PHYSICAL ADDRESS: (street address, if different)

ver 10 months 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) FOR OFFICIAL USE ONLY Carrier ID#: Safety: Reception Number. Employee: 111 0268 200 02 juentance: Extension of Common Carrier Permit Authority New Common Carrier Permit Authority, or Transfer of Existing Permit Number GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES ONLY (ARMORED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS ARMORDED CAR SERVICE GENERAL COMMODITIES, including \$100 \$275 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE GENERAL COMMODITIES, INCLUDING \$275 HAZARDOUS MATERIALS and ARMORED CAR SERVICE Por Commission Use Only \$100 REINSTATEMENT OF CANCELLED COMMON GARRIER PERMIT Auth #621 (Must be filed within 10 months of cancellation) Expiration Date d Mastercard →Visa **_** Check Amex ئ Money Order 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. *'10 rn A* Date: Name (printed Title: Slonature WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# (if required) CC#: APPLICANT NAME: d/b/a: **BUSINESS (MAILING) ADDRESS:** 1481 Martin Bil (street address, P.O. Box) (city, state, zip) uuncen

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INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION				
STOCK DISTRIBUTION OR PERCENTAGE OF SHARE				
Jose Piez Figueroa Owner				
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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: JOSE D'AZ F'IGUERDA PERMIT NUMBER: 6/79/				
VSignature of current permit holder				
The applicant NOT HAUL has required. You need to comp	azardous NOT hazar	applicant WILL HAUL rdous materials y quantity — .000 in Public ity and Property age Insurance is red. Complete submit the Safety ss Survey—	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.
LICENSE* STATE VIN#				
UNIT#	MILICENSE#	WA IFUY31 PBGTP837648		0837648
703	1339293D	WA	VEUX AZYBO	NP512004
		- La cold		
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. Part Part				



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

DIAZ, JOSE PO BOX 1033 QUINCY, WA 98848

September 21, 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! Please note that this is your second and final notice. You must provide the required information by October 21, 2007 or your application will be dismissed.
- 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 Since your application was dismissed in June 2006, you cannot just complete the Reinstatement application. You will need to complete a new application as well as pay the additional \$175.00.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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DIAZ, JOSE PO BOX 1033 QUINCY, WA 98848

August 22, 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 Since your application was dismissed in June 2006, you cannot complete just the Reinstatement application. You will need to complete the new application as well as pay the additional \$175.00 fees. I am enclosing a blank copy of the application for your use.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.