

PART A

TV# 15LP67

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  
APPLICATION FOR PERMIT  
(excluding Household Goods and Common Carrier Brokers)

113285

FOR OFFICIAL USE ONLY

Reception Number:

111 0268 200 02

Safety:

Insurance:

Carrier ID#:

17247

Employee:

TYPE OF APPLICATION (check one)

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)

For Commission Use Only:  
Auth #:

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed):

Heidi M. Martin

Date:

9/14/15

Signature:

Heidi M. Martin

Title:

OFFICE MANAGER

MOTOR CARRIER IDENTIFICATION

603842397

CC#:

66102

US DOT#

878805

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

APPLICATION IN PROCESS

APPLICANT NAME:

JIM Martin Trucking LLC

PHONE#:

208-666-0965

d/b/a:

SAME AS ABOVE

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

1519 Starling Ave

(city, state, zip)

Wooden Lake Id. 83835

Received Time: Sep. 17, 2015 8:42PM No. 0648

PHYSICAL ADDRESS: (street address, if different)



State of Washington  
Business Licensing Service  
P O Box 9034  
Olympia WA 98507-9034

**Business License Application Record of Filing**

**Congratulations! The application has been submitted.**

1. Print your application
2. Save a copy of your application
3. Give us your feedback
4. Click here if you are a Minority, Woman, Veteran, or Small Business owner.
5. What are my next steps?

**Filing Information**

Filing Date and Time:

9/9/2015 12:18:31 PM Pacific Time

UBI Issued:

Not Issued. To get your number, search our website after 5 business days at [licenselookup.wa.gov](http://licenselookup.wa.gov) or wait 10 days to receive your license in the mail.

Application Transaction #:

20152523499

(Refer to this number if you have questions about this application.)

Transaction Type:

E-check

Amount due:

\$19.00

**Below are the licenses you are applying for.  
Licenses with no additional requirements:**

Tax Registration

\$ 0.00

Processing Fee:

\$ 19.00

**Total Fees:**

\$ 19.00

**Purpose of the Application**

Purpose of Application:

Open/Reopen Business

**Ownership Structure**

Ownership Structure:

Limited Liability Company (LLC)

Unified Business ID (UBI):

Federal Employer ID Number (FEIN):

Business Location City:

State:

**Ownership Structure Continued**

Have you filed your paperwork with the Washington Secretary of State?

No

Limited Liability Company Name:

JIM MARTIN TRUCKING LLC

Year of Formation (YYYY):

2004

State of Formation:

ID

**Employment**

**Hiring Employees Within 90 Days**

Will you be hiring employees to work in Washington State within 90 days?

No

Do you plan to hire independent contractors or people you will report on a 1099 form?

No

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION IDAHO

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
JAMES MARTIN		1519 Starling Ave Hayden Lake, Id. 83835	

**TRANSFER OF PERMIT NUMBER**

Complete this section 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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

**INSURANCE REQUIREMENTS (must check one)**

*(If you are hauling hazardous materials, you must have insurance 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.

**VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
LIST INCLUDED			

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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Osidi Martin

Signature(s)

9/14/15

Date

# Trucking

trucking.idaho.gov

Search



## LIST OF ALL TRUCKS

### Commercial Vehicle Registration Look-Up

JIM MARTIN TRUCKING LLC #110050-5

[ New search ] [ Printer Friendly ]

[ Change Account ]

- Permits
- Hazardous Materials
- Vehicle Registrations
- Taxes
- Commercial Driver's License
- Rules, Regulations & Manuals
- Safety & Statistics
- Ports of Entry
- Ordering States
- State of Idaho

Sort by >>	Fleet #	Unit # <b>U</b>	VIN <b>V</b>	Plate <b>P</b>
Tractor - Interstate	3	001	1XP50B9X4YD510828	AK6901
108000 lb. 128049 mi	Year: 2000	Make: PTRB	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	00200	1XK0DB9XJ4R059518	AJ7458
108000 lb. 128049 mi	Year: 2004	Make: KW	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	1	1FUDXYBXVP825546	AJ997
108000 lb. 128049 mi	Year: 1997	Make: FRHT	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	103	1XP50B9X24D822849	AJ4829
108000 lb. 128049 mi	Year: 2004	Make: PTRB	Effective: 02/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	17AA	1FUJA6AV56L076145	AJ2980
108000 lb. 128049 mi	Year: 2006	Make: FRHT	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	22A	1XKWD49X55R075516	AH9395
108000 lb. 128049 mi	Year: 2005	Make: KW	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	300	1FU0XYB5WP920604	AJ2364
108000 lb. 128049 mi	Year: 1998	Make: FRHT	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	401007	1FUNA6CK56PW57050	AK7405
108000 lb. 128049 mi	Year: 2006	Make: FRHT	Effective: 04/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	42	1XP50B9X05D863157	AK7406
108000 lb. 128049 mi	Year: 2005	Make: PTRB	Effective: 02/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	514A	1XKADB9XZSR676778	AJ3182
108000 lb. 128049 mi	Year: 1995	Make: KW	Effective: 01/01/2015	Expires: 12/31/2015
Tractor - Interstate	3	81	1XP50B9X2WN465340	AK7579
108000 lb. 128049 mi	Year: 1996	Make: PTRB	Effective: 03/01/2015	Expires: 12/31/2015

# 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.jjkeller.com, (877) 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbtraffic.com, (503) 236-1183.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401, www.gpo.gov, (866) 512-1800.

### Controlled Substances and Alcohol Testing

Name: HEIDI MARTIN Position: OFFICE MANAGER  
SAFETY

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 License (CDL) Requirements

Name: HEIDI MARTIN Position: OFFICE / SAFETY  
MANAGER

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.

**Driver Qualification Requirements**

Name: Heddi Martin Position: OFFICE / SAFETY MANAGER

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: Heddi Martin Position: OFFICE / SAFETY MANAGER

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: James Martin 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.**

Heddi Martin  
Signature of applicant  
Jim Martin  
Trucking LLC

9/14/15  
Date

Received Time Sep. 17, 2015 8:42 PM No. 0648

Form E

AGENT

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)

(hereinafter called Company) SCHAUMBURG, IL (Home Office Address of Company)

has issued to JIM MARTIN TRUCKING LLC to 1519 STARLING AVE HAYDEN LAKE ID 83835 (Name of Motor Carrier) (Address of Motor Carrier)

09-15-2015

a policy or policies of insurance effective from 09-15-2015 12:01 A.M. standard line at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith

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 canceled 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: 1333 S RUSTLE RD SPOKANE WA 99224 (Local Address) (City) (State) (Zip Code)

this 15TH day of SEPTEMBER, 2015

INS CO ID# \_\_\_\_\_ Insurance Company File No. PRA-9015429-03 (Policy Number)

**AGENT COPY**  
(Authorized Company Representative)  
PO BOX 19150 SPOKANE, WA 99219  
(Address of Authorized Company Representative)

Hot Forms & Services  
Reorder No. 14-D186