

Voluntary withdrawal

PART - A 9/22/08 TV-081176

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

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

RECEIVED

JUN 23 2008

Telephone (360) 664-1222 - Fax (360) 586-1181  
Intrastate Common Carrier Operating Authority

WASH. UT. & TP. COMM

reg refund 9/25/08

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 1111378	Safety:	Carrier ID#: 5126
111 0268 200 02 275.00	Insurance:	Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number		Extension of Common Carrier Permit Authority	
<input checked="" type="checkbox"/> \$275 GENERAL COMMODITIES ONLY	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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 #: 029020

TYPE OF PAYMENT

Check  Money Order  Amex  Discover  Mastercard  Visa

Expiration Date: [Redacted]

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): Christie R. Victor Date: 10/20/08

Signature: [Handwritten Signature] Title:

MOTOR CARRIER IDENTIFICATION

CC#: 63288	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602506167
APPLICANT NAME: <del>Christie Victor</del> per d/b/a		PHONE#: (509) 220-0961
d/b/a: Christie Lachenmaier		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 502 S Skipworth Ct		
(city, state, zip) Spokane Valley WA 99206		
PHYSICAL ADDRESS: (street address, if different)		

