#### APPLICATION FOR PERMIT

### **Intrastate Common Carrier Operating Authority**

(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 FOR OFFICIAL USE ONLY Employee **Reception Number** Insurance: Carrier ID# 111-0268-200-02 TYPE OF APPLICATION Defined in WAC 480-14-040 **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY \$100 **GENERAL COMMODITIES, including ARMORED CAR SERVICE** \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE **HAZARDOUS MATERIALS** (Complete Supplementary Hazardous Materials Safety Survey) \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS HAZARDOUS MATERIALS and** (Complete Supplementary Hazardous Materials Safety ARMORED CAR SERVICE Survey) (Complete Supplementary Hazardous Materials Safety Survey) \$275 GENERAL COMMODITIES, INCLUDING **HAZARDOUS MATERIALS and** ARMORED CAR SERVICE (Complete Supplementary Hazardous Materials Safety Survey) MOTOR CARRIER IDENTIFICATION Legal Name (see definitions pg. 1) Trade Name(s), dba(s), if any: Email address: Phone Number: 3 Business (Mailing) Address: Sanl Physical Address (if different): Unified Business Identifier Number (UBI): \_603 555076 USDOT: 1464 Check OR if under 16.001 GVW

# INSURANCE REQUIREMENTS (must check one) A permit will not be issued until acceptable insurance is received

## GVWR of Less than 10,000 pounds:

- You will not haul hazardous materials in any quantity.
- You must obtain \$300,000 in Public Liability and Property Damage Insurance.

# GVWR of more than 10,000 pounds:

- You will not haul hazardous materials in any quantity.
- You must obtain \$750,000 in Public Liability and Property Damage Insurance.

## Hazardous Materials (\$1,000,000)

- You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance.
- You must complete Part B, Sections 1 and 2.

## Hazardous Materials (\$5,000,000)

- You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance.
- You must complete Part B, Sections 1 and 2.

To prevent delay, please attach a *temporary* Certificate of Liability from your insurance company. Your insurance company must provide a Form E within 60 days.

Applicants must have their insurance company file proof of liability and property damage insurance covering each vehicle used under the permit.

- > The name on the insurance must match your company's legal name exactly.
- Proof of insurance must be on either a uniform motor carrier bodily injury property damage liability certificate of insurance (FORM E) or a Certificate of Liability.
- The Certificate of Liability must show the Washington Utilities & Transportation Commission as the Certificate Holder.
- ➤ A Certificate of Liability is effective for **60 days**. Your insurance company must file the required **FORM E within 60 days** otherwise your permit will be cancelled.

		TYPE O	F BUSINESS	
Check the type of business. If other than INDIVIDUAL, list the names of all shareholders, partners, or members and their percentage of interest in the company.				
☐ Individual	☐ Partnership	☐ Corporation	Limited Liability Com	npany
State of Incorpo	oration: WA	M <del>a -</del>		
Toby Br	andemint	Owner	Stock Distrib	oution or % of Owned Shares
		TRANSFER OF	PERMIT NUMBER	
permit holder a	nd permit number the permit number.	to be transferred.		owner. List name of current r must sign below to authorize  Permit Number:
NAINE ON FERN	/////·		<del></del>	renne Number.
Signature of cur	rent permit holder			Date
		SIG	NATURE	
and that no ope	rations may be con	ducted until a peri		onstitute authority to operate hission. Thereby declare and hy knowledge and belief.
Signature	-			Date

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

#### **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, <a href="https://www.wtatrucking.com">www.wtatrucking.com</a>, (800) 732-9019 or (253) 838-1650.
- J. J. Keller & Associates, Inc., 3003 W. Breezewood Lane, Neenah, WI 54957, www.ijkeller.com, 877 564-2333.

US Government Printing Office, 732 N. Capitol Street, NW, Washington, DC 20401, www.gpo.gov, 866 512-1800.      Controlled Substances and Alcohol Testing	
Name: Toby Brandenhl Position: Owner	
<ul> <li>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:</li> <li>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</li> <li>has a gross vehicle weight rating of 26,001 pounds or more; or</li> <li>is designed to transport 16 or more passengers, including the driver; or</li> <li>is of any size and is used to transport hazardous materials of an amount that requires placarding under hazardous materials regulations.</li> </ul>	
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 License (CDL) Requirements	
Name: Toby Exandenth   Position: 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 Qualification Requirements				
Name: Toby Drawdenihl Position Owner				
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 of Service				
Name: Toby Brandenill Position: Owner				
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, Repair, and Maintenance				
Name: Toby Brendenill Position: Onever				
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.				
Signature of applicant: Date 1-22-16				

# 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 E-Z TRUCKING LLC of 1804 NW 100TH ST, VANCOUVER, WA 98685-5024 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 Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 25th day of January, 2016

Insurance Company File No. CA 02816990

(Policy Number)

MC1633a(08/99)

Authorized Company Representative)

IRB3539B