

PART - A

TV-081814

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

OCT 06 2008
WASH. UT. & TP. COMM

100 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)

done 11/1/09

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02	Safety: <i>OK</i>	Carrier ID#: 5265
111 0268 200 02	Insurance: <i>OK</i>	Employee: <i>OK</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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"/> \$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 #:

TYPE OF PAYMENT

Check 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): Philip Whitley Date: 9-30-08
Signature: *[Signature]* Title: President

MOTOR CARRIER IDENTIFICATION

CC#: <u>0063396</u>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601994195</u>
APPLICANT NAME: <u>Happy Hauler LLC</u>		PHONE#: <u>206-784-0313</u>
d/b/a:		FAX #: <u>206-784-9377</u>

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 70884
(city, state, zip) Seattle, WA 98127

PHYSICAL ADDRESS: (street address, if different) 3901 Leary Way NW #2 98107

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION WA
LLC

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Philip Whiley President 100% W

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.

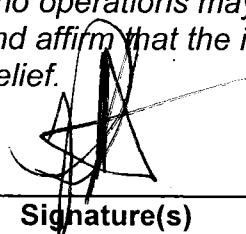
The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.

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)

UNIT#	LICENSE#	STATE	
F150	A63921Y	WA	1FTRF12W36NA13074
ISUZU	A04983S	WA	4KLL4B1UX3J802956
Chevy	A39450V	WA	4KBC4B1U54J803647

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)

9-30-08
Date

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 5915 Landerbrook Dr., Cleveland, OH, 44124
(Home Address of Company)

has issued to HAPPY HAULER LLC of PO BOX 70884, SEATTLE, WA, 98117
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 01/06/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency a duplicate original of said policy or policies and all endorsements thereon. This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 5915 Landerbrook Cleveland OH 44124 This 07th day of Jan 20 09
(Address) (Day) (Month) (Year)

Insurance Company File No. 8060030 (Policy No) Debra Seggio (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00