

REINSTATEMENT

TV-090551

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

Handwritten signature

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0018221	Safety: <i>[Signature]</i>	Carrier ID#: 142517
111 0268 200 02	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</i>

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 Cor. Auth # _____

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

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: _____

MOTOR CARRIER IDENTIFICATION

CC#: 61300 389145	US DOT# (if required) 1222731	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-394-2570
APPLICANT NAME: ARTHUR J. BIRD		PHONE#: 509-989-9452
d/b/a: ART & JAN TRUCKING LLC		FAX #: 509-246-2008
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 721 RD 20 NE		
(city, state, zip) SOAP LAKE, WA, 98851		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION LLC

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
ART BERG	OWNER	50%
JAN BERG	OWNER	50%

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)

- | | | | |
|---|--|---|---|
| <input 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. |
|---|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
143	91973 PT	WA	1XKTD0R9X2XJ832616
5143	590052	WA	1C92F50267M949927

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.

Arthur J. Berg
Signature(s)

Date

**SCHEDULE 1
(Form 2290)**

(Rev. July 2008)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2008, through June 30, 2009

OMB No. 1545-0143

This copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.

PX 43-2046854

DOCUMENT PERIODIC OPERATION
CENTRAL SERVICE CENTER

JUL 20 2008

JUL2008 37 U
ART AND JAN TRUCKING LLC
BERG ART MBR
721. ROAD 20 NE
SOAP LAKE WA 98851-9751

Caution: You must list all vehicles. Attach a separate list if needed. See page 7 of the instructions.

Part I Vehicles on Which You Are Reporting Tax. Enter VIN and category.											Category							
1	7	X	X	7	D	B	9	X	2	X	7	8	3	2	6	7	6	✓
2																		
3																		
4																		
5																		

Part II Vehicles for Which Tax is Suspended--5,000 Miles or Less (7,500 Miles or Less for Agricultural Vehicles). Enter VIN.											Category							
1																		W
2																		W

Part III Summary of Reported Vehicles												
a. Enter the number of taxable vehicles from Form 2290, page 2, column 3, Totals											a	7
b. Enter the total number of taxable vehicles on which the tax is suspended from Form 2290, page 2, column 3 (category W)											b	0

For Privacy Act and Paperwork Reduction Act Notice, see page 9 of the instructions. Cat. No. 112500 Schedule 1 (Form 2290) (Rev. 7-2008)

A3001 0028742

M42517

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)

of **PO BOX 277 SOUTH SIOUX CITY NE 68776**

has issued to **ART & JAN TRUCKING LLC** of **721 ROAD 20 NE SOAP LAKE WA 98851**

a policy or policies of insurance effective from **5/109 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 **2950 E GOLDSTONE DR, MERIDIAN, ID 83642**

this **20TH** day of **APRIL**, 2009

Insurance Company File No. **GWP62322A**
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)