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

LIGE CANA				Docket No. TV-				
FOR OFFICIAL USE ONLY Safety Safety			Carrier ID# 1723					
Reception Number 111-0268-200-02	Insurance			Employee WO				
111-0288-200-02	TYPE OF AF	PLICA	TION	60907				
New Common Carrier Permi		Ext	ension o	of Common Carrier Permit Authority				
or Transfer of Existing Perm	nit Number			and a second sec				
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODI ARMORED CAR SERV	TIES, including		\$100	HAZARDOUS MATERIALS				
\$275 GENERAL COMMODINATED HAZARDOUS MATER	TIES, including		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMOD HAZARDOUS MATE ARMORED CAR SER	RIALS and							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: \$6990 Unified Business Identifier Number (UBI): 1003-445-335								
Legal Name: Platinum General Sasvices LLC USDOT: 2727 465								
Trade Name(s), dba(s), if any Platinuvi Toucking								
Email address: platinumgeneralstruices @ outlook. CEM								
Phone Number: 425-358-6514 Fax Number: 425-358-6514								
Business (Mailing) Address:	D. Box	347		Pasco WA 99382				
Physical Address (if different):	802 5_	Ma	int	land Hue.				

			BUSINES					
☐ Individual	☐ Partners	hip 🛘 Corporation	on 🔼	Limited Liab	oility Company	State of Inc. WA		
NAME Stock Distribution or % of Shares A lex Palamino Member Duner								
Alex Palomino Member / Owner								
*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				Permit	Number		
Signature of current permit holder Date								
		NI-URANICHE NI-URANICHE						
		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.		
				767 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
Unit # 555 444 717	THE RESERVE OF THE PARTY OF THE	icense Number		State WA WA	XKWDR9X (474NC9T)	/IN number 1 VR 75 2441 114 N363253 23 W L922-738		
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	Munig				9-2-15 Date	·		



PART B SAFETY FITNESS SURVEY

FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

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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 <u>(WAC) 446-65</u>.

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.ijkeller.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.

The source of th	ndAlcoli		
		Member /	

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: Alex Polomino Position: Member/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 <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.

ministrative and the second								
Name: Alex Palomino	Position: Owner / Member							
Each company must maintain a complete Driver Qualification as required by FMCSR Part 391.51 and by the WSP in WAC 444 intrastate commerce within Washington have limited exempt operations must maintain a complete file on themselves and a	6-65-010. Owner/operators that work exclusively in ions. Owners/operators that conduct any interstate							
Name: Alex Palomino	Position: Owner/Member							
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.								
A SECOND OF THE								
Name: Alex Palontho	Position: Durner/member							
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 A record of inspections, repairs and mainten 	on and maintenance operations to be performed. ance indicating their date and nature.							
All companies must conduct periodic inspections as required WAC 446-65-010.	by the FMCSA in 49 CFR, Part 396.17 and by the WSP in							
My signature below certifies that I understand my respective safety requirements which apply to my operations.	onsibility as a motor carrier and I will comply with all							
Alex Palonina	9-2-15							

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

Date

Signature of applicant



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/4/2015

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

CE	certificate noider in fieu of such endorsement(s).										
PRODUCER				CONTACT NAME: CERT DEPARTMENT							
RIS Insurance Services			PHONE								
P. O. Box 1059				(À/C, No, Ext):360-293-2135 (A/C, No): I E MAIL ADDRESs:certs@risnet.com							
Anacortes WA 98221					ADDKE			PDING COVERAGE		NIAIO =	
					INIO::==			RDING COVERAGE		NAIC#	
INSURED DI ATI-1						FINANCIA	L CASUALTY				
		PLAT	I-1		INSURE	R B :					
PLATINUM TRUCKING				INSURER C:							
	TINUM GENERAL SERVICES LLC BOX 3471	,			INSURER D:						
	CO WA 99302				INSURER E:						
					INSURER F:						
COV	'ERAGES CER	TIFIC	ATE	NUMBER: 732933888	REVISION NUMBER:						
	IS IS TO CERTIFY THAT THE POLICIES										
CE	DICATED. NOTWITHSTANDING ANY RE RTIFICATE MAY BE ISSUED OR MAY I CLUSIONS AND CONDITIONS OF SUCH	PERT	AIN,	THE INSURANCE AFFORDS	ED BY	THE POLICIES	S DESCRIBE	D HEREIN IS SUBJECT TO			
INSR		ADDL	SUBR	· · · · · ·		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT			
LTR	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER		(MM/DD/YYYY)	(MIM/UU/YYYY)				
								DAMAGE TO RENTED	\$		
	COMMERCIAL GENERAL LIABILITY			,				REMISES (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	\$		
	POLICY PRO- JECT LOC								\$		
A	AUTOMOBILE LIABILITY			02594444-0		7/29/2015	7/29/2016	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,0	000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
ALL OWNED AUTOS X ACTEDULED AUTOS NON-OWNED AUTOS								BODILY INJURY (Per accident)	\$		
							PROPERTY DAMAGE (Per accident)	\$			
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE					.)		AGGREGATE	\$		
	DED RETENTION\$							//ddiled///E	\$		
	WORKERS COMPENSATION							WC STATU- OTH- TORY LIMITS ER	·		
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE Y / N										
	OFFICERMEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE			
								E.L. DISEASE - POLICY LIMIT	\$		
A	MOTOR TRUCK CARGO PHYSICAL DAMAGE			02594444-0		7/29/2015			\$100,000 COMP &		
.	THOUSE BY WINGE			·				42,500 525		JOLE	
	RIPTION OF OPERATIONS / LOCATIONS / VEHICL				Schedule	, if more space is	required)				
REE	REEFER BREAKDOWN INCLUDED \$2,500 DED										
								•			
CEB	CERTIFICATE HOLDER CANCELLATION										

UTILITIES AND TRANSPORATION COMMISSION 1300 SOUTH EVERGREEN PARK DRIVE SW P.O. BOX 47250 OLYPIA WA 98504-7250

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

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