## **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- US2 596	
Reception Number Safety			Carrier ID# (1377		
111-0268-200-02 Insurance		Employee M		Employee 🖊	
TYPE OF APPLICATION (1)954C					
New Common Carrier Permit Authority,		Extension of Common Carrier Permit Authority			
or Transfer of Existing Pern	nit Number				
\$275 GENERAL COMMOD	ITIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL COMMODI	TIES, including		\$100	GENERAL COMMODITIES, including	
ARMORED CAR SERV	/ICE			HAZARDOUS MATERIALS	
\$275 GENERAL COMMODI	TIES, including		\$100	GENERAL COMMODITIES, including	
HAZARDOUS MATER	RIALS			HAZARDOUS MATERIALS and	
		-	· · · · · · · · · · · · · · · · · · ·	ARMORED CAR SERVICE	
\$275 GENERAL COMMODI	•				
HAZARDOUS MATERIALS and					
ARMORED CAR SERV			<del></del>	· · · · · · · · · · · · · · · · · · ·	
1	ANCELLED COMMO	ON CAP	RIER PER	RMIT - Must be filed within 10 months	
of cancellation	· ·		- *-		
MOTOR CARRIER DENTIFICATION					
A CONTRACTOR DEVICES DESCRIPTION OF THE PROPERTY OF THE PROPER					
Common Carrier #: 6(219	Unified Business Id	entifie	r Numbei	r (UBI): 603-565-685	
Legal Name: SSB Logistics, LLC USDOT: 1041301					
Trade Name(s), dba(s), if any					
Email address:cdequick@sertasimmons.com					
Phone Number: 770-730-1800 Fax Number:					
2560 Lanay Boad, Suita 1100, Atlanta, CA, 30326					
Business (Mailing) Address: 3560 Lenox Road, Suite 1100, Atlanta, GA 30326					
Physical Address (if different): Same					

		TYI	PE OF BUSIN	ESS STRUCE	URE SEE	
□ Individual	□ Partnei	ship 🗖 Corp	ooration	🛛 Limited Li	lability Company	State of Inc. <u>Delawar</u> e
NAME	NAME TITLE				Stock Distr	ibution or % of Shares
Member -	100% SSB	Manufacturing	Company			
*Complete this	section ONL	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ANSFER OF P	The state of the s		er. List name of current
				•		Ign below to authorize the
transfer of the	permit numb	er,				
NAME ON PERM	иIT				Permi	t Number
in the state of th		•				
<u> </u>		la - Lal - u	·			
Signature of cui	rrent permit	noider			Dat	<b>e</b>
	A		E REQUIREM	4	it check one) surance is received	TOTAL TOTAL
You will not have		You will not h			haul hazardous	☐ You will haul hazardous
hazardous materia quantity. You will		hazardous mate quantity. You w	•	materials r million in P	materials requiring \$5 million in Public Liability	
operate vehicles v		vehicles with a (	•	Property Damage Insurance. and Property Damage		
GVWR of less than	- 7	10,000 pounds (		You must complete Part C, insurance. You must		
pounds. You must \$300,000 in Public	1	must obtain \$75 Public Liability a	•	Sections 1	and 2.	complete Part C, Sections 1 and 2.
and Property Dam	-	Damage Insuran	•	1		21
Insurance. You do		complete Part B	•			
to complete Part I	<u>s,                                     </u>		·	<del> </del>	<del></del>	
	M	OTOR VEHICLE	LIST (Attach)	additional p	ages If necessary)	
Unit#	Lic	ense Number		State	V	'IN number
	<u>See a</u>	Hacked	,			
			-			
					<u> </u>	
			SIGNA	TURE		
						e authority to operate
						I hereby declare and
affirm that the li	ntormation o	ontained in this	application	is true to th	e best of my know	viedge and belief.
\/ /	/11.	1	24			(
X ///	111 w	14 /			12/	18/2015
Signature				Di	ate /	/

