

360 586 1181 E-form

PART - A

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)

*Handwritten signature and number: 11-0900062*

*Handwritten: Linda*

0017064

FOR OFFICIAL USE ONLY

|   |                                     |                         |
|---|-------------------------------------|-------------------------|
| Reception Number:<br>111 0268 200 02 275.00 | Safety: N/A "B" Not needed per Tina | Carrier ID#: 5314       |
|   | Insurance: CS                       | Employee: [Handwritten] |

TYPE OF APPLICATION (Check one)

|   |   |
|---|---|
| <input checked="" type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b> | <input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>                              |
| <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 #: 045703

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): \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

MODE OF CARRIER IDENTIFICATION

|            |                                |  |
|------------|--------------------------------|--|
| CC#: 63470 | US DOT# (if required): 1841719 | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <del>602</del> 602 884 117 |
|------------|--------------------------------|--|

|                                   |                      |
|-----------------------------------|----------------------|
| APPLICANT NAME: M. JAMES LANGFORD | PHONE#: 509 396 4067 |
|-----------------------------------|----------------------|

|                       |                      |
|-----------------------|----------------------|
| d/b/a: PFH Trans Part | FAX#: - 509 736 1383 |
|-----------------------|----------------------|

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) Box 4774

(city, state, zip) Pasco

PHYSICAL ADDRESS: (street address, if different) 1400 Main Knwn

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete details for corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE  
 JAMES LANGFORD    OWNER OPERATOR                      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 (must check one)**

(mark "WILL NOT HAUL" if you will not haul hazardous materials)

- 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 (check additional list if necessary)**

| UNIT# | LICENSE# | STATE | VIN#              |
|-------|----------|-------|-------------------|
| 1     |          | WA    | 1FTJW35F0VEB12017 |
|       |          |       |                   |
|       |          |       |                   |

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.

*M. James Laford*

Signature(s)

1-7-9

Date

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

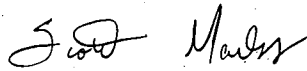
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to JAMES LANGFORD, DBA: PFH TRANSPORT of P.O. BOX 4774, PASCO, WA 99302 a policy or policies of insurance effective from 01/06/2009 12:01 A.M. standard time at the 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission 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 effected by the Company or the insured giving thirty (30) days notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 12th day of January, 2009

Insurance Company File No. CA 05258422  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B



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

Langford, M. James  
PO Box 4774  
Pasco WA 99302

January 9, 2009

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- 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](mailto:transportation@utc.wa.gov). Our fax number is 360-586-1181.

Thank You.