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- 132040
Reception Number	Safety			Carrier ID# 17312
111-0268-200-02	Insurance			Employee M
	TYPE OF AF	PLIC	ATION	05/24 D
New Common Carrier Permit	• •	Ex	tension o	of Common Carrier Permit Authority
or Transfer of Existing Perm	it Number			· · · · · · · · · · · · · · · · · · ·
\$275 GENERAL COMMODI	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$275 GENERAL COMMODIT ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
\$275 GENERAL COMMODIT HAZARDOUS MATER			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERV	ALS and			
\$100 REINSTATEMENT OF CA	ANCELLED COMMO	N CAR	RIER PER	RMIT - Must be filed within 10 months
	MOTOR CARRIER	IDENT	IFICATIO	ON THE REPORT OF THE PROPERTY
Common Carrier #: 6657	Unified Business Ide	entifier	Number	r (UBI): 603 462 223
Legal Name: V & V TRANSPOR	T LLC		_ USDOT	T:2567745
Trade Name(s), dba(s), if any			· <u></u>	
Email address: vtransport770	@yahoo.com			
Phone Number: 360-521-3984		_ Fax	Number:	·
Business (Mailing) Address:vtr	ansport770@yah	oo.con	n	
Physical Address (if different): 851	4 Oliver Dr Pasco,	WA 9	9301	

		TYPE OF BUSIN	IESS STRUCTUI	₹E			
☐ Individual	☐ Partnershi	p 🗆 Corporation	Limited Lia	bility Company	State of Inc. WA		
NAME VIKTOR TA	ARASOV <u>T</u>	TITLE PRESIDENT		Stock Distri	bution or % of Share 00 %		
		*TRANSFER OF			r List name of curr		
*Complete this se permit holder and transfer of the pe	l permit num	f you are transferring an aber to be transferred. T	he current per	mit hold must si	gn below to authori		
•				Darmi	t Number		
NAME ON PERMI	Τ			reimi	t Wallioci		
		Idox			<u> </u>		
Signature of curre	ent permit no	жaer					
	A pe	INSURANCE REQUIR rmit will not be issued unt	il acceptable ins	urance is received			
☐ You will not haul	1	You will not haul azardous materials in any	☐ You will I materials re	naul hazardous			
hazardous materials quantity. You will or	,	uantity. You will operate	million in Pu	ablic Liability and			
operate vehicles with	tha v	ehicles with a GVWR of		mage Insurance. Omplete Part C,	and Property Dama Insurance. You mus		
GVWR of less than 3 pounds. You must o		0,000 pounds or more. Yo nust obtain \$750,000 in	Sections 1 a	•	complete Part C, Sect		
\$300,000 in Public l	_iability P	ublic Liability and Property			and 2.		
and Property Dama	٠	Damage Insurance. You mu	st		<u> </u>		
Insurance. You do not to complete Part B.		omplete Part B.					
to complete rait of							
		TOR VEHICLE LIST (Attac) VIN number		
Unit #		ense Number	State WA	4V4NC9GH6			
770	50191RP		VVA	TV HIGGGING	211010011		
			NATURE	in the old constitu	to outhority to one		
I, as applicant, ur	nderstand the	at the filing of this applic se conducted until a peri	cation does not mit is issued hy	in itsell constitue the Commission	ite authority to ope i. Thereby declare		
and that no oper	ations may p iformation co	ontained in this applicati	on is true to th	e best of my kno	owledge and belief.		
Jimm mac me		••					
	-						
1/16	tanti	rasol		10-28-15			

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, 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, 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:	VIKTOR TARASOV	———— Position:	PRESIDENT	
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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 I	Driver's License (CDL) Requi	rements	
Name:	VIKTOR TARASOV	Position:	PRESIDENT	

