## 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

FUR OFFICIAL USE DIVLY	Docket No. TV-1)2)62							
Reception Number Safety M				Carrier ID# 17363				
111-0268-200-02 Insurance			Employee MD					
	TYPE OF A	PLICA	ATION	121749				
New Common Carrier Permit Authority, or Transfer of Existing Permit Number			Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODIT	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITE  ARMORED CAR SERVI	_		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITION HAZARDOUS MATERIA	•		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$275 GENERAL COMMODITION HAZARDOUS MATERIA ARMORED CAR SERVIO	ALS and							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation								
MOTOR CARRIER IDENTIFICATION								
Common Carrier #: 66202 Unified Business Identifier Number (UBI): 6003 367 372  Legal Name: Was John & Brown USDOT: 2832167								
Trade Name(s), dba(s), if any BrC	win a So	<u>ms</u>						
Email address: <u>brewin Luc</u>	as1 @ 0	mi	Q.(	'DM				
Phone Number: 300 797	3521	Fax N	umber:_					
Business (Mailing) Address: 300	ce old w	WIL	Rox	id, Port Angelir WA98365				
Physical Address (if different):	· · · · · · · · · · · · · · · · · · ·			•				

		TYPE OF BUSIN	ESS STRUCT	URE				
X Individual	☐ Partnersh	nip   Corporation	☐ Limited Li	iability Company	State of Inc			
NAME		TITLE	Stock Distribution or % of Shares					
Licas Brewin Owner 100%								
		*TRANSFER OF P	ERMIT NUN	ABER .				
permit holder transfer of the	and permit nun permit numbe	if you are transferring an enter to be transferred. The r.	existing perr le current p	ermit hold must s	ign below to authorize the			
NAME ON PER	MII			Permi	t Number			
Signature of cu	errent permit ho	older	<del></del>	Dat	e			
	A ne	INSURANCE REQUIRER						
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.		You will not haul hazardous materials in any huantity. You will operate whicles with a GVWR of 0,000 pounds or more. You hust obtain \$750,000 in hublic Liability and Property damage Insurance. You must omplete Part B.	☐ You will materials r million in P Property D	haul hazardous equiring \$1 rublic Liability and amage Insurance. complete 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.			
	NACT.	FOR VEHICLE LIST /AHA-I-	- d dta :					
Unit#		nse Number	ch additional pages if necessary)  State VIN number					
911					31675			
			· · · · · · · · · · · · · · · · · · ·					
		SIGNA	TURE					
and that no op	erations may be	t the filing of this applicati e conducted until a permit ntained in this application	is issued by	the Commission.	I hereby declare and			
Lucas I	300 W.T			12/13/15				
Signature			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 (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: LIXAS Brewn 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								
<ul> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul>								
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: Locas Brewin Position: Owner								
Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must								

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 Qu	alification Requireme	nts
Name: Lucas Brewin	Position:	Owner
Each company must maintain a complete Driver Qua as required by FMCSR Part 391.51 and by the WSP in intrastate commerce within Washington have limited operations must maintain a complete file on themse	n WAC 446-65-010. Own d exemptions. Owners/e	er/operators that work exclusively in operators that conduct any interstate
Drive	ers Hours of Service	
Name: Lucas Brewin	Position: -	Owner
Each company must maintain true and accurate hour as required by the FMCSA in 49 CFR, Part 395.1(e) and		
Vehicle Inspect	ion, Repair, and Main	tenance
Name: LUXAS Brewin	Position:	owner
Each company must prepare a written "Driver Vehicl the FMCSA in 49 CFR, Part 396.11 and by the WSP in required records for each vehicle that includes the fo WSP in WAC 446-65-010:  Identification of the vehicle. The nature and due date of various in A record of inspections, repairs and repairs and record and the companies must conduct periodic inspections as reward 446-65-010.	WAC 446-65-010. In ad pllowing, as required by named maintenation and maintenating	dition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ence operations to be performed. their date and nature.
	Signature	
My signature below certifies that I understand me the safety requirements which apply to my operations.	ny responsibility as a nations.	
hucas Brew		12/13/15
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) 12/17/2015

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

C	ertificate holder in lieu of such endors	seme	ent(s)	l <b>.</b>							
PRO	DUCER				CONTA NAME:	CERT D	)EPT				
RIS Insurance Services				PHONE (A/C, No, Ext):360-399-7801 FAX (A/C, No):							
	). Box 1059				E-MAIL ADDRESS:certs@risnet.com						
Ana	cortes WA 98221				ADDRESS:CERTS@TISHET.COTTI  INSURER(S) AFFORDING COVERAGE NAIC #						
					INCLIDE					NAIC#	
INSU	PCD ,				INSURER A :UNITED FINANCIAL CASUALTY						
	Ĺ	3KE	WI-1		INSURER B :						
	EWIN & SONS CAS JOHN G BREWIN dba				INSURER C:						
	6 OLD MILL RD				INSURER D :						
	RT ANGELES WA 98362				INSURER E :						
	- No. 10				INSUR	RF:					
CO	VERAGES CER	TIF	CATE	E NUMBER: 1402688639	•			REVISION NUMBER:			
	HIS IS TO CERTIFY THAT THE POLICIES										
	DICATED. NOTWITHSTANDING ANY RE ERTIFICATE MAY BE ISSUED OR MAY										
	KCLUSIONS AND CONDITIONS OF SUCH								,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	THE TERMO,	
INSR LTR	TYPE OF INSURANCE		WVD			POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
LIK	GENERAL LIABILITY	INSK	11.15	TOLIGI HUMBER		(MINISODE 1111)	(IIIII)	EACH OCCURRENCE	\$		
	COMMERCIAL CENERAL HARMITY							DAMAGE TO RENTED			
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	\$		
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$		
								PERSONAL & ADV INJURY	\$	<del></del>	
								GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER:					,		PRODUCTS - COMPIOP AGG	\$		
	POLICY PRO- LOC							- Coldinary Chicago	\$		
A	AUTOMOBILE LIABILITY			02809538-0		12/16/2015	12/16/2016	(Ea accident)	\$1,000,	000	
	ANY AUTO							BODILY INJURY (Per person)	\$		
	ALL OWNED X SCHEDULED AUTOS							BODILY INJURY (Per accident)	\$		
	HIRED AUTOS NON-OWNED							PROPERTY DAMAGE (Per accident)	\$		
									\$		
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	s		
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	<del> </del>	
								AGGREGATE	s		
	DED   RETENTION \$   WORKERS COMPENSATION		<del> </del>	· · · · · · · · · · · · · · · · · · ·				WC STATU OTH- TORY LIMITS ER	3		
	AND EMPLOYERS' LIABILITY Y/N										
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	N/A						E.L. EACH ACCIDENT	\$		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE		4	
	DÉSCRIPTION OF OPERATIONS below							E.L. DISEASE - POLICY LIMIT	\$		
								·			
									·		
DESC	CRIPTION OF OPERATIONS / LOCATIONS / VEHIC	LES (	Attach	ACORD 101, Additional Remarks	Schedule	, if more space is	required)				
						•					
						•					
CFI	RTIFICATE HOLDER				CANO	ELLATION					
CLI	THE TOEBER		•		CAIT	CELEX HOR					
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE						
WITO							EREOF, NOTICE WILL !	BE DEI	LIVERED IN		
WUTC PO BOX 47250 OLYMPIA WA 98504			ACC	ORDANCE WI	IN THE POLIC	CY PROVISIONS.					
			ALITUODIZED DEDDESENTA TA/E								

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AUTHORIZED REPRESENTATIVE