

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

<i>FOR OFFICIAL USE ONLY</i>		Docket No. TV- <u>10395</u>
Reception Number	Safety	Carrier ID# <u>11359</u>
111-0268-200-02	Insurance	Employee

TYPE OF APPLICATION

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		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		<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation			

MOTOR CARRIER IDENTIFICATION

Common Carrier #: NEW 66104 Unified Business Identifier Number (UBI): 603 402 719

Legal Name: SHARMA BROTHERS IN TRUCKING, LLC USDOT: 2499694

Trade Name(s), dba(s), if any: SBIT

Email address: ANILBHAMBHI@MSN.COM

Phone Number: 425-248-1922 Fax Number: 509-497-2076

Business (Mailing) Address: 2810 144TH PL SW, LYNNWOOD WA 98087

Physical Address (if different): SAME

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 CCV# _____ (four digit code on front of card)

Expiration Date: 11/17

Discover Mastercard Visa

CCV # 849 (three digit code on back of card)

Credit Card number:

4	3	1	2	3	1	7	0	0	1	3	8	5	3	4	6				
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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: SHARMA BROTHERS IN TRUCKING, LLC

Name (printed): ANIL BHAMSI Date: 12/14/15

Signature: _____ Title: OWNER

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

TYPE OF BUSINESS STRUCTURE

Individual
 Partnership
 Corporation
 Limited Liability Company
 State of Inc. WA

NAME TITLE Stock Distribution or % of Shares
Anil Bhambi MEMBER 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)

A permit will not be issued until acceptable insurance is received

<input checked="" 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 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.
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

Unit #	License Number	State	VIN number

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 _____

Date _____

12/14/2015

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, 800-727-7293.
- US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.

Controlled Substances and Alcohol Testing

Name: Anil Bhambi 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. 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: ANIL BHAMBI 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 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: Anil Bhandari Position: OWNER

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: Anil Bhandari Position: OWNER

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: Anil Bhandari Position: OWNER

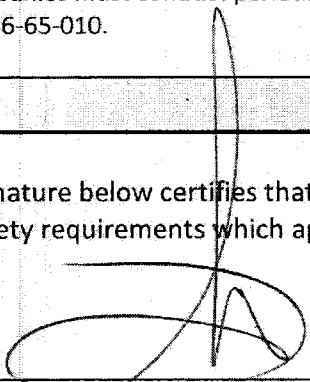
Each company must prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day as required by the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain required records for each vehicle that includes the following, as required 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.



Signature of applicant

12/14/15

Date

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

KIMBLER FIN LLC
 316 E MCLEOD, STE 104
 BELLINGHAM, WA 98226
 1-360-312-5104

Policy number: 03311802-2

Underwritten by:
 UNITED FINANCIAL CASUALTY COMPANY
 December 15, 2015
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Certificate of Insurance

Certificate Holder	Insured	Agent
UTILITIES&TRANSPORTATION COMM: 1300 SOUTH EVERGREEN PARK DR S OLYMPIA, WA 98504	SHARMA BROTHERS IN TRUCKING LLC 2810 144TH PL SW LYNNWOOD, WA 98087	KIMBLER FIN LLC 316 E MCLEOD, STE 104 BELLINGHAM, WA 98226

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 13, 2015

Policy Expiration Date: Apr 13, 2016

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$750,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST BODILY INJURY	\$750,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST PROPERTY DAMAGE	\$100,000 W/\$100 DED (\$300 IF HIT & RUN)
PERSONAL INJURY PROTECTION	\$10,000
GENERAL LIABILITY	\$1,000,000/\$2,000,000 AGGREGATE
EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$2,000,000
PRODUCTS/COMPLETED OPERATIONS AGGREGATE	\$2,000,000
PERSONAL & ADVERTISING INJURY	\$1,000,000
DAMAGE TO PREMISES RENTED TO YOU	\$100,000
MEDICAL EXPENSE (ANY ONE PERSON)	\$5,000
MOTOR TRUCKING CARGO	\$100,000 W/\$1,000 DED
REFRIGERATION BREAKDOWN ENDORSEMENT	\$100,000 W/\$2,500 DED

Description of Location/Vehicles/Special Items

Scheduled autos only

Description	Limit	Amount
2010 INTL PPR 3HSCUAPR1AN246373		Stated Amount \$35,000
COMPREHENSIVE	\$5,000 DED	
COLLISION	\$5,000 DED	
2005 UTILITY TRAILER 1UYVS25355U492010		Stated Amount \$20,000
COMPREHENSIVE	\$5,000 DED	
COLLISION	\$5,000 DED	
2007 GREAT DANE TRAILER 1GRAA06287S700573		Stated Amount \$20,000
COMPREHENSIVE	\$5,000 DED	
COLLISION	\$5,000 DED	
2011 KW T60 1XKAD49XBJ288935		Stated Amount \$50,000

Policy number: 03311802-2

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COMPREHENSIVE	\$5,000 DED		
COLLISION	\$5,000 DED		
2011 INTL PPR 3HSCUAPR6BN227187		Stated Amount	\$50,000
COMPREHENSIVE	\$5,000 DED		
COLLISION	\$5,000 DED		
2007 UTILITY TRAILER 1UYVS25347U952910		Stated Amount	\$25,000
COMPREHENSIVE	\$5,000 DED		
COLLISION	\$5,000 DED		
2011 KW T60 1XKAD49X1BJ288936		Stated Amount	\$50,000
COMPREHENSIVE	\$5,000 DED		
COLLISION	\$5,000 DED		
2007 UTILITY TRAILER 1UYVS253X7U248002		Stated Amount	\$20,000
COMPREHENSIVE	\$5,000 DED		
COLLISION	\$5,000 DED		

Certificate number

34915NET802

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