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Seattle	Seattle	Seattle	Seattle	Seattle	Seattle	Seattle	Seattle
WA	WA	WA	₩A	WA	WA	WA	WA.
55154RP	55153RP	55152RP	39467RP	39572RP	40531RP	3414ORP	42058RP
Single Axle Day Cab	Single Axie Day Cab	Single Axia Day Cab	Single Axle Day Cab	Single Axle Day Cab	Single Axle Day Cab	Single Axle Day Cab	Single Axle Day Cab
2016	2016	2016	2013	2013	2013	2012	2012
freightlines	Preightliner	Freightliner	Freightliner	Freightliner	Freightliner	Preighbliner	Freightliner
CASCADIA 113	CASCADIA 113	CASCADIA 113	CASCADIA 113	CASCADIA 113	CASCADIA 113	CASCADIA 113	CASCADIA 113
3AKBGAD40GSHMD454	3AKBGAD49GSHMD453	3AXBGAD47GSHMD452	3AKBGAD46DSFH0575	3AKBGAD44DSFHD574	3AKBGAD42D\$FH0573	1FUBGADVOCSBP8432	1FUBGADV9CSB88431
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# 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., Sulte 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.jikeller.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.

of a final company of the company of	Controlled Substance	s and Alcohol Testing
Name:	William Allen	- Position: Director, Fleet and Carrier Management

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 Day	er-sucense (GDL) Requirements
Name: William Allen	Position: Director, Fleet and Carrier Management

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.

11 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Driver Qualificati	n Regulrer	
Name: -	William Allen	Position:	Director, Fleet & Carrier Management
as require intrastate	npany must maintain a complete Driver Qualification ed by FMCSR Part 391.51 and by the WSP in WAC 44 e commerce within Washington have limited exempt ns must maintain a complete file on themselves and	6-65-010. Ox tions. Owner	wner/operators that work exclusively in rs/operators that conduct any interstate
	Drivers Hour	s of Service	
Name: -	William Allen	Position:	Director, Fleet & Carrier Management
	pany must maintain true and accurate hours of served by the FMCSA in 49 CFR, Part 395.1(e) and by the		
	:Vehi <b>čle: i</b> nspection, Rep	air, and Ma	aintenance
Name: -	William Allen	Position:	Director, Fleet & Carrier Management
the FMCS required i	pany must prepare a written "Driver Vehicle Inspect A in 49 CFR, Part 396.11 and by the WSP in WAC 446 records for each vehicle that includes the following, IAC 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 a as required b and mainte	addition, each company must maintain certain by the FMCSA in 49 CFR, Part 396,3 and by the enance operations to be performed.
All compa WAC 446-	nles must conduct periodic inspections as required l -65-010.	by the FMCS	A in 49 CFR, Part 396.17 and by the WSP in
	Signal	ure	
	ture below certifies that I understand my response y requirements which apply to my operations.	nsibility as a	a motor carrier and   will comply with all $\frac{12/18/2015}{}$
Signature	e of applicant		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 CERTIFICATION OF INSURANCE

Filed with Washir	ngton Utilities & Transportation Commission	(herein after called Agency)
	(Name of Agency)	
This is to cert	ify that the Safety National Casualty Corporation	
(herein after called Co	(Name of Company) mpany) of 1832 Schuetz Rd ,Saint Louis ,MO ,63146 (Home Address of Company)	
has issued to	SSB LOGISTICS, LLC (Name of Motor Carrier) of 3560 LENOX ROAD SUITE	: 1100 ,ATLANTA ,GA ,30326
policy or policies an Damage Liability (na	of insurance effective from 12/03/2015 12:01 A.M. standard time at the a discontinuing until cancelled as provided herein, which by attachment of the Uniform Motos surance Endorsement, has or have been amended to provide automobile bodify injury and lone imposed upon such motor carrier by the provisions of the motor carrier law of the Stat yated in accordance therewith.	property damage liability insurance
This certificate cancellation may be	quested, the Company agrees to fumish the Agency a duplicate original of said policy or po e and the endorsement described herein may not be cancelled without cancellation of the e effective by the Company or the insured giving thirty (30) days' notice in writing to the Sta om the date notice is actually received in the office of the Agency.	policy to which it is attached. Such
Countersigned at _	1832 Schuetz Rd. ,Saint Louis ,MO ,63146 This (Oay)  (Address) This (Oay)	day of Dec 20 15 (Year)
Insurance Company	y File No. CAS4048536 (Policy No) (Authorized	Company Representative)

Liability Limit :1,000,000.00