## RELEASE OF AUTHORITY FOR CANCELLATION

TN-061818

TO: Washington Utilities and Transportation Commission
Licensing Services
P.O. Box 47250
Olympia, WA 98504-7250
(360) 664-1222 or fax (360) 586-1181

The undersigned, holder of	G	C - 000967	_ CH/ES
Permit/certificate number(s):	CC	HG	
	OTHER		-
Does hereby declare that the surrendered to the Commission certificate, if available)	authority is no lo on for cancellatio	nger being used n. (Attach origi	d and is hereby nal permit or
المنتوا	ey		11-29-06
SIGNATURE OF CARRIER			DATE
Peter O. Casey, Executive Di	rector		
PENINSULA COMMUNITY MENTAL H	EALTH CENTER		
NAME OF CARRIER (Please	print)		
118 E. 8th Street			
ADDRESS			
Port Angeles, WA 98362			
CITY-STATE-ZIP			
(360) 457-0431			

(AREA CODE) - PHONE NUMBER

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

## For the Operation of Motor Propelled Vehicles

pursuant to the provisions of Chapter 81 RCW

THIS IS TO CERTIFY that authority is granted to operate as a MOTOR CARRIER in the transportation of the commodities and in the territory described herein to

PENINSULA COMMUNITY MENTAL HEALTH CENTER 118 E. 8TH ST. PORT ANGELES, WA 98362

PERMIT NO. C-000967

D-5

NON-PROFIT TRANSPORTATION PROVIDER TO OPERATE MOTOR VEHICLES AS A CARRIER OF PASSENGERS AND/OR EXPRESS.

V. C. No. 2015

06-08-93



WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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