RECEIVED

PART A APPLICATION FOR PERMIT

DEC 222015

(excluding Household Goods)

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

FOR OFFICIAL USE ONLY			Docket No. TV-\\$2397	
Reception Number	Safety 🔥		Carrier ID# 1737 8	
111-0268-200-02	Insurance		Employee	
	TYPE OF AF	PPLICATION		
New Common Carrier Permit		Extension of	of Common Carrier Permit Authority	
or Transfer of Existing Perm				
\$275 GENERAL COMMODI	TIES ONLY	\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL COMMODIT		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS	
\$275 GENERAL COMMODITED HAZARDOUS MATER		\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation				
	MOTOR CARRIER	R IDENTIFICATION	ON .	
Common Carrier #: 66215 Unified Business Identifier Number (UBI): 602-287-760				
Legal Name: My Kola Vozny uK uspot: 2378712				
Trade Name(s), dba(s), if any NiK'S Transport				
Email address: artur 987654321@hotmail.com				
Phone Number: 253 -334 - 0293 Fax Number:				
Phone Number: 253 - 334 -	-0293	_ Fax Number		
Phone Number: 253-334- Business (Mailing) Address: 263			: e Kent W4 98030	

		ТҮР	E OF BUSINE	SS STRUCTU	IRE		
[3] Individual	☐ Partne	rship 🗆 Corp	oration [I Limited Lia	ability Company	State of Inc	
NAME TITLE My Kola Voznjuk O wner			er .	Stock Distribution or % of Shares			
							
		*TR/	NSFER OF PI	ERMIT NUM	BER		
permit holde		umber to be tra	_			er. List name of current gn below to authorize the	
NAME ON PE	RMIT			Permit Number			
Signature of current permit holder			Date				
		INSURANC	E REQUIREN	MENTS (mus	t check one)	· ··· · · · · · · · · · · · · · · · ·	
	A		 		surance is received		
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.		erials in any ill operate GVWR of or more. You 60,000 in and Property ace. You must	You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, 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		LIST (Attach a		 			
Unit #	License Number B934454		State Wh	VIN number IFACWDC36DX00944			
	593	77 7 4		WH	THEWDO	25000999	
	<u> </u>						
			SIGNA			······································	
and that no	operations may	y be conducted ι	ıntil a permit	is issued by	the Commission	te authority to operate I hereby declare and wledge and belief.	
	P	iP =			12/15/2	2015	
Signature				ate			

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.

Controlled Substances and Alcohol Testing

- 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.

Name: -	MYKOLA	VOZNYUU.	Position:	OWNER
have a va • is	lid CDL. The definition as a gross combined vating of more than 10 as a gross vehicle weils designed to transpon	n of a commercial motor vehic veight rating of 26,001 pound ,000 pounds; or ght rating of 26,001 pounds o t 16 or more passengers, included to transport hazardous mat	le is a vehicle the s that includes a r more; or uding the driver	a towed unit with a gross vehicle weight
, ,				rticipate in a controlled substance and R Part 40, and by the WSP in WAC 446-65-
		Commercial Driver's Lice	nse (CDL) Req	uirements
Al	Mykola	Voznyuk.	Docition	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 <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 Qualifica	ation Requireme	nts
Name: -	Mykola	VOZNYUL.		
as requir intrastate	ed by FMCSR Part 39 e commerce within V	1.51 and by the WSP in WAC	446-65-010. Own nptions. Owners/c	mployee authorized to drive motor vehicles er/operators that work exclusively in operators that conduct any interstate er that they may use.
		Drivers Ho	ours of Service	
Name: -	Mykola	VOZNYUH.	— Position: -	OWNER.
	•	true and accurate hours of s 49 CFR, Part 395.1(e) and by		each individual that drives a motor vehicle 46-65-010.
		Vehicle Inspection, F	Repair, and Main	tenance
Name: -	Mykol	M VOZNYUL.	Position: -	OWNER.
the FMCS	SA in 49 CFR, Part 39 records for each veh VAC 446-65-010: Identification The nature a	6.11 and by the WSP in WAC nicle that includes the following of the vehicle.	446-65-010. In adang, as required by	each vehicle used each day as required by dition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the ance operations to be performed. their date and nature.
All compa WAC 446		periodic inspections as requir	ed by the FMCSA i	in 49 CFR, Part 396.17 and by the WSP in
		Sig	nature	
		es that I understand my res hich apply to my operation		notor carrier and I will comply with all
	1317 5	7		12.15,15.
Signatur	re 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 CERTIFICATE OF INSURANCE

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MYKOLA A VOZNUYK, NIK'S TRANSPORT of 26824 107TH AVE SE, KENT, WA 98030 a policy or policies of insurance effective from 12/28/2015 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 29th day of December, 2015

Insurance Company File No. CA 08437138

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B