01/20/2016 17:11 5098394402



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. 1V- 1000 14
Reception Number	Safety M			Carrier ID# \1 x \3
111-0268-200-02	Insurance			Employee MS
	TYPE OF A	PLIC	ATION	0/1295
New Common Carrier Permi or Transfer of Existing Perm		Ext	ension (of Common Carrier Permit Authority
\$275 GENERAL COMMODI	TIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE
\$275 GENERAL COMMODITARMORED CAR SERV			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS
\$275 GENERAL COMMODITED HAZARDOUS MATER			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
\$275 GENERAL COMMODITAL HAZARDOUS MATER ARMORED CAR SERV	IALS and			
\$100 REINSTATEMENT OF Confidence of cancellation	(a)			RMIT - Must be filed within 10 months
Common Carrier #: 6242 Legal Name:JNJ Constructio	Unified Business Id	entifier	Numbe	r (UBI): 602 346 857
Trade Name(s), dba(s), if any	N/A		<u></u>	
Email address:jnjccinc@hotm	•	·		
Phone Number: 509-837-2315		_ Fax	Number	509-839-4402
Business (Mailing) Address: 511		unnys:	ide, WA	98944
Physical Address (if different):	same as above			

groupe a Vicinitation of the Control		TYPE OF BUSINE	SS STRUCTU	RE				
☐ Individual	☐ Partner	ship 🖺 Corporation [□ Limited Lia	bility Company	State of Inc			
<u>NAME</u> William J	. Hutchinson	TITLE President		Stock Distri	bution or % of Shares 50%			
Jerry W.	Hutchinson	Vice President			50%			
permit holde	nis section ONL r and permit nu e permit numb	*TRANSFER OF P Y if you are transferring an e umber to be transferred. Th eer.	xisting perm	it to a new owne	r. List name of current			
NAME ON PE	NAME ON PERMIT Permit Number							
Signature of current permit holder Date								
2,5,14,44,44,1	current permit	holder	,	Date				
		INSURANCE REQUIREM		rcheck one)				
You will not in hazardous mate quantity. You wo operate vehicle GVWR of less the pounds. You must so with the same and Property Downsurance. You to complete Page 1	haul erials in any vill only es with a han 10,000 ust obtain blic Liability amage do not need		Tou must co	tcheck one) urance is received haul hazardous equiring \$1 ublic Liability and amage Insurance. complete Part C,				
You will not hazardous mate quantity. You wo operate vehicle GVWR of less to pounds. You me \$300,000 in Purand Property Downsurance. You	Anaul erials in any vill only es with a han 10,000 ust obtain blic Liability amage do not need rt B.	INSURANCE REQUIRED Permit will not be issued until 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	You will materials remillion in Poperty Day You must consections 1 a	trance is received hauf hazardous equiring \$1 ublic Liability and amage Insurance. omplete Part C, 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 additional pages if necessary)						
Unit #	License Number	State	VIN number			
3	689342	WA	87260			
7	23908Z	WA	1WUBDCJF9GN110472			
8	A80890A	WA	1WUBDCJF7GN110471			

SI	GN	AT	UR	E,

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

Jerry W Hutchinson 1-20-16

JNJ Construction Company, Inc. 511 Midvale Rd.

Part B page 2 Vehicle List

Sunnyside, WA 98944 509-837-2315 DOT #1894776

UBI # 602 346 857

UNIT#	License Number	STATE	VIN Number
9	A71176X	WA	1XPFDB9X5LD299555
10	B42306E	WA	1XPFDB9X7LD299556
16	B15093T	WA	1XKWDB9X3FS323406

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., Suite B, Federal Way, WA 98003, <u>www.wtatrucking.com</u>, (800) 732-9019 or (253) 838-1650.
- J. J. Keiler & 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.gpm.gov, 866 512-1800.

