Docket No. TV- 151 85

Carrier ID# 1245

Employee M

Safety A

Insurance

From: VYACHESLAV VDOVFax: (877) 566-4056

FOR OFFICIAL USE ONLY

Reception Number

111-0268-200-02

Fax: +13605861181

### **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 AF	PPLICATION OP1317									
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 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 COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation										
MOTOR CARRIER IDENTIFICATION										
Common Carrier #: 932257 Unified Business Identifier Number (UBI): 603-531-133										
Legal Name: New Star Transport LLC USDOT: 2793823										
Trade Name(s), dba(s), if any										
Email address:newstartransportllc@gmail.com										
Phone Number: 425-772-3921 Fax Number: 877-566-4056										
Business (Mailing) Address: 2005 110th St SE Everett, WA 98208										
Physical Address (if different):										

To: +13605861181

		TYPE OF BUSI	NESS STRUCTU	JRE			
☐ Individual	☐ Partners	ship   Corporation	Limited Lia	ability Company	State of Inc		
NAME		TITLE		Stock Distri	bution or % of Shares		
Vyacheslav \	/dovichenko	owner		100	)%		
*Complete this	and permit nu	f if you are transferring a Imber to be transferred.	n existing perm	nit to a new owne	er. List name of current gn below to authorize the		
NAME ON PER	MIT			Permi	t Number		
Signature of cu	rrent permit l	nolder		Dat	e		
	Aį	INSURANCE REQUIR					
You will not ha hazardous mater quantity. You will operate vehicles GVWR of less that pounds. You mus \$300,000 in Publicand Property Darlinsurance. You do to complete Part	ials in any I only with a in 10,000 it obtain ic Liability mage o not need	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 Propert Damage Insurance. You mucomplete Part B.	materials re million in P Property Do You must c Sections 1 a	ublic Liability and amage 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.		
	Mi	TOR VEHICLE LIST (Attac	ch additional p				
Unit # 115	Lic 50140	cense Number ORP	State VVA	4V4NC9TJ07	VIN number 07N457060		
			NATURE				
and that no op	erations may	nat the filing of this applic be conducted until a perr contained in this applicati	mit is issued by	the Commission	. I hereby declare and		
V. Vdovi	chenko			9/16/2015			
Signature			D	ate			

# 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.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.

Name:	Vyacheslav Vdovicheko	Position:	owner
Any driver wh	o operates a vehicle that meets the definition o	of a commercia	al motor vehicle as described below must

 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 Dr	iver's License (CDL) Re	quirements	
Name:	Vyacheslav Vdovichenko	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, 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	ı Requiremen	its						
Name: —	Vyacheslav Vdovichenko	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: —	Vyacheslav Vdovichenko	Position:	owner						
-	ny must maintain true and accurate hours of service by the FMCSA in 49 CFR, Part 395.1(e) and by the V								
	Vehicle Inspection, Repa	ir, and Maint	enance						
Name: —	Vyacheslav Vdovichenko	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 maintenan	ice indicating t	heir date and nature.						
All compani WAC 446-69	es must conduct periodic inspections as required b 5-010.	y the FMCSA ir	n 49 CFR, Part 396.17 and by the WSP in						
	Signatu	ıre							
, •	re below certifies that I understand my respon requirements which apply to my operations.	sibility as a m	otor carrier and I will comply with all						
V. V	'dovichenko		9/16/2015						
Signature of	of applicant		Date						

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

ACORD.

### CERTIFICATE OF LIABILITY INSURANCE

NEWSTA5

OP ID: SM

DATE (MM/DD/YYYY) 09/16/2015

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 Ballard & Co. Inc. Insurance 851 E. Fairview Ave. Meridian, ID 83642								CONTACT Peter Bolt PHONE (A/C, No, Ext): 208-323-8214  E-MAIL ADDRESS:  FAX (A/C, No): 208-322-0273					
Pete								ADDRE		URER(S) AFFOR	RDING COVERAGE		NAIC #
•								INSURER(S) AFFORDING COVERAGE INSURER A : Wilshire Insurance Company					13234
INSURED New Star Transport LLC								INSURE					
Vyacheslav Vdovicheko								INSURE					
		2005 110ti Everett, W							RD:				
		Everett, w	VA:	30200				INSURER E :					
								INSURE					
CO	VER	RAGES		CER	TIFIC	ATE	NUMBER:		<u> </u>		REVISION NUMBER:		<u> </u>
IN C E	DICA ERTI KCLU	ATED. NOTWITH:	STA ISS	NDING ANY RE UED OR MAY	QUIR PERT POLIC	EMEI AIN CIES.	RANCE LISTED BELOW HAY NT, TERM OR CONDITION THE INSURANCE AFFORD LIMITS SHOWN MAY HAVE	OF AN'	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER I S DESCRIBEI PAID CLAIMS.	DOCUMENT WITH RESPEC	CT TO	WHICH THIS
INSR LTR		TYPE OF INS	SURA	NCE		SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
		COMMERCIAL GENE		OCCUR							EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person)	\$ \$	
1		-									PERSONAL & ADV INJURY	\$	
		J N'L AGGREGATE LIMI <sup>T</sup>	T AD	DUIES DED:							GENERAL AGGREGATE	\$	
	GEI	] PRO-									PRODUCTS - COMP/OP AGG	\$	
		1 —	ΓĮ	roc							PRODUCTS - CONIFIOR AGG	\$	
	ΑИЛ	OTHER:			-						COMBINED SINGLE LIMIT	\$	1,000,000
Α	<del></del>						BA2602674	09/05/2015	09/05/2015	09/05/2016	(Ea accident)  BODILY INJURY (Per person)	\$	.,000,000
	-	ANY AUTO		SCHEDULED					55,55,55		BODILY INJURY (Per accident)	\$	
		AUTOS	í	AUTOS NON-OWNED							PROPERTY DAMAGE	\$	
		HIRED AUTOS	⊢′	AUTOS							(Per accident)	\$	
		UMBRELLA LIAB	┰	OCCUP							EACH OCCURRENCE	\$	
		EXCESS LIAB	$\vdash$	OCCUR CLAIMS-MADE							AGGREGATE	\$	
		T	TION	<u> </u>	1						NOOKLONIL	\$	
	WOF	DED RETENT RKERS COMPENSATION		13							PER OTH- STATUTE ER	4	
		EMPLOYERS' LIABILI PROPRIETOR/PARTNE		YECUTIVE YIN	N N/A						E.L. EACH ACCIDENT	\$	
	OFF	ICER/MEMBER EXCLUI	DED.	?							E.L. DISEASE - EA EMPLOYEE		
	lif ve	s, describe under CRIPTION OF OPERA	T.01	10 1							E.L. DISEASE - POLICY LIMIT	\$	
Α		ad Form Cargo	HO	NS Delow			BA2602674		09/05/2015	09/05/2016		Ψ	100,000
	t	er Breakdown					B, (2002074		00,00,2010	00,00,2010	Ded		1,000
^	1101	CI BICARGOVVII									504		.,555
DES	CRIPT	TION OF OPERATIONS	S/LC	CATIONS / VEHICI	LES (A	CORD	101, Additional Remarks Schedu	ile, may b	e attached if mor	e space is require	ed)		
CE	RTIF	ICATE HOLDER	R					CANC	ELLATION		•		
WASHI-2 Washington Utilities and Transportation Commission							WASHI-2	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.					
	1300 S Evergreen Park Drive SW							AUTHORIZED REPRESENTATIVE					

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Olympia, WA 98504