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

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FOR OFFICIAL USE ONLY			Pocket No. TV- 42067
Reception Number	Safety 🖊		Carrier ID# 17 206
111-0268-200-02	Insurance		Employee MO
	TYPE OF A	PPLICATION	Olzsio
New Common Carrier Permi or Transfer of Existing Perm		Extension o	f Common Carrier Permit Authority
\$275 GENERAL COMMODI	TIES ONLY	\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$275 GENERAL COMMODITATION SERVICES	· · · · ·	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
HAZARDOUS MATER	•	\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$275 GENERAL COMMODITATION SERVICES ARMORED CAR SERVICES	IALS and		
\$100 REINSTATEMENT OF C. of cancellation	ANCELLED COMMO	ON CARRIER PER	MIT - Must be filed within 10 months
Common Carrier #: 66238	Unified Business Id	entifier Number	(UBI):
Legal Name: Sweet Truck	mg Inc.	USDOT	768532
Trade Name(s), dba(s), if any			
Email address: Kime sweett	rucking. com		
Phone Number: 541-267-040	Ч	_ Fax Number:	541-267-0404
Business (Mailing) Address: $ \%$ 2	O N. Front S	it. Coos	Bay DR 97420
Physical Address (if different):			
	•	•	

□ Individual	☐ Partners	ship 🗗 🤇	Corporation	☐ Limited	Liability	Company	State of Inc.
NAME Willtam P	Sweet	TITLE	. ,			Stock Distri	bution or % of Shares 今つる
	Sweet						10%
	TAPPENDANT AND THE PARTY OF THE						
	id permit nu	ımber to be					r. List name of current gn below to authorize the
NAME ON PERM	π	·				Permi	t Number
Signature of curr	ent permit	holder				Dat	e
					i (estipeli)		
Hyou will not haul hazardous materia quantity. You will coperate vehicles will go you will coperate vehicles will go you you will go you you you you you you you you you yo	ls in any only ith a 10,000 obtain Liability age not need	quantity. Yo vehicles wit 10,000 pou must obtain Public Liabi	materials in any ou will operate th a GVWR of nds or more. Yo n \$750,000 in lity and Properts surance. You mu	material million in Property u You mus Sections	s requiri n Public Damag t compl	Liability and e Insurance. ete 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.
				. I je		Very state of the	
Unit # 12 40 47		2621 2621 269 2190	ber	State OR OR			/IN number 9 XX YD 5 115 17 3 9 X 6 7 R 17 3 17 1 19 X 9 8 D 7 5 2 4 2 3
33	YAF	H617					9XX4R056690
and that no oper	rations may	be conduct	ted until a pe <mark>r</mark> r	nit is issue <mark>d</mark>	by the	Commission.	te authority to operate I hereby declare and wiedge and belief.
Kimber	ut/S	e	·			7-2016	
Signature					Date		

PART B SAFETY FITNESS SURVEY FOR ALL APPLICANTS THAT OPERATE A VEHICLE OVER 10,000 GVWR

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., Suite B, Federal Way, WA 98003 <u>www.wtatrucking.com</u>, (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.
- Williamette 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.

		Campanda andia 1885 aasta a			grafica (garming about 17.7) Land — 17.11 — about 18.00		
Name:	Castade	Medical	Solutions	– Position:	Random	Testing	Administrator

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 to wed 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.

				P		opiaci Uniusa L				egisikezasi Turiotymak
Name:	<u>Kin</u>	1 Swee	2.+		Position:		Sec.		,	

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.

