WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250 RECEIVED Olympia, WA 98504-7250 JUN 23 2008 Telephone (360) 664-1222 - FAX (300) 500 ...
Intrastate Common Carrier Operating Authority WASH, UT. & TP. COMM 70 Telephone (360) 664-1222 - Fax (360) 586-1181 (excluding Household Goods and Common Carrier Brokers) FØR OFFICIAL USE ONLY Reception Number Safety: Carrier ID#: 111 0268 200 02 √msurance: Employee: TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority Transfer of Existing Permit Number** Ø \$275 GENERAL COMMODITIES ONLY \$100 **GENERAL COMMODITIES, including** ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 **GENERAL COMMODITIES, including** ARMORDED CAR SERVICE **HAZARDOUS MATERIALS** \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR **HAZARDOUS MATERIALS** SERVICE **GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR** SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use On (Must be filed within 10 months of cancellation) Auth #-TYPE OF PAYMENT M Chack ☐ Money Order ☐ Amex ☐ Discover ☐ 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): Signature: Title: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) CC#: US DOT# (if required) a)2506 PHONE# **BUSINESS (MAILING) ADDRESS:** (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

	(che		PE OF BUSINE al or complete part		STRUCTURE ship/corporation informati	on)
INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION						
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE						
Christic	Victor Owner			100%		
TRANSFER OF PERMIT NUMBER						
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:				PERMIT NUMBER:		
Signature of current permit holder Date						
Signature of current permit holder 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.
UNIT# LICEN		A THE RESERVE OF THE PROPERTY			VIN#	
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. X C D D D Date						