

REINSTATEMENT

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)

FOR OFFICIAL USE ONLY

Reception Number: **0017880** Safety: *CS* Carrier ID#: *W 29259*
 111 0268 200 02 *100.00* Insurance: *AS* Employee: *er*

TYPE OF APPLICATION (check one)

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 #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard

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): *Anne Ellett* Date: *4-1-09*
 Signature: *Anne Ellett* Title: *Controller*

MOTOR CARRIER IDENTIFICATION

CC#: <i>56988</i>	US DOT# (if required) <i>127 3271</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>600 528 041</i>
APPLICANT NAME: <i>Barclay Dean, FNC</i>		PHONE#: <i>425 451 8940</i>
d/b/a:		FAX #: <i>425 454 1705</i>
BUSINESS (MAILING) ADDRESS: <i>PO Box 3827</i> (street address, P.O. Box) <i>BELLEVUE WA 98009</i> (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different) <i>1100 NE 8 ST, SUITE 200</i> <i>BELLEVUE, WA 98004</i>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

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.

Insurance Filing Directly from

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.

to be submitted over Ins. Co.

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	VIN#
	<i>Attached</i>		

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.

Arne Gunn, Controller
Signature(s)

4-1-09
Date

BD Vehicle Schedule

Owned Leased

BD Veh #	Lic #	State	VIN
12	A90220X	WA	1FTEE1420VHA81924
23	B12925A	WA	JNAU4R1J8RA400903
11	A31395P	WA	2B7HB21Y3SK532924
10	A14775Y	WA	1FTFS24L5VHB41479
31	A13280W	WA	JNAPA08JXPGK70088
47	B26857F	WA	JALF5C13217700437
48	B26855F	WA	JALF5C13117700557
44	B26856F	WA	4GTK7C135XJ600563
49	B33336H	WA	4GTK7C1321J700255
447	A88114S	WA	1GDJ6H1C61J507678
445	A88116S	WA	1GDJ6H1C01J507689
337	A62667V	WA	1FVACWDC35HU01347
129	B89087D	WA	1FVACWDT38DZ05408
151	B89089D	WA	1FVACWDT98HZ65704



TRANSMITTAL SHEET

TO:	Colleen	FROM:	Anne Elettr, Controller
COMPANY:	WA Utilities & Transportation	DATE:	4/1/09
FAX NUMBER:	360.586.1181	TOTAL NO. OF PAGES INCLUDING COVER:	1 OF 4
PHONE NUMBER:	360.664.1223	SENDER'S PHONE NUMBER:	425.990.9787
RE:	Reinstatement Application	SENDER'S FAX NUMBER:	425.452.0961

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Hi Colleen – thank you for your help on this reinstatement. Attached is the completed reinstatement application. I spoke with our insurance broker last night & they will forward an insurance filing directly to your office. I have enclosed credit card information to bill the reinstatement fee of \$100.

Please let me know if questions,

Thanks,
Anne

Client#: 616

BARCDEAN

ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YYYY) 04/01/2009
PRODUCER Parker Smith & Feek, Inc. Bellevue (425-709-3600) 2233 112th Avenue NE Bellevue, WA 98004	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURED Barclay Dean, Inc. P.O. Box 3827 Bellevue, WA 98009	INSURERS AFFORDING COVERAGE INSURER A: Continental Insurance Co. INSURER B: National Fire Ins. Hartford INSURER C: INSURER D: INSURER E:	NAIC #

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY	C1022935355	10/01/08	10/01/09	EACH OCCURRENCE \$1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJE CT <input checked="" type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$200,000 MED EXP (Any one person) \$15,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
B	AUTOMOBILE LIABILITY	C1022934559	10/01/08	10/01/09	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS				BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	C1022935355 WA Stop Gap	10/01/08	10/01/09	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input checked="" type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Exhibit of Insurance.

CERTIFICATE HOLDER WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION P.O. Box 47250 Olympia, WA 98504	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>0</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE <i>Neil M. Leary</i>
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