

WITHDRAWN - 4-16-08

REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 864-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

TV-080132

FOR OFFICIAL USE ONLY

Reception Number: 0005686	Safety: With Draw	Carrier ID#: 44774
111 0268 200 02 100.00	Insurance:	Employee: VWE

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 #: 173346

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): Michael Diaz Date: 1/18/08

Signature: [Signature] Title: President

COMMON CARRIER IDENTIFICATION

CC#: 62577 US DOT# (if required) WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-671-505

APPLICANT NAME: Michael Diaz PHONE#: 360-951-6311

d/b/a: 3D Systems LLC FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 16840 Melville St SE

(city, state, zip) Tenino WA 98589

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP LLC CORPORATION - STATE OF INCORPORATION WA Parcell

NAME Michael Diaz **TITLE** President **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE** 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: _____ PERMIT NUMBER: _____

Signature of current permit holder _____

Date _____

INSURANCE REQUIREMENTS

- 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	VIN#
	<u>B39209C</u>	<u>WA</u>	<u>6K Parcell 4-16</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]
Signature(s)

1/18/08
Date