

Olympia, WA 98504-7250 Phone: 360-664-1222

email: transportation@utc.wa.gov

## RAILROAD CONTRACT CREW CARRIER PERMIT APPLICATION

## This application packet contains the following information:

- Application Forms
- WAC 480-62-277 through 999 Railroad Contract Crew Carrier Rules
- "Your Guide to Achieving a Satisfactory Safety Record"

You **may not begin** operating as a railroad contract crew carrier until you are granted authority and receive a permit from the <u>Utilities and Transportation Commission</u> (UTC). You must also obtain a USDOT number from the <u>Federal Motor Carrier Safety Administration</u> (FMCSA).

**Insurance/Bond:** Contact your insurance agent to provide verification of bodily injury and property damage liability coverage (Form E) or a surety bond (Form G) covering each motor vehicle you operate in Washington and uninsured and underinsured motorist coverage. The insurance or surety bond must be in your legal name. We will accept a Certificate of Liability for up to 60 days or until the Form E is received. The insurance or bond must show the Washington Utilities and Transportation Commission as the certificate holder.

## Insurance or surety bond must be at the following minimum levels:

\$5,000,000 combined single limit coverage for bodily injury and property damage liability coverage and \$1,000,000 uninsured and underinsured motorist coverage.

Once all application and insurance requirements are met a motor carrier safety investigator will contact you to make arrangements to inspect your vehicle(s) and discuss safety requirements. Vehicles must be inspected and receive a Commercial Vehicle Safety Alliance (CVSA) decal before a railroad contract crew carrier permit will be issued.

FOR OFFICAL USE ONLY			
Date Filed:	Company:		Docket #:
Receipt ID:	Payment ID:	App Fee Paid:	Reg Fee Paid:
111 0268	111 0268 232 01	111 0268 232 02	111 0268 232 03

#### Railroad Contract Crew Carrier WAC 480-62

**New Authority** - Complete this application. Total number of vehicles to be operated:

**Transfer** an existing certificate to a new owner or business structure. Complete this application in addition to **Attachment A.** 

**Reinstate** a previously cancelled certificate.

**Name Change** - Application to change a company's corporate name, change or add a trade name, or to change the surname of an individual owner or partner.

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# **FILING YOUR APPLICATION**

Select one of the following:

Scan/PDF your application to <a href="mailto:efileapp.utc.wa.gov">efileapp.utc.wa.gov</a> or, Mail your application to the following address: UTC, PO Box 47250, Olympia, WA 98504-7250

		Section 1	L - APPLICATION		
Legal Name:					
Trade Name, if	applicable:				
Physical Addres	ss:				
Mailing Address	s:				
Telephone Num	nber:		Email:		
Contact Name:					
USDOT#:	If yo	ou do not have a USI	OOT number, go onlin	ie at <u>www.fmcsa.</u>	dot.gov/registration to
apply or call 360-	-596-3812 for assist	ance.			
Is your business	s registered with t	he <u>Department of</u>	Revenue? No	Yes	
Business	s License/UBI#:				
		Busin	ess Structure		
Individual	Partnership	Corporation	Other (LP, LLP, LL	.C) State o	of Incorporation
List the name, t	itle and percenta	ge of all partner's s	share or stock distril	bution for majo	r stockholders:
Name		Title		Stock Distrib	oution/% of Shares
	• •				s or commission rule
or any other fed	deral or state age	ncy? No	Yes If yes, pleas	se explain:	

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## **Section 2 - EQUIPMENT LIST**

Describe the equipment that will be used (attach additional sheet if necessary). All vehicles must pass a Commercial Vehicle Safety Alliance inspection before an application is granted. All fields are required.

Year	Make	License Number	Vehicle ID (VIN)	Seating Capacity

## **Section 3 - SAFETY**

Identify the person and position responsible for understanding and complying with the <u>Federal Motor Carrier</u> <u>Safety Regulations (FMCSR)</u> and Washington State laws and rules. Please refer to the WAC rules, fact sheets and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements.

COMMERCIAL DRIVER'S LICENSE (CDL) STANDARDS REQUIREMENTS AND PENALTIES (Title 49, Code of Federal Regulations Part 383). If you operate commercial motor vehicles, your drivers must have a valid CDL.

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391). Each of your drivers must meet minimum qualification requirements. You must maintain driver qualification files for each driver.

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395). Each of your drivers must maintain hours of service logs. You must maintain true and accurate hours of service records for each driver.

**CONTROLLED SUBSTANCE AND ALCOHOL USE AND TESTING** (Title 49, Code of Federal Regulations Part 382 and Part 40). If you operate commercial motor vehicles, your drivers must be in a Controlled Substance and Alcohol Use and Testing program. You must have an alcohol and controlled substances testing program.

**INSPECTION, REPAIR AND MAINTENANCE** (Title 49, Code of Federal Regulations Part 396). You must systematically inspect, repair and maintain all motor vehicles.

**SAFETY REGULATIONS, GENERAL** (Title 49, Code of Federal Regulations Part 390). You must follow safety regulations.

**DRIVING COMMERCIAL MOTOR VEHICLES** (Title 49, Code of Federal Regulations Part 392). You must follow regulations for driving commercial motor vehicles.

**PARTS AND ACCESSORIES NECESSARY FOR SAFE OPERATION** (Title 49, Code of Federal Regulations Part 393). You must maintain parts and accessories in safe condition.

Name:	Position:

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Name:

621 Woodland Square Loop SE Lacey, WA 98503 P.O. Box 47250

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Date:

#### **Section 4- OPERATIONAL RESPONSIBILITIES**

Identify the person and position responsible for understanding and complying with the requirements of each category shown below.

**STATE OF WASHINGTON GENERAL LAWS, RULES AND REGULATIONS.** List the person and position responsible for understanding and complying with the requirements of the state of Washington general laws, rules, and regulations. You must comply with the regulations of local, state and federal agencies, such as but not limited to: <a href="Department of Labor and Industries">Department of Revenue/Business Licensing Services</a>, <a href="Secretary of State">Secretary of State</a>, <a href="Employment Security">Employment Security</a> and the <a href="Federal Motor Carrier Safety Administration">Federal Motor Carrier Safety Administration</a>.

Name:	Position:
Section 5 - DECLARA	TION OF APPLICANT
I understand that filing this application does not in contract crew carrier.	itself constitute authority to operate as a railroad
As the applicant for a railroad contract crew carrier railroad contract crew carrier, and I am in compliar governing business in the State of Washington.	•
I certify under penalty of perjury under the laws of contained in this application is true and correct.	the State of Washington that the information
I certify that I am the applicant, or I am authorized applicant.	to execute and file this document on behalf of the

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# ATTACHMENT A Joint Application for Transfer Railroad Contract Crew Carrier Authority

Current Name on Permit (Seller):
Current Trade Name on Permit (Seller):
Address (Seller):
Permit Number: RCC- Phone Number (Seller):
Have all fines or penalties owed to the Commission been paid?     No Yes
Has the closing safety report been filed with the Commission?     No Yes
Does the buyer agree to begin service as soon as the Commission authorizes the transfer?
Yes No If no, then when?
Release of Authority
I, the seller, have sold or otherwise released interest in my railroad contract crew carrier permit authority
RCC- to the following:
Name of Buyer:
Trade Name of Buyer:
We, as applicants, hereby jointly declare and affirm that all information is true to the best of our knowledge
Seller's signature Date
Buyer's Signature Date

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