

**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) 564-1222 - Fax (360) 585-1181  
 Intrastate Common Carrier Operating Authority

|  |   |  |
|--|---|--|
| FOR OFFICIAL USE ONLY  |   | Docket No. TV: <u>160080</u>                 |
| Reception Number<br><u>111-0268-200-02</u>   | Safety Insurance  | Carrier ID# <u>17913</u><br>Employee         |
| <b>TYPE OF APPLICATION</b>   |   |  |
| 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 |   |  |

Common Carrier #: 66239 Unified Business Identifier Number (UBI): \_\_\_\_\_

Legal Name: Chavez Trucking LLC USDOT: 1195573

Trade Name(s), d/b/a(s), if any: none

Email address: linda.j17101@hotmail.com

Phone Number: 208-521-3697 Fax Number: 208-624-3760

Business (Mailing) Address: P.O. Box 51 St. Anthony, ID 83445

Physical Address (if different): 254 W 6th S St. Anthony, ID 83445

Licensing Services

TYPE OF BUSINESS OPERATION

Individual  
  Partnership  
  Corporation  
  Limited Liability Company  
 State of Inc. IO  
 NAME Celedonio Chavez TITLE member Stock Distribution or % of Shares 50%  
Linda Chavez member 50%

\*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 \_\_\_\_\_

|   |   |   |   |
|---|---|---|---|
| <input 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 checked="" 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. |
|---|---|---|---|

| Unit #   | License Number | State     | VIN number                 |
|----------|----------------|-----------|----------------------------|
| <u>1</u> | <u>A5T24U7</u> | <u>ID</u> | <u>1EVT6DY94PP41007167</u> |

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 Celedonio Chavez Date 1-13-16

Licensing Services

No. 1546

**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 Code of Federal Regulations at 49 CFR. The requirement to comply with current FMCSA is mandated by the Washington State Patrol (WSP) in its rules, Washington Administrative Code (WAC) 446-65.

Copies of the FMCSA'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.watruucking.org](http://www.watruucking.org), (800) 732-9019 or (253) 834-1630.
- I. J. Keller & Associates, Inc., 3003 W. Bristlewood Lane, Neeah, WI 54957, [www.ijklcell.com](http://www.ijklcell.com), 877 544-2333.
- Willmetts Traffic Bureau, 16303 NE Carnation Blvd, Portland, OR 97230-5030, [www.willmetts.com](http://www.willmetts.com), 800-727-7293.
- US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20001, [www.gpo.gov](http://www.gpo.gov), 855 512-1800.

Name: Celedonio Chavez Position: owner/operator

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.

Name: Celedonio Chavez Position: owner/operator

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.

Jan. 12. 2016 9:50AM

No. 1546 P. 8

Licensing Services

Name: Linda Chavez Position: member of LLC

Each company must maintain a complete Driver Qualification file for each employee authorized to drive motor vehicles as required by FMCSA Part 391.51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in interstate 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.

Name: Celedonio Chavez Position: owner/operator

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.

Name: Celedonio Chavez Position: owner/operator

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.

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: Celedonio Chavez Date: 1-13-16

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

*Perdiny*

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the American States Preferred Insurance Company  
(Name of Company)  
(herein after called Company) of 350 E 96th St ,Indianapolis ,IN ,46240  
(Home Address of Company)

has issued to CHAVEZ TRUCKING LLC of PO BOX 51 ,SAINT ANTHONY ,ID ,83445  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/05/2015 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 9450 Seward Rd. ,Fairfield ,OH ,45014 This 20th day of Jan 20 16  
(Address) (Day) (Month) (Year)

Insurance Company File No. 06CC083549  
(Policy No)

Dana Shutters  
(Authorized Company Representative)

Liability Limit :1,000,000.00