

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

TV-
60157

FOR OFFICIAL USE ONLY	Employee <u>MD</u>	CC# <u>6021</u>
Reception Number	Insurance	Carrier ID# <u>17438</u>
111-0268-200-02		<u>0 9076 D</u>

TYPE OF APPLICATION

Defined in WAC 480-14-040

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 (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS (Complete Supplementary Hazardous Materials Safety Survey)	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE (Complete Supplementary Hazardous Materials Safety Survey)
<input type="checkbox"/> \$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): KMA SERVICES, LLC

Trade Name(s), dba(s), if any: _____

Email address: KMASERVICES11@YAHOO.COM

Phone Number: 608-214-5006 Fax Number: _____

Business (Mailing) Address: 22205 W JACOBS RD, SPOKANE WA 99224

Physical Address (if different): _____

Unified Business Identifier Number (UBI): 603 166 898

USDOT: 2100674 OR Check 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 OF 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 Company

State of Incorporation: _____

<u>NAME</u>	<u>TITLE</u>	<u>Stock Distribution or % of Owned Shares</u>
KEITH AUSTIN	OWNER	50%
MARY-LYN AUSTIN	OWNER	50%

TRANSFER OF PERMIT NUMBER

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 holder must sign below to authorize the transfer of the permit number.

NAME ON PERMIT: _____

Permit Number: _____

Signature of current permit holder

Date

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.

Keith M Austin

Signature

1-27-16

Date

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

Driver Qualification Requirements

Name: Keith M Austin_____

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: Keith M Austin_____

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: Keith M Austin_____

Position: Owner_____

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: *Keith M Austin*_____

Date **1-27-16**_____

MOUNT SPOKANE INS
 4025 E MT SPOK PK DR
 MEAD, WA 99021
 1-509-467-8998



Policy number: 02847433-0

Underwritten by:
 UNITED FINANCIAL CASUALTY COMPANY
 February 2, 2016
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Certificate of Insurance

Certificate Holder	Insured	Agent
WA UTILITIES & TRANSPORTATION COMM PO BOX 47250 OLYMPIA, WA 98504-725	KMA SERVICES LLC 22205 W JACOBS RD SPOKANE, WA 99224	MOUNT SPOKANE INS 4025 E MT SPOK PK DR MEAD, WA 99021

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 22, 2016

Policy Expiration Date: Jan 22, 2017

Insurance coverage(s)	Limits
BODILY INJURY/PROPERTY DAMAGE	\$750,000 COMBINED SINGLE LIMIT
UNDERINSURED MOTORIST BODILY INJURY	\$300,000 COMBINED SINGLE LIMIT

Description of Location/Vehicles/Special Items

Scheduled autos only

2008 FORD F250 1FTSX21R08EA33169		Stated Amount	\$22,000
MEDICAL PAYMENTS	\$5,000		
COMPREHENSIVE	\$1,000 DED		
COLLISION	\$1,000 DED		
ON-HOOK TOWING LIABILITY	\$25,000 W/\$1,000 DED		
2002 AZTEC TRAILER 4SU20082F003018ZB		Stated Amount	\$6,500
COMPREHENSIVE	\$500 DED		
COLLISION	\$500 DED		
2009 PJ TRAILER 4P5B5202X92137283		Stated Amount	\$5,000
COMPREHENSIVE	\$500 DED		
COLLISION	\$500 DED		

Certificate number

03316NET433

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.