JULE 3:37 PM

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. TV- US SO4			
Reception Number	Safety (AK)	Carrier ID# 11(*7			
111-0268-200-02	Insurance	Employee 440			
TYPE OF APPLICATION					
New Common Carrie		Extension of Common Carrier Permit Authority			
or Transfer of Existi	ng Permit Number				
X \$275 GENERAL CO	MMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COI ARMORED C	MMODITIES, including AR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
\$275 GENERAL COL HAZARDOUS	MMODITIES, including MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
HAZARDOUS ARMORED C					
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT - Must be filed within 10 months of cancellation					
MOTOR CARRIER IDENTIFICATION					
Common Carrier #: 6606 Unified Business Identifier Number (UBI): 602554937					
Legal Name: <u>Sepgio</u>	BERNAL	usdot: <u>2728053</u>			
Trade Name(s), dba(s), if any StS Trucking					
Email address: S.Strucking Dyahoo.com					
Phone Number: 509-431-2618 Fax Number:					
Business (Mailing) Address: POBOX 1232 Royal City, WA 99357 Physical Address (if different): 1218 Calla Loop Road Royal City, WA 9935?					
Physical Address (if differen	t): 1218 Calla	Loop Road Royal City, WA 9935;			

			TYPE OF BUSINE	SS STRUCTURE			
⊠ Individual	□ Partner	ship	☐ Corporation ☐	l Limited Liabil	ity Company	State of Inc	
NAME		TITLE		Stock Distribution or % of Shares			
SERGIO	BERNO	J	owner	100%			
		<u> </u>					
**	· · · · · · · · · · · · · · · · · · ·	· · · · · · ·	*TRANSFER OF P			r List name of surrent	
permit holde		mber				er. List name of current gn below to authorize the	
NAME ON PE	RMIT				Permi	t Number	
				·			
Signature of current permit holder Date				e			
		INS	URANCE REQUIREN	MENTS (must ch	neck one)		
	A)		will not be issued until a				
you will not hazardous mat quantity. You woperate vehicle GVWR of less to pounds. You me \$300,000 in Puland Property Disurance. You to complete Pa	erials in any will only es with a han 10,000 nust obtain ablic Liability Damage do not need	hazard quanti vehicle 10,000 must d Public Damag	will not haul lous materials in any ty. You will operate es with a GVWR of pounds or more. You obtain \$750,000 in Liability and Property ge Insurance. You must ete Part B.	☐ You will had materials requ million in Publi Property Dama You must com Sections 1 and	iring \$1 ic Liability and age Insurance. plete Part C,	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
	i de la companya de l		COLOR THEY / Alta ala		if = 0 = 0 = 0 = 0 = 0 = 0		
Linit #	,		VEHICLE LIST (Attach	State		/IN number	
Unit #	License Number 1xp7DB9xx3D594266		WA 1XP70B9XX3D594266				
	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	<u>,</u>	<u> </u> 					
and that no d	perations may	be con		on does not in is issued by the	e Commission.	te authority to operate . I hereby declare and wledge and belief.	
5	i R	<u> </u>	0		,	12015	
Signature Signature	w wer	ras	-	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 Code of Federal Regulations at 49 CFR. 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.ijkeller.com, 877 564-2333.
- Willamette Traffic Bureau, 16303 NE Cameron Bivd, 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: SERGIO BE	20141	Position: -	bioner	Drivere
 have a valid CDL. The definition has a gross combined rating of more than 10 has a gross vehicle we is designed to transport 	ight rating of 26,001 pounds or r it 16 or more passengers, included ed to transport hazardous mater	is a vehicle the that includes a more; or ling the driver	nat: a towed unit with ; or	a gross vehicle weight
Any person who drives a com alcohol testing program as recolo.	mercial motor vehicle requiring a quired by FMCSA in 49 CFR Part 3	CDL must pa 82 and 49 CF	rticipate in a cont R Part 40, and by	rolled substance and the WSP in WAC 446-65-
	Commercial Driver's Licen	se (CDL) Rec	uirements	
Name: SERGIOT	Brenal	Position:	bronese 1	drive 12

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: SERGIO B	ERNAL Position: Owner Driver
as required by FMCSR Part 391	complete Driver Qualification File for each employee authorized to drive motor vehicles .51 and by the WSP in WAC 446-65-010. Owner/operators that work exclusively in ashington have limited exemptions. Owners/operators that conduct any interstate mplete file on themselves and any other driver that they may use.
	Drivers Hours of Service
Name: Surgio BE	Position: owner Driver
Each company must maintain as required by the FMCSA in 4	true and accurate hours of service records for each individual that drives a motor vehicle 9 CFR, Part 395.1(e) and by the WSP in WAC 446-65-010.
	Vehicle Inspection, Repair, and Maintenance
Name: Stagio	BERNAL Position: Owner Driver
the FMCSA in 49 CFR, Part 396 required records for each vehi WSP in WAC 446-65-010:	written "Driver Vehicle Inspection Report" on each vehicle used each day as required by .11 and by the WSP in WAC 446-65-010. In addition, each company must maintain certain icle that includes the following, as required by the FMCSA in 49 CFR, Part 396.3 and by the of the vehicle. In double date of various inspection and maintenance operations to be performed. In spections, repairs and maintenance indicating their date and nature.
All companies must conduct p WAC 446-65-010.	leriodic inspections as required by the FMCSA in 49 CFR, Part 396.17 and by the WSP in
	Signature
My signature below certifie the safety requirements wh	s that I understand my responsibility as a motor carrier and I will comply with all ich apply to my operations.
Sergio Ben	nal 6/25/2015
Signature of applicant	Date
NOTE: Once	issued, you must keep a copy of your permit in your vehicle.
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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 SERGIO BERNAL, S&S TRUCKING of PO BOX 1232, ROYAL CITY, WA 99357-0000 a policy or policies of insurance effective from 08/11/2015 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 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 11th day of August, 2015

Insurance Company File No. CA 02591516

(Policy Number)

MC1633a(08/99)

ized Company Representative)

IRB3539B