# RECEIVED

## PART A

### **APPLICATION FOR PERMIT**

(excluding Household Goods)

OCT 272015

WASH, UT. & TP. COMM

# 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

				Pay ID: 2318	
FOR OFFICIAL USE ONLY			Docket No. TV-152046		
Reception Number 0.56-98 Safety MO			Carrier ID# 17315		
111-0268-200-02 \$ 275. • • Insurance				Employee	
	TYPE OF AI	PPLIC	ATION		
New Common Carrier Permit	: Authority,	Ex	tension d	of Common Carrier Permit Authority	
or Transfer of Existing Perm	it Number	ļ			
<b>X</b> \$275 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL COMMODIT     ARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERV	ALS and				
\$100 REINSTATEMENT OF CA of cancellation		ON CAR	RIER PER	MIT - Must be filed within 10 months	
	MOTOR CARRIER	RIDENT	IFICATIO	N	
Common Carrier #: <u>66157</u> Legal Name: <u>Three Lakes</u> T				-	
Trade Name(s), dba(s), if any		·		·	
Email address: <u>HYEE LAKES</u> +	nicking@g	<u>zma</u>	<u>il.co</u>	M	
Phone Number: <u>425</u> 308 583	50	/ _ Fax I	Number:		
Business (Mailing) Address: <u>U201</u>	W. Flowing	z La	ke Ro	d Snohomish, Wa 98290	
Physical Address (if different):					

TYPE OF BUSINESS STRUCTURE						
🗆 Individual	🗆 Partnershij	D Corporation	Divinited Liability Company	State of Inc		
NAME	<u>T</u>	ITLE /	Stock Distr	ibution or % of Shares		
Randy T	Pierce 3	President		100%		
	······································	*TRANSFER OF	PERMIT NUMBER	······································		
permit holder an transfer of the pe	*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 PERMI	IT		Permit Number			
Signature of current permit holder Date						
			MENTS (must check one) acceptable insurance is received	1		
You will not haul hazardous materials quantity. You will or operate vehicles wi GVWR of less than 2 pounds. You must or \$300,000 in Public L and Property Dama Insurance. You do n to complete Part B.	s in any haz nly qua th a veh 10,000 10, obtain mu .iability Pul ge Dau	You will not haul zardous materials in any antity. You will operate nicles with a GVWR of 000 pounds or more. You ost obtain \$750,000 in olic Liability and Property mage Insurance. You must nplete Part B.	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.		
MOTOR VEHICLE LIST (Attach additional pages if necessary)						
				·		

Jnit #	License Number	State	VIN number
66		WA	
	·····		

#### 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

\_\_\_\_10/110/2013 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

. The requirement to comply with current FMCSR is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code

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, • (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957,

Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030,

US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

	Controlled S	ubstances and Alcohol Testing
Name:	Randy Pierce	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. 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 ٠ rating of more than 10,000 pounds; or
- has a gross vehicle weight rating of 26,001 pounds or more; or ۰
- ٠ 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 Licer	nse (CDL) Requirements
Name:	Randy Pierce	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 . 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 ۰
- is of any size and is used to transport hazardous materials of an amount that requires placarding under ٠ hazardous materials regulations.

, (800) 732-9019 or

, 877 564-2333. , 800-727-7293.

	Driver Qualifi	ication Requirements
Name:	Randy Pierce	Position: President

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 He	ours of Service
Name:	Randy Pierce	- Position: President

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, Rep	air, and Maintenance
Name:	Randy Pierce	Position: Pyesident

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.

