

T&T TRUCKING, INC.

1107 140TH Avenue Court East Sumner, WA 98390-9653
(253) 891-1337 1-800-898-4163 Fax (253) 891-1363

FAX

DATE: 06/02/05

COMPANY: WA UTILITIES & TRANSPORTATION COMMISSION

ATTN: TINA LEIPSKI / TRANSPORTATION SPECIALIST

RE: **COMMON CARRIER AUTHORITY**

ORIGINAL WILL WILL NOT FOLLOW BY MAIL

NUMBER OF PAGES 7 INCLUDING COVER SHEET

MESSAGE:

OK, BELIEVE I HAVE ALL THE FORMS AND SIGNATURES NEEDED FOR THE CHANGE.

ALSO, CALL ME IF YOU NEED THE ORIGINALS, AND I'LL PUT THEM IN THE MAIL.

AGAIN THANK YOU FOR YOUR TIME REGARDING THIS MATTER.

HAVE A GREAT DAY!

REGARDS,


KATHY M. DESHAYES
T & T TRUCKING, INC.

PART - A

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
APPLICATION FOR PERMIT
 (excluding Household Goods and Common Carrier Brokers)

Reception Number: 111 0268 200 02	Safety: Insurance:	Carrier ID#: 5504 Employee:
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New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #
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<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): _____ Date: _____
 Signature: _____ Title: _____

CC#: 147213	US DOT# (if required) 147127	WA UNIFIED BUSINESS IDENTIFIER (UBI) # 578-043-485
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APPLICANT NAME: T & T Trucking Inc. PHONE#: 253.891.1337

d/b/a: _____ FAX #: 253.891.1363

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1107. 140TH Ave, Ct. E.

(city, state, zip) Sumner, WA 98390-9653

PHYSICAL ADDRESS: (street address, if different)

TV051285