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	n Requirement	
Name: —	VIKTOR TARASOV	Position:	PRESIDENT
as required intrastate of	any must maintain a complete Driver Qualification I by FMCSR Part 391.51 and by the WSP in WAC 44 commerce within Washington have limited exempt must maintain a complete file on themselves and	6-65-010. Owner, ions. Owners/ope	operators that work exclusively in erators that conduct any interstate
	Drivers Hour	s of Service	
Name: —	VIKTOR TARASOV	Position:	PRESIDENT
	any must maintain true and accurate hours of serv I by the FMCSA in 49 CFR, Part 395.1(e) and by the		
	Vehicle Inspection, Rep	air, and Mainte	nance
Name: —	VIKTOR TARASOV	Position:	PRESIDENT
the FMCSA required re WSP in WA	any must prepare a written "Driver Vehicle Inspect in 49 CFR, Part 396.11 and by the WSP in WAC 446 ecords for each vehicle that includes the following, iC 446-65-010: Identification of the vehicle. The nature and due date of various inspection A record of inspections, repairs and maintena	5-65-010. In addit as required by the n and maintenanc ince indicating the	tion, each company must maintain certain e FMCSA in 49 CFR, Part 396.3 and by the ce operations to be performed. eir date and nature.
WAC 446-6	55-010.		
	Signat	ture	
	ure below certifies that I understand my respo requirements which apply to my operations.	nsibility as a mo	tor carrier and I will comply with all
	. / . / . —		
Cianatura	ViktorTarasov		10/26/15

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 10/26/2015

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).

CE	ertificate holder in lieu of such endor	seme	nt(s)										
	DUCER				CONTA NAME:								
	Insurance Services				PHONE (A/C, N	o, Ext):503-25	8-0227		FAX (A/C, No):50	3 -25 7	-5714		
). Box 1059 cortes WA 98221				I E-MAIL	ss:certs@ris							
uid	CO. COS TITL COLL I							RDING COVERAGE			NAIC#		
					INSURE	RA:UNITED	FINANCIA	L CASUALTY					
INSU	RED	/&V	ΓR-3		INSURE								
V &	V TRANSPORT LLC		0	•	INSURE								
851	4 OLIVER DR			•	INSURE								
PAS	SCO WA 99301			•	INSURE				•				
					INSURE	RF:							
CO	VERAGES CER	TIFIC	CATE	E NUMBER: 637588608				REVISION NUM	IBER:	····			
IN CI	HIS IS TO CERTIFY THAT THE POLICIES IDICATED. NOTWITHSTANDING ANY RIERTIFICATE MAY BE ISSUED OR MAY KCLUSIONS AND CONDITIONS OF SUCH	EQUIF PERT POLI	REME AIN, CIES.	NT, TERM OR CONDITION THE INSURANCE AFFORDI LIMITS SHOWN MAY HAVE	OF AN ED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER IS DESCRIBED PAID CLAIMS	DOCUMENT WITH D HEREIN IS SUI	RESPECT	TO W	HICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDL	SUBR	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS				
	GENERAL LIABILITY				_			EACH OCCURRENC					
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTE PREMISES (Ea occu	D ·				
	CLAIMS-MADE OCCUR							MED EXP (Any one p					
								PERSONAL & ADV I					
								GENERAL AGGREG					
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP	OP AGG \$				
	POLICY PRO- LOC								\$,		
4	AUTOMOBILE LIABILITY			036096510		3/20/2015	3/20/2016	COMBINED SINGLE (Ea accident)	LIMIT \$1	,000,00	00		
	ANY AUTO							BODILY INJURY (Pe	r person) \$				
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Pe	r accident) \$				
	AUTOS AUTOS NON-OWNED AUTOS							PROPERTY DAMAG (Per accident)	iE \$				
									\$				
	UMBRELLA LIAB OCCUR							EACH OCCURRENC	E \$				
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$				
	DED RETENTION \$]							\$				
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU- TORY LIMITS	OTH- ER				
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					'	E.L. EACH ACCIDEN	JT\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	177						E.L. DISEASE - EA E	MPLOYEE \$				
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - POL	ICY LIMIT \$				
4	CARGO BROAD FORM PHYSICAL DAMAGE NON-OWNED TRAILER			036096510		3/20/2015		\$1,000 DED \$2,500 DED \$2,500 DED	ČĆ	00,000 MP/C0 5,000	DLL		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (A	Attach	ACORD 101, Additional Remarks S	Schedule	, if more space is	s required)						
						· 							
CE	RTIFICATE HOLDER			Т	CANO	CELLATION							
	WASHINGTON UTILITIES COMMISSION 1300 S EVERGREEN PAR OLYMPIA WA 98504				ACC	EXPIRATION	N DATE THI	DESCRIBED POLICE EREOF, NOTICE CY PROVISIONS.					
						W 7							