

# REINSTATEMENT

5 months

OLD # ~~MA3244~~  
NEW # 4424

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250  
Olympia, WA 98504-7250

Telephone (360) 684-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

TV 070482  
4424

FOR OFFICIAL USE ONLY	
Reception Number: 1113597	Safety: <input checked="" type="checkbox"/>
111 0268 200 02 100.00	Insurance: <input checked="" type="checkbox"/>
Carrier ID#	Employee:

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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT  
(Must be filed within 10 months of cancellation)

For Commission Use Only  
Auth #: 115254

TYPE OF PAYMENT

Check  Money Order  Amex  Mastercard  Visa

Expiration Date: \_\_\_\_\_

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): PATRICIA WRIGHT Date: 3/8/07

Signature: Patricia Wright Title: Secretary H&M EXAMINING AND LOGGING, INC.

CC#: 43095 US DOT# (if required) 546063 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 699 312

APPLICANT NAME: JAMES LEROY HARP JR. PHONE#: (360) 779-5006

d/b/a: JIM'S HAULING FAX #: (360) 297-3568

BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) 6640 NE Highway 104  
(city, state, zip) Kingston WA 98346

PHYSICAL ADDRESS: (street address, if different)

3.9.07

11:22 FAX 3605861181

LICENSING SERVICES

002/002

INDIVIDUAL

PARTNERSHIP

CORPORATION - STATE OF INCORPORATION

OF BUSINESS STRUCTURE

NAME

JAMES HARP

TITLE

OWNER

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
100%

Complete this section 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: H&M Excavating and Logging Inc. PERMIT NUMBER: 43095

Patricia Whight  
Secretary  
Signature of current permit holder

3/8/07  
Date

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey-- Section 1.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

UNIT#	LICENSE#	STATE	EXPIRES
1	B70329B	WA	<del>12/31/07</del> 1XKDD69X6YJ8163677

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 received from the Commission. I declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

James Harp  
Signature(s)

3/8/07

Date

070482

4424

**TYPE OF BUSINESS STRUCTURE**  
(Individual, Partnership, Corporation, Limited Liability Company, or Other Information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
JAMES HARP	OWNER	100%

**TRANSFER OF PERMIT NUMBER**

Complete this section 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: H&M Excavating and Logging Inc. PERMIT NUMBER: 43095

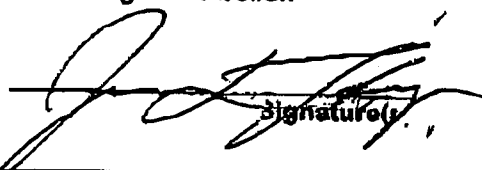
  
Signature of current permit holder

\_\_\_\_\_  
Date

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey — Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey — Sections 1 and 2. |
|--|--|---|---|

UNIT#	LICENSE#	STATE	PERMIT NUMBER
1	B70329B	WA	<del>IXKDD69X6YJ8123677</del> IXKDD69X6YJ8123677

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 received from the Commission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

  
Signature

\_\_\_\_\_  
Date



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

HARP, JAMES LEROY JR.  
6640 NE HIGHWAY 104  
KINGSTON, WA 98346

April 20, 2007

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X **FINAL NOTICE! Your application will be dismissed if the items requested in this letter are not satisfied within 30 days.**
  
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@wutc.wa.gov](mailto:transportation@wutc.wa.gov). Our fax number is 360-586-1181.

Thank You.

Tina Leipski



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250  
(360) 664-1160 • TTY (360) 586-8203

HARP, JAMES LEROY JR.  
6640 NE HIGHWAY 104  
KINGSTON, WA 98346

March 9, 2007

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X James needs to sign the transfer section of the application, not Patricia. Please Do so and return to me for processing. Thanks.

**Who do I contact if I have questions?**

You may call 360-664-1222 or e-mail us at [transportation@wutc.wa.gov](mailto:transportation@wutc.wa.gov). Our fax number is 360-586-1181.

Thank You.

Colleen Smith  
Licensing Services