: 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 Rours of Service $\alpha \sim$ man Position: 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 Cellio Position: 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. Date Signature of applicant NOTE: Once issued, you must keep a copy of your permit in your vehicle.

Received Time Aug. 18. 2015 11:08AM No. 0362

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CER	IFI	CATE	OF LIA	BIL	ITY IN	SURA		DATE (N 8/19/20	15
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF INS REPRESENTATIVE OR PRODUCER, A		OR NEGATIV	ELY AMEND, T CONSTITUT	EXTE	ND OR ALT	ER THE CO	VERAGE AFFORDED	BY THE	POLICIES
IMPORTANT: If the certificate holder i the terms and conditions of the policy certificate holder in lieu of such endor	certa	in policies may	SURED, the po y require an er	olicy(ie: ndorsei	s) must be e ment. A stat	ndorsed. If tement on th	SUBROGATION IS WAI his certificate does not o	VED, sub confer rig	ject to ghts to the
PRODUCER RIS Insurance Services				CONTA NAME: PHONE			FAX (A/C, No)		
P. O. Box 1059 Anacortes WA 98221				E-MAIL ADDRESS:certs@risnet.com					
					INSURER(S) AFFORDING COVERAGE NAI INSURER A :NATIONAL INDEMNITY CO.				
INSURED HANDA TRANSPORTATION	HAND	A-1							
KULSUKH LLC DBA 3211 75TH DR NE				INSURER C : INSURER D : INSURER E :					
MARYSVILLE WA 98270									
COVERAGES CEF	TIFIC	ATE NUMBER	: 1170465791	INSURE	RF:		REVISION NUMBER:		
THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF IN QUIRE PERTA POLIC	ISURANCE LIST EMENT, TERM C IN, THE INSUR/ IES. LIMITS SHO	ED BELOW HAY OR CONDITION ANCE AFFORD	VE BEE OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT T	ст то и	VHICH THIS
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GENERAL LIABILITY							EACH OCCURRENCE	\$ \$	
							PREMISES (Ea occurrence) MED EXP (Any one person)	\$	
							PERSONAL & ADV INJURY	\$	
							GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$	
GENL AGGREGATE LIMIT APPLIES PER: POLICY PRO- JECT LOC							FRODUCTS-COMPLOF Add	\$	
		70TRS0452	58		3/4/2015	3/4/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	000
ANY AUTO ALL OWNED X SCHEDULED							BODILY INJURY (Per person) BODILY INJURY (Per accident)	\$	
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DED RETENTION \$							AGGREGATE	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-OTH TORY LIMITS ER	-	
ANY PROPRIETOR/PARTNER/EXECUTIVE							\$		
(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEI E.L. DISEASE - POLICY LIMIT		
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WUTC PO BOX 47250 OLYMPIA WA 98504				SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELL THE EXPIRATION DATE THEREOF, NOTICE WILL BE DEL ACCORDANCE WITH THE POLICY PROVISIONS.					
				<u> </u>			ORD CORPORATION.	All right	is reserve
ACORD 25 (2010/05) Received Time Aug. 19. 2015	ты 10:	e ACORD nam 57AM No. 03	e and logo a r 84	re regis	stered marks	s of ACORD)		