#### 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

FOR OFFICIAL USE ONLY		Docket No. TV- 51939							
Reception Number	Safety			Carrier ID# (72.7.3					
111-0268-200-02	Insurance			Employee 🚜					
	TYPE OF AF								
New Common Carrier Perm or Transfer of Existing Perr		Ext	ension o	of Common Carrier Permit Authority					
\$275 GENERAL COMMOD	· · · · · · · · · · · · · · · · · · ·		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE					
\$275 GENERAL COMMOD ARMORED CAR SER			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMOD HAZARDOUS MATE	ITIES, including		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMOD HAZARDOUS MATE ARMORED CAR SER	RIALS and VICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation									
	MOTOR CARRIER IDENTIFICATION								
Common Carrier #:6(127 Unified Business Identifier Number (UBI): 60244824									
Legal Name: JOSE M MARTINEZ USDOT: 1162551									
Trade Name(s), dba(s), if any K HAWK									
Email address: COAST22@COX.	NET								
Phone Number: 405-283-0095		Fax	Number	405-283-0521					
Business (Mailing) Address: 241		STE CS	33	OKLAHOMA CITY, OK 73134					
Physical Address (if different): _12	159 FUJI WAY	RICH	ILAND, V	NA 99352					

	TYPE OF BUSINE	SS STRUCTU	RE							
<b>⋈</b> Individual □ Partne	ership 🗆 Corporation 🗆	] Limited Lial	oility Company	State of Inc.						
NAME JOSE M MARTINEZ	<u>TITLE</u> OWNER		Stock Distri	bution or % of Shares						
	:									
	*TRANSFER OF P	ERMIT NUMI	BER							
*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			Permi	t Number						
MAINE ON TERROR										
Signature of current permit holder Date										
INSURANCE REQUIREMENTS (must check one)										
	A permit will not be Issued until a			(T)						
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.	materials re million in Pu Property Da You must co Sections 1 a	ablic Liability and image Insurance. implete 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.						
	The second secon		e if accoscan	V - Table 1						
	MOTOR VEHICLE LIST (Attach License Number	State		// VIN number						
Unit:#	PENDING PENDING	WA	[ ·	19TH05N393109						
<u>.</u>										
SIGNATURÉ										
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		Ē	10 02 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 <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, <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.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.

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Name:	JOSE M MARTINEZ	· Position:	OWNER	
wanne.		 1 031(10)11		

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: JOSE M MARTINEZ 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	Requirement	S The state of the
Name:	JOSE M MARTINEZ	Hamiltonia III.	Position:	OWNER
as requir	red by FMCSR Part 391.51 and by	the WSP in WAC 446 have limited exemption	-65-010. Owner ons. Owners/op	ployee authorized to drive motor vehicles operators that work exclusively in erators that conduct any interstate that they may use.
		Drivers Hours	of Service	
Name:	JOSE M MARTINEZ		Position:	OWNER
Each cor as requi	mpany must maintain true and ac red by the FMCSA in 49 CFR, Part	curate hours of servi 395.1(e) and by the	ce records for e WSP in WAC 44	ach individual that drives a motor vehicle 5-65-010.
	Vehic	cle Inspection, Rep	air, and Maint	enance
Name:	JOSE MARTINEZ		Position:	OWNER
the FMC	CSA in 49 CFR, Part 396.11 and by direcords for each vehicle that inc WAC 446-65-010:  Identification of the vehicle.	the WSP in WAC 446 cludes the following, cle. of various inspection	i-65-010. In add as required by t i and maintenal	each vehicle used each day as required by ition, each company must maintain certain he FMCSA in 49 CFR, Part 396.3 and by the nce operations to be performed. heir date and nature.
	panies must conduct periodic ins 16-65-010.	pections as required	by the FMCSA in	n 49 CFR, Part 396.17 and by the WSP in
		Signa	ure	
My sig	nature below certifies that I un fety requirements which apply	iderstand my respo to my operations.	nsibility as a n	notor carrier and I will comply with all
Signat	aure of applicant			10 02 15 Date

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

## Form E UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(Executed in Triplicate)

Filed with WA UTILITI	ES & TRANSPORTATION ( (Name of Commission)	COMMISSION	(hereinafter calle	ed Commissio	n)					
This is to sortify that the COU	,	D INC								
This is to certify, that the <b>OOI</b>	JA KISK KETENTION GROU		f Company)							
(hereinafter called Company) of58 I	AST VIEW LANE, SUITE 2.	BARRE VT 05	641							
JOSE M MARTINEZ	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		Idress of Company)							
has issued to DBA K HAWK		of <b>1259 F</b>	UJI WAY; RICHLAN							
(Name	of Motor Carrier)		(Addre	ess of Motor Can	rier)					
a policy or policies of insurance effective from										
Whenever requested, the Comp thereon.	any agrees to furnish the Cor	mmission a duplic	ate original of said p	oolicy or polici	es and all endorsements					
This certificate and the endorser cancellation may be effected by the Connotice to commence to run from the date	mpany or the insured giving th	nirty (30) days' not	ice in writing to the S							
Countersigned at1 NW OOIDA DR	IVE	GRAIN VALLE	Υ	MO	64029					
	Address)	(City)		(State)	(Zip Code)					
this <b>09TH</b> day of Insurance Company File No <b>PL1995</b> :	OCTOBER 20 <u>15</u>	<u>.</u>	( ) ul	dosec	Winkles					
	(Policy Number)		(Authorized Company Representative)							
MC 1633a (Ed. 8-99) UNIFORM INFOR	MATION SERVICES, INC.				IRB 3539B					
vfg Member # 1006451	4									