·	:	
The Burn of the state of the st		
Name: Kim Sweet	Position:	See.
Each company must maintain a complete Driver Qualification File as required by FMCSR Part 391.51 and by the WSP in WAC 446-6 intrastate commerce within Washington have limited exemption operations must maintain a complete file on themselves and any	5-010. Owner/e s. Owners/ope	perators that work exclusively in rators that conduct any interstate
THE BORNES OF THE PROPERTY OF		
Name: Km Sweet	Position:	ee.
Each company must maintain true and accurate hours of service as required by the FMCSA in 49 CFR, Part 395.1(e) and by the WS		1
		tele de la companya
Name: Paul Trobrd	Position:	Mochanic
Each company must prepare a written "Driver Vehicle Inspection the FMCSA in 49 CFR, Part 396.11 and by the WSP in WAC 446-69 required records for each vehicle that includes the following, as in WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various inspection ar	5-010. In additi required by the	on, each company must maintain certain FMCSA in 49 CFR, Part 396.3 and by the
A record of inspections, repairs and maintenance		ı -
All companies must conduct periodic inspections as required by 1 WAC 446-65-010.	the FMCSA in 4	9 CFR, Part 396.17 and by the WSP in
My signature below certifies that I understand my responsithe safety requirements which apply to my operations.	bility as a mot	or carrier and I will comply with all
Kyn Sweet		1-7-2016
Signature of applicant		Date

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

Faxserver

Client#: 1314023

SWEETTRU4

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ACORD.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 1/12/2016

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 certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT Melissa C Hall						
USI Northwest CL1	PHÔNE (A/C, No, Ext): 503 299-3404 (A/C, No):						
700 NE Multnomah, Suite 1300	E-MAIL ADDRESS: melissa.hall@usi.biz	E-MAIL ADDRESS: melissa.hall@usi.biz					
Portland, OR 97232	INSURER(S) AFFORDING COVERAGE	NAIC #					
503 224-8390	INSURER A: General Casualty Company of WI	24414					
INSURED	INSURER B:						
Sweet Trucking Inc 820 N. Front Street	INSURER C :						
	INSURER D :						
Coos Bay, OR 97420	INSURER E :						
	INSURER F:						

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		TYPE OF INSURANCE	ADDL SUB	POLICY NUMBER	POLICY EFF (MM/DD/YYYY) (F	POLICY EXP	LIMITS	
A	X	CLAIMS-MADE X OCCUR	Y	CCI1255767		10/20/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000 \$100,000
							MED EXP (Any one person)	\$5,000
							PERSONAL & ADV INJURY	\$1,000,000
	GEN	N'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	s 2,000,000
	<u> </u>	POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$2,000,000
	<u> </u>	OTHER:						\$
A	AUI	TOMOBILE LIABILITY	Y	CBA1255767	10/20/2015	10/20/2016	COMBINED SINGLE LIMIT (Ea accident)	_{\$} 1,000,000
	X						BODILY INJURY (Per person)	\$
		ALL OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X	HIRED AUTOS X NON-OWNED					PROPERTY DAMAGE (Per accident)	\$2,000 Comp
	X	Comp Ded X Coll Ded						\$2,000 Coll
4	X	UMBRELLA LIAB X OCCUR		CCU1255767	10/20/2015	10/20/2016	EACH OCCURRENCE	\$1,000,000
		EXCESS LIAB CLAIMS-MADE		·			AGGREGATE	\$
		DED RETENTION\$						\$
		RKERS COMPENSATION DEMPLOYERS' LIABILITY Y/N					PER OTH- STATUTE ER	
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A				E.L. EACH ACCIDENT	\$
	(Mar	ndetory in NH)					E.L. DISEASE - EA EMPLOYEE	\$
		s, describe under CRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$
A	Mo	tor Truck Cargo	Y	CCI1255767	10/20/2015	10/20/2016	50,000	
	Мо	tor Truck Cargo					1,500 Deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 181, Additional Remarks Schedule, may be attached if more space is required RE: Operations of the Named Insured for work performed for or on the behalf of Washington Utilities and Transportation Commission. Washington Utilities and Transportation Commission are included as Additional Insured, per attached CG 81 55 03 09 for General Liability policy and CA 79 98 05 12 for Automobile policy.

CERTIFICATE HOLDER

CANCELLATION

Washington Utilities and **Transportation Commission** 1300 S Evergreen Park Drive SW PO Box 47250 Olympia, WA 98504-7250

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Clthy S. Buler