# RECEIVED

## PART A

JAN 15 2016

APPLICATION FOR PERMIT

(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-60107		
Reception Number 057521	Safety			Carrier ID# NAV9		
111-0268-200-02 275.00	Insurance		·······	Employee Ю		
₽ 74493 TYPE OF APPLICATION						
New Common Carrier Permit		Ext	tension o	f Common Carrier Permit Authority		
or Transfer of Existing Permi			• • • • •			
🕅 \$275 GENERAL COMMODI	FIES ONLY		\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE		
\$275 GENERAL COMMODIT ARMORED CAR SERVI			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS		
\$275 GENERAL COMMODIT HAZARDOUS MATERI			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$275 GENERAL COMMODIT HAZARDOUS MATERI ARMORED CAR SERVI	ALS and					
\$100 REINSTATEMENT OF CA of cancellation		N CAR	RIER PER	MIT - Must be filed within 10 months		
	MOTOR CARRIER	IDENT	IFICATIO	N		
Common Carrier #: $66297$	Unified Business Ide	entifier	Number	(UBI): 603 570 247		
Legal Name: Williams En	terpnsies, LL	C		2562907		
Trade Name(s), dba(s), if any			<u>-</u>			
Email address: <u>3C_itc @ centurytel.net</u>						
Phone Number: <u>503.678.1060</u> Fax Number: <u>503.678.180</u>						
Business (Mailing) Address: 12164 Ehlen Rol NE, Aurora, OR 97002						
Business (Mailing) Address: 12164 Ehlen Kcl NE, Aurora, OK 97002 Physical Address (if different): 210 Crest VIEW St. Bldg-C, Suther In OR 97479						

	TYPE OF BUSINE	SS STRUCTURE						
🗆 Individual 🛛 🗆 Partner	rship 🗆 Corporation [	Limited Liability Company	State of Inc. <u>OR</u>					
Rick D William	s Member	Stock Distri	bution or % of Shares					
Sharon D Willia	ms Number		50 °2					
	*TRANSFER OF P							
*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		Permi	t Number					
Signature of current permit	holder	Dat	e					
INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received								
A 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	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.	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 additional pages if necessary)						
nit #	License Number	State	VIN number			
<i>v</i> 3 v	VAHX 922	OL.	4V4ND4RHBVN248090			
001 1	JAHW 415	DR	4V4ND4RHBYN24B09D IFUPCSEBXWP787B04			
201 j	10HW 415	DR	IFUPCSEBXWP787			

### SIGNATURE

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

12 15 15 Date

## 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</u> <u>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, <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.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.

Controlled Substances	and Alcohol Testing
Name: Rick D Williams	Position: Member

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.

	$\overline{}$	<u> </u>		nercial Driver's Lic	ense (CDL) Ri			
Name:	Kick	<u>)</u> )	lilliums		– Position:	<b>W</b>	ember	

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.

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

				Drivers Hours o	f Service		
Name:	Rick	D	Whilliams		Position: _	Member	 

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.

Vehicle Inspection, Repa	air, and Maintenance
Name: Rick D Williams	Position: Member

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.

Signature

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.

Sagane Hullust

Signature of applicant

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

ACORD CERTIFICATE OF LIABILITY INSURANCE							1000/11/1/2010 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(les) must be endorsed. If SUBROGATION IS WAIVED, subject to							
the terms and conditions of the policy, certificate holder in lieu of such endors	, certain p	policies may require an er	ndorsement. A stat	ement on thi	is certificate does not co	onfer d	ghts to the
PRODUCER	***********(**)	•	CONTACT Katy	Shandil-Ag	ent Jack Grover/	Produ	ICER
							419-4366
Beaverton, OR 97005			N				NAIC #
				nal Indemn	ity Company		11911
INSURED			INSURER 8 : INSURER C :				
Williams Enterprises LLC 210 Crestview St. Bldg C			INSURER D :				
Sutherlin, OR 97479			INSURER E :				
			NEURER F :				
COVERAGES CER THIS IS TO CERTIFY THAT THE POLICIES INDICATED. NOTWITHGTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	OF INSUL EQUIREME PERTAIN.	INT, TERM OR CONDITION THE INSURANCE AFFORD	OF ANY CONTRACT ED BY THE POLICIE	OR OTHER I	Document with respec Diherein IS Subject to	CT TO I	
INSR TYPE OF INSURANCE	ADDE SUBR	8	POLICY EFF (MM/DD/YYYY)	POLICY EXP	LIMIT	9	
COMMERCIAL GENERAL LIABILITY					EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ \$	_
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$	
					PRODUCTS - COMP/OP AGG	<u>\$</u> \$	
	<del>                                     </del>				COMBINED SINGLE LIMIT (Ea acoldent)	\$	750,000
					BODILY INJURY (Per person)	\$	
ALLOWNED X SCHEDULED AUTOS NON-OWNED		73TRS059075	12/22/2015	12/22/2016	BODILY INJURY (Per accident) PROPERTY DAMAGE	8	
HIRED AUTOS					(Per accident)	\$ \$	750,000
			/ED		UM/UIM EACH OCCURRENCE	\$	730,000
UNBRELLA LIAS OCCUR EXCESS LIAB CLAIMS_MADE					AGGREGATE	\$	
DED RETENTION \$		JAN 152	016			\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N					PER OTH- STATUTE ER	-	
ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A	WASH. UT. & T	P COMM		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE	<u>s</u> c	
(Nandalory in NH) If yes, describe under					E.L. DISEASE - POLICY LIMIT		
A Motor Trucking Cargo		73TRS059075	12/22/2015	12/22/2016			d
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHECLES (ACORD 101, Additional Remarks Schedule, may be attached II more space is required) Vehicles listed: 1998 FRHT FLD VIN# 1FUPCSE8XWP77804 2000 VOLVO VVN 4V4ND4RH8YN248090							
CERTIFICATE HOLDER			CANCELLATION				
Washington Department of Transportation PO Box 47367 Olympia, WA 98504-7367						LIVERED IN	
			AUTHORIZED REPRESS	K	aty Shandil		

ACORD 25 (2014/01)

The ACORD name and logo are registered marks of ACORD

### FORM E

### UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE

(EXECUTED IN TRIPLICATE)

Filed with	Washington Util	ities & Transportation Commission	(hereinafter called Commission)
	(Name of	Commission)	
This is to certify	, that the	National Liability & Fire Ins	surance Company
-		(Name of Compar	ıy)
(hereinafter called C	company) of	1314 Douglas Street, Suite 140	0, Omaha, NE 68102-1944
		(Home Office Address of	Company)
has issued to		WILLIAMS ENTERPRISES L	LC
		(Name of Motor Carrie	er)
of		12164 EHLEN RD NE, AURO	DRA, OR 97002
		(Address of Motor C	arrier)

a policy or policies of insurance effective from 01/22/2016 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 Commissioner.

Countersigned at	1314 Douglas Street, Suite 1400	Om	laha	NE	68102-1944
	(Street Address)	(City	()	(State)	(ZIP Code)
this	22nd	_day of	January _	_, 20 <u>16</u>	
				Jomy	7
				Authorized Represe	ntative
	,				

Insurance Company File No.

73TRS059075 (Policy Number)

#### 750,000 CSL

This form determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C. § 302[b][2]) and 49 CFR § 387.301