

P. 2
 TRANSFER OF PERMIT NUMBER: Only complete this section if you are transferring a permit number from one owner to another.
 INSURANCE REQUIREMENTS: Each applicant must check the appropriate box. Applicants must have their insurance company file proof of liability and property damage insurance covering each vehicle used under the permit.
 > Proof of insurance must be on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E), or a written binder.
 > The binder must show the Utilities & Transportation Commission listed as the Certificate Holder.
 > If a binder is submitted, it will be effective for no longer than 60 days, during which time the carrier's insurance company must file the required FORM E.
 > The name on the insurance must match the legal name exactly.

Required insurance limits for vehicles with GVWR of less than ten thousand pounds:
\$300,000 General Commodities Only
\$5,000,000 Any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.
Required insurance limits for vehicles with GVWR of ten thousand pounds or more:
\$750,000 General Commodities and/or Armored Car Service.
\$1,000,000 Oil listed in 49 CFR 172.101, hazardous waste, hazardous materials and hazardous substances defined in 49 CFR 171.8 and listed in 49 CFR 172.101, but not mentioned in the description of the \$5,000,000 coverage requirements, below.
\$5,000,000 Hazardous substances, as defined in 49 Code of Federal Regulations (CFR) 171.8 transported in cargo tanks, portable tanks, or hopper-type vehicles with capacities in excess of 3,500 water gallons; or in bulk Division 1.1, 1.2 and 1.3 materials; Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material, in bulk Division 2.1 or 2.2; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403 OR any quantity of Division 1.1, 1.2, or 1.3 material; any quantity of a Division 2.3, Hazard Zone A, or Division 6.1, Packing Group I, Hazard Zone A material; or highway route controlled quantities of a Class 7 material, as defined in 49 CFR 173.403.

MOTOR VEHICLE LIST: List all motorized vehicles, including any truck or truck tractor that will be used to haul under this permit.

PART B - SAFETY FITNESS SURVEY

All applicants with a vehicle over 10,000 gross vehicle weight rating (GVWR) must complete the Safety Fitness Survey. All permitted motor carriers must comply with all of the applicable state and federal safety requirements for their operations.

PART C - HAZARDOUS MATERIALS

Applicants who will be hauling hazardous materials that require a placard must complete Part C, Sections 1 and 2.

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
 Interstate Common Carrier Operating Authority

FOR OFFICIAL USE ONLY		Docket No. TY- 151934
Reception Number 11-0268-200-02	Safety MS	Carrier ID# 12272
	Insurance	Employee NA
TYPE OF APPLICATION		
<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, INCLUDING ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$100 RENUNCIATION OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation		
MOTOR CARRIER IDENTIFICATION		
Common Carrier #:	Unified Business Identifier Number (UBI):	
Legal Name: PATHWAY LLC	USDOT: 1189881	
Trade Name(s), dba(s), if any: PATHWAY TRANSPORT		
Email address: PATHWAYTR@HOTMAIL.COM		
Phone Number: 360-319-0484	Fax Number: NONE	
Business (Mailing) Address: P.O. Box 960 FERNDALE, WA 98294		
Physical Address (if different): 2048 Loomis TRAIL RD CUSTER, WA 98240		

TYPE OF PAYMENT

NOTE: A convenience fee of 2.5% (minimum fee of \$3.95) is charged by Official Payments for processing credit card payments.

Check Money Order

Amount: \$ 275

Amex Discover Mastercard Visa

Expiration:

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.

Company Name: PATHWAY TRANSPORT

Name (printed): FLEMING ARIANNE Date: AUG 27, 2015

Signature: [Signature] Title: MANAGER, HR

If paying by credit card, you may fax your application to 360-586-1181 or scan to transportation@tc.wa.gov

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Limited Liability Company State of Inc. WA

NAME FLEMING ARIANNE TITLE MANAGER, HR Stock Distribution or % of Shares 100%

*TRANSFER OF PERMIT NUMBER

*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 PERMIT _____ Permit Number _____

Signature of current permit holder _____ Date _____

INSURANCE REQUIREMENTS (must check one)

<input type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	<input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.
---	---	---	---

MOTOR VEHICLE LIST (Attach additional pages if necessary)			
Unit #	License Number	State	VIN number
<u>67</u>	<u>34071 RP</u>	<u>WA</u>	<u>5ASTHARR75C02459</u>

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: [Signature] Date: AUG 27, 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 FMCSA is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65-

- Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, www.watruktc.com, (800) 732-9019 or (253) 939-1650.
- J. Keller & Associates, Inc., 3003 W. Breesewood Lane, Neenah, WI 54957, www.jkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, www.wtbttraffic.com, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20540, www.gpo.gov, 866 512-1800.

Copies of the FMCSA's are available from several vendors. These include, but are not limited to:

Controlled Substances and Alcohol Testing

Name: FLEMMING AKIN Position: MEMBER/NER

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's License (CDL) Requirements

Name: FLEMMING AKIN Position: MEMBER/NER

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: FLEMMING AKIN Position: MEMBER/NER

Each company must maintain a complete Driver Qualification File for each employee authorized to drive motor vehicles as required by FMCSA Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in interstate 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: FLEMMING AKIN Position: MEMBER/NER

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: FLEMMING AKIN Position: MEMBER/NER

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.

AUG 27, 2015
Date

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/2/2015

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 RIS Insurance Services P. O. Box 1059 Anacortes WA 98221	CONTACT NAME: CERTIFICATE DEPARTMENT	
	PHONE (A/C No. Ext): 360-399-7801	FAX (A/C No.):
E-MAIL ADDRESS: certs@risnet.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: UNITED FINANCIAL CASUALTY		
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED PATHW-1
 PATHWAY TRANSPORT
 PATHWAY LLC DBA:
 P.O. BOX 1820
 FERNDALE WA 98248

COVERAGES **CERTIFICATE NUMBER:** 1533939967 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			03660029-0	4/14/2015	4/14/2016	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				<input type="checkbox"/> WC STATU-JOBY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO PHYSICAL DAMAGE			03660029-0	4/14/2015	4/14/2016	\$2,500 DED \$250,000 LIMIT \$1,000 DED COMP & COLL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 FORM E TO FOLLOW

CERTIFICATE HOLDER WUTC PO BOX 47250 OLYMPIA WA 98504	CANCELLATION 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
---	--