Signature of applicant

Date

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



## **CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY) 12/22/2015

						12/22	
THIS CERTIFICATE IS ISSUED AS A CERTIFICATE DOES NOT AFFIRMAT BELOW. THIS CERTIFICATE OF IN	TIVELY C SURANC	OR NEGATIVELY AMEND E DOES NOT CONSTITU	). EXTE	ND OR AL	TER THE C	OVERAGE AFFORDED BY TH	IE DOI ICIES
REPRESENTATIVE OR PRODUCER, A	ND THE	CERTIFICATE HOLDER.					
IMPORTANT: If the certificate holder the terms and conditions of the policy certificate holder in lieu of such endor	/, certain	policies may require an e	e policy endorse	(ies) must b ment. A sta	e endorsed atement on t	If SUBROGATION IS WAIVE his certificate does not confer	D, subject to rights to the
PRODUCER Greiert Insurance, Inc.	sement	5).		CT DOUG C	OCICOT		
7304 10th St SE #B-10	1		PHONE	405 20		FAX	
Lake Stevens WA 98258			(A/C. N	o, Ext): 420 33		(A/C, No):	
			ADDRE	SS: grelenau		,	· · · · · · · · · · · · · · · · · · ·
Phone: 425-334-7577 Fa	x: 425-3	377-2858			·····		NAIC #
			1		ANSIALES	INSURANCE COMPANY	
			INSUR				
6201 W. Flowing La			INSURE				
SNOHOMISH WA	982 90	•	INSURE			······································	
COVERAGES CER	TIFICAT	E NUMBER:	INSURE	<u>:RF:</u>		REVISION NUMBER:	<u> </u>
THIS IS TO CERTIFY THAT THE POLICIES	OF INSU	RANCE LISTED BELOW HA	VE BEE	N ISSUED TO	THE INSUR	ED NAMED ABOVE FOR THE DO	
I INDICATED. NOTWITHSTANDING ANY RI	-QUIREM	INT. TERM OR CONDITION	OF AN	Y CONTRACT	OR OTHER	DOCUMENT WITH DECORPT TO	MULICU TURC
CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	POLICIES	LIMITS SHOWN MAY HAVE	ED BY	THE POLICIE REDUCED BY	S DESCRIBE	D HEREIN IS SUBJECT TO ALL	THE TERMS,
INSR LTR TYPE OF INSURANCE	ADDL SUB	2		POLICY EFF (MM/DD/YYYY)			
COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$	
CLAIMS-MADE OCCUR						DAMAGE TO RENTED	·
						PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$	
						PERSONAL & ADV INJURY \$	
GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$	
POLICY PRO- JECT LOC			1			PRODUCTS - COMP/OP AGG \$	
OTHER:						S.	
AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT \$	1,000,000
XX ANY AUTO						BODILY INJURY (Per person) \$	.,,
A ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident) \$	
HIRED AUTOS	YY	06-CC-083696-20		10/18/2015	10/18/206	PROPERTY DAMAGE \$	
						<u>s</u>	
UMBRELLA LIAB OCCUR						EACH OCCURRENCE \$	
EXCESS LIAB CLAIMS-MADE						AGGREGATE \$	
DED RETENTION \$						\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER OTH- STATUTE ER	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT \$	
(Mandatory in NH) If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$	
DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$	
				· .			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICL	ES (ACORD	101, Additional Remarks Schedul	le, may be	attached if more	e space is requir	ed)	
<b>RE: ALL TRUCKING OPERA</b>	TIONS	OF THE INSURE	n				
<u>.</u>							
CERTIFICATE HOLDER		·	CANC	ELLATION			
Washington Utilities a	and Tra	ansportation	THE	EXPIRATION	DATE THE	ESCRIBED POLICIES BE CANCELLI REOF, NOTICE WILL BE DEL Y PROVISIONS.	ED BEFORE IVERED IN
PO Box 47250			AUTHORI	ZED REPRESEN	TATIVE	I	
						tunat	
Olympia, WA 98504						S. CY	
			<u></u>	© 108	8-2014 ACC	RD CORPORATION. All right	te record
ACORD 25 (2014/01)	The AC	ORD name and logo are	regist	ered marks	of ACORD	See Sond Store Durk, All Hydr	10 17361 VEU.