	Controlled Substances	and Alcoho	(Testing
Namen	Yakima Worker Care	Position:	Dixie Norwood
Name:		1 031010117	Accounts Coordinator

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 Driver's Cicen	se (CDL) Re	equirements	
Name: William J. Hutchinson	Position:	President	

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 Quali	fication Requirem	m s
Name: William J. Hutchinson	Position:	President
Each company must maintain a complete Driver Qualifi as required by FMCSR Part 391.51 and by the WSP in W intrastate commerce within Washington have limited e operations must maintain a complete file on themselve	VAC 446-65-010. Ow exemptions. Owners/	ner/operators that work exclusively in operators that conduct any interstate
Driver s	Hours of Service	
Name: William J. Hutchinson	Position:	President
Each company must maintain true and accurate hours as required by the FMCSA in 49 CFR, Part 395.1(e) and	of service records fo by the WSP in WAC	r each individual that drives a motor vehicle 446-65-010.
Vehicle Inspection	n, Repair, and Mai	nteñance
Name: William J. Hutchinson	Position:	President
Each company must prepare a written "Driver Vehicle In the FMCSA in 49 CFR, Part 396.11 and by the WSP in Wrequired records for each vehicle that includes the follow WSP in WAC 446-65-010: Identification of the vehicle. The nature and due date of various ins A record of inspections, repairs and materials.	AC 446-65-010. In according, as required by pection and mainter	ddition, each company must maintain certain the FMCSA in 49 CFR, Part 396.3 and by the nance operations to be performed.
All companies must conduct periodic inspections as rec WAC 446-65-010.	quired by the FMCSA	in 49 CFR, Part 396.17 and by the WSP in
	Signature	
My signature below certifies that I understand my the safety requirements which apply to my operat		motor carrier and I will comply with all
Jerry W. Hutchinon		1-20-16
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) 1/20/2016

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)

Continuate netaer in nea or sacir c						
PRODUCER		CONTACT Donna Martinez				
Terril Lewis & Wilke Ins PHONE (509) 248-3515 FAX (A/C, No. Ext): (509) 248-3515						
P O Box 1789		E-MAIL ADDRESS: dmartinez@tlwins.com				
112 S 4th Street		INSURER(S) AFFORDING COVERAGE	NAIC#			
Yakima WA	98907	INSURER A: Western National Assurance Company	24465			
INSURED		INSURER B :				
JNJ Construction Company,	Inc.	INSURER C :				
511 Midvale Rd		INSURER D:				
		INSURER E :				
Sunnyside WA	98944	INSURER F:				
COVERAGES	CERTIFICATE NUMBER:15-16 GAST	T 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 INSD	SUBR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s	
	X	COMMERCIAL GENERAL LIABILITY		T				EACH OCCURRENCE	\$	1,000,000
A		CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	300,000
					CPP1074981	6/15/2015	6/15/2016	MED EXP (Any one person)	\$	5,000
								PERSONAL & ADV INJURY	\$	1,000,000
	GEN	L'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$	2,000,000
		POLICY X PRO-						PRODUCTS - COMP/OP AGG	\$	2,000,000
		OTHER:		l				Employee Benefits	\$	1,000,000
	AUT	OMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
A		ANY AUTO		1				BODILY INJURY (Per person)	\$	
^		ALL OWNED X SCHEDULED AUTOS		1	CPP1074980	6/15/2015	6/15/2016	BODILY INJURY (Per accident)	\$	
	X	HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
								Underinsured molorist	\$	1,000,000
	X	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$	1,000,000
A		EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$	1,000,000
L		DED X RETENTION\$ 10,000			UMB1012181	6/15/2015	6/15/2016		\$	
		KERS COMPENSATION EMPLOYERS' LIABILITY						PER OTH- STATUTE ER		
	ANY	PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$	
A	(Man	CER/MEMBER EXCLUDED?	"		CPP1074981	6/15/2015	6/15/2016	E.L. DISEASE - EA EMPLOYEE	\$	
	If yes	s, describe under CRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	\$	
		,								
		·			·					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CEDI	IFICATI	- 1101	DED
CERT	IFICALI	= HUL	.ver

OLYMPIA, WA 98504

(360)586-1181

WASHINGTON UTILITIES & TRANSPORTATION PERMITS & INSURANCE PO BOX 47250

CANCELLATION

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

Aaron McCoy/DONNA

- m. may

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