

REINSTATEMENT TV-090537

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
RECEIVED

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

WASH. UT. & TP. COMM APPLICATION FOR PERMIT
 (excluding Household Goods and Common Carrier Brokers)

CLX
2880

Reception Number: 0018148	Safety: 423	Carrier ID#: MZ7492
111 0268 200 02	Insurance: 423	Employee: KWC

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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #:
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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: _____

CC#: 11809	US DOT# (if required): 043723	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-428-206
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APPLICANT NAME: Don Strother Hauling Inc	PHONE#: 509 945-1944 cell 509 248 2088
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d/b/a:	FAX #: 509 248-1299
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **5461 Yakima Valley Hwy**
 (city, state, zip) **Wapato, Wa 98951**

PHYSICAL ADDRESS: (street address, if different) **1914 So. 11th St. Union Gap Wa 98903**

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
<u>Kelly Strother</u>	<u>President</u>	<u>100%</u>

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: Don Strother Holdings Inc PERMIT NUMBER: 11809
Kelly Strother 4-23-09
Signature of current permit holder Date

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|--|--|---|---|

UNIT#	LICENSE#	STATE	VIN#
		<u>All Washington</u>	<u>See attached list</u>

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.

Kelly Strother 4-23-09
Signature(s) Date

DON STROTHER HAULING, INC
 5461 YAKIMA VALLEY HWY
 WAPATO, WA 98951

AS OF 04-15-09

<u>UNIT#</u>	<u>MAKE</u>	<u>YEAR</u>	<u>ID NUMBER</u>	<u>PLATE#</u>	<u>EXPIRE</u>	<u>SERIES</u>
T-6	KENWORTH	2006	1XKW049X56R139149	B24473H		TRACTOR CONW900
T-4	PETERBUILT	2001	1XP5DU9X41D5551770	A90994T		TRACTOR CONV 379
T-7	PETERBUILT	2002	1XP5DB9X02D586666	A69484X		TRACTOR CONV 379
T-11	FREIGHTLINER	1999	1FUPDDYB3XPA14567	A90997T		TRACTOR CL 120
T-12	PETERBUILT	1998	1XP5DB9X9WN446986	A90998T		TRACTOR CONV 379
T-14	PETERBUILT	2000	1XP5DR9X2YD507502	A90999T		TRACTOR CON 379
4-A	ALLOY 20-A	1979	79460	8323LU	PERMENT	40' FB
4-B	ALLOY 20-B	1983	1ALFF4283DS083189	8324LU	PERMENT	24' FB PULL TRAILER
6-A	ALLOY 8-A	1974	74095	0428LK	PERMENT	40' FB
6-B	RELLANCE 8-B	1980	RRS808791	0429LK	PERMENT	24' FB PULL TRAILER
11-A	ALLOY 3-A	1969	WA86133139	7915KV	PERMENT	40' FB
11-B	BROWN 3-B	1972	S725622	9047KJ	PERMENT	24' FB PULL TRAILER
12-A	ALLOY 86-A	1979	79148	2369MC	PERMENT	40' FB
12-B	MARQUEZ 86	1991	1M9FP2423MMW191424	2369MC	PERMENT	24' FB PULL TRAILER
30-A	ALLOY	1982	1ALF5F928XC5082289	9237KA	PERMENT	40' FB
30-B	BROWN 3-B	1968	S684989	7274KN	PERMENT	24' FB PULL TRAILER

FULL MARKET
 VALUE

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. _____

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE (Executed in Triplicate)

Filed with WASHINGTON UTILITES & TRANS COMM (hereinafter called Commission)

This is to certify, that the EMPIRE FIRE & MARINE INSURANCE COMPANY (Name of Company)

(hereinafter called Company) OMAHA NE (Home Office Address of Company)

has issued to DON STROTHER HAULING INC to 1914 S 11TH ST UNION GAP WA 98903 (Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 4/20/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD (Street Address) SPOKANE WA 99224 (City) (State) (Zip Code)

this 16TH day of APRIL 2009

NS. CO. ID# _____

Thomas E. Conlogue (CA) (Authorized Company Representative)

Insurance Company File No CL-324222 (Policy Number)

PO BOX 19150 SPOKANE WA 99219 (Address of Authorized Company Representative)