



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

SWANSON, VANIA
PO BOX 181
ELLENSBURG, WA 98926

October 4, 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 Your application is missing some information. Please complete the highlighted areas and return to our office by November 3, 2007.
- 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@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

called 11-8-RNA
called 11/14/07 1430hrs - Left message

REINSTATEMENT

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)

TV-071981

Handwritten: **Cancelled**
10/1/07

FOR OFFICIAL USE ONLY

Reception Number: 0000585	Safety:	Carrier ID#: 4306
111 0268 200 02 100.00	Insurance:	Employee: KWC

TYPE OF APPLICATION (check one)

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 checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #: 004813

TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input checked="" 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): Vania Swanson Date: 10/3/2007

Signature: Vania Swanson Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>62606</u>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>[initials]</u>
APPLICANT NAME: <u>Vania Swanson</u>		PHONE#: <u>509.979.4276</u>
d/b/a: <u>Rodeo Town Tax</u>		FAX #: <u>509.933.1397</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 181</u>		
(city, state, zip) <u>Ellensburg WA 98926</u>		
PHYSICAL ADDRESS: (street address, if different) <u>10691 Napoleon Rd.</u>		

■ ■

Doing business

Results

[Back to search results](#)

NOTE: If the word "non-revenue" appears in the space after Tax Registration Number, the account is not registered with the Department of Revenue. Although the business may not be required to register with the Department of Revenue, it is registered with one or more other agencies in the state.

Washington State Department of Revenue State Business Records Database Detail	
TAX REGISTRATION NUMBER :	602364938
UBI :	602364938
LEGAL ENTITY :	PFEIFER VANIA M
DOING BUSINESS AS :	RODEO TOWN TAXI
MAILING ADDRESS :	BUSINESS LOCATION :
10691 NANEUM RD ELLENSBURG, WA 98926-7372	210 S WILLOW ELLENSBURG, WA 98926-0000
OWNER TYPE :	SOLE PROPRIETOR
ACCOUNT OPENED :	02/20/2004
ACCOUNT CLOSED :	OPEN
NAICS CODE :	485310
	10/04/2007 1:56 PM
FOR NON-COMMERCIAL USE ONLY	


As of 8/31/2005, the Standard Industrial Code (SIC) has been replaced with the North American Industry Classification System Code (NAICS). For more information, [click here](#)

[ABOUT US](#) | [CONTACT US](#) | [QUESTIONS & ANSWERS](#)
| [GRAPHIC VERSION](#)
| [TEXT VERSION](#)



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[Voter regis](#)
(Secretary)

App. Id	071981	Reviews	
App. Status	Pending	Company Name	●
Created	10/04/2007	Licensing Svcs.	●
Closed		Regulatory Svcs.	●
App. Type	New	Compliance	●
Industry	200 Motor Freight Carrier	Insurance Status	●
Perm/Temp	Permanent	Fees Paid	●
Permit Id	CC062606	Reception	0585
Applicant			
Id	4306		
Name	SWANSON, VANIA		
DBA	RODEO TOWN TAXI		
Comments			
Application for permit - reinstate CC			
Notice Produced? No			
Last Notice Date			
Protest Deadline			
Date User Entry			
10/04/07 14:23	Ken Chapman	Ⓞ Cite letter sent	
10/04/07 14:19	Ken Chapman	Application for Permit 071981 created.	
<p>UBI # list Vania Pfeifer?</p> <p>Ken,</p> <p>Could you please work with her - I thought we had the insurance?</p> <p>Called 2x </p>			

UBI # list Vania Pfeifer?

Ken,

Could you please work with her - I thought we had the insurance?

Called 2x 

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION _____

NAME * TITLE * * STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

_____ Date

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

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.

EQUIPMENT LIST (Attach additional list if necessary)

<u>UNIT#</u> *	<u>LICENSE#</u> *	<u>STATE</u> *	<u>VIN#</u> *

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(s) _____

* Date _____

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0011
RECIPIENT ADDRESS 8p5099331397p3632416
DESTINATION ID
ST. TIME 11/15 15:21
TIME USE 00'50
PAGES SENT 2
RESULT OK

43 07 09:42a

Swanson computer

5099331397

p. 1

REINSTATEMENT

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

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Auth #: **004813**

TYPE OF PAYMENT

Check Money Order Amex Mastercard Visa

Expiration Date: **1/15/08**

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): Vanisa Swanson Date: 10/3/2007
Signature: Vanisa Swanson Title: Owner

MOTOR CARRIER IDENTIFICATION

US DOT# (if required) _____ JWA UNIFIED BUSINESS IDENTIFIER (UBI) # _____

*** TX REPORT ***

TRANSMISSION OK

TX/RX NO 0007
RECIPIENT ADDRESS 8p5099331397p3632416
DESTINATION ID
ST. TIME 11/14 16:07
TIME USE 01'25
PAGES SENT 2
RESULT OK

03 07 09:42a

Swanson computer

5099331397

p. 1

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