# REINSTATEMENT

### WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED 300 S Evergreen Park Dr SW, PO Box 47250

APR 27 2009 Telephone (360) 664-1222 – Fax (360) 586-1181 Intrastate Common Carrier Operating Authority

WASH IIT & TP. (excluding Household Goods and Common Carrier Brokers)								
FOR OFFICIAL USE ONLY								
Reception Number: 0018333   Safety:	Carrier ID#:							
111 0268 200 02 /OV.(7) Insurance:	Will (W) Employee:							
TYPE OF APPLICATION (check one)								
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority								
Transfer of Existing Permit Number								
S275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS							
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of pancellation)  For Commission Use Only: Auth #:								
<u> </u>	PAYMENT							
☐ Check	Mastercard ☐ Visa Expiration Date							
lau.								
CERTIFICATION: I, the undersigned, under penalty for false stateme authorized to execute and file this document on behalf of the applications.	ent, certify that the following information is true and correct, that I am nt, and that all information on file is current and valid.							
Name (printed): Gary Lep Gray	Date: 4/23/09							
Signature: Dany May Title: Basy Gray Trucking								
/ MOTOR CARRIER	RIDENTIFICATION /							
CC#: US DOT# (if required) 63050 1697318	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600-593-114							
APPLICANT NAME: PHONE# 253-651-3774 360-877-986								
d/b/a: Gary Gray Trucking 360-897-9086								
BUSINESS (MAILING) ADØRESS: (street address, P.O. Box)  //SO9 237  AVE CTE								
(city, state, zip)								
PHYSICAL ADDRESS: (street address, if different) / UCK/ey, WA 98321								
	/							

	(che				S STRUCTURE rshlp/corporation informat	fion)		
A INDIVIDUA		RTNERSHIF			ON - STATE OF INCOR!	<i>10</i> 0		
NAME		TITLE	STO	CK I	DISTRIBUTION OR PER	CENTAGE OF SHARE		
Bary	LPE E	SSQL						
Gasy	600	y Tr	rucking					
					MIT NUMBER			
holder and perr	Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PER	RMIT:				PERMIT N	UMBER:		
Signature of c						Date		
					ENTS (must check one stable insurance is rece			
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 a NOT HAU materials i \$750,000 and Prope Insurance Complete Safety Fitr Section 1.	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—		The applicant <u>WILL</u> AUL hazardous aterials requiring million in Public ability and Property amage Insurance and bmit the Safety Fitness urvey – Sections 1 and	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.		
UNIT#	LICEN		STATE	add		) /IN#		
					<del></del>			
•	B0631	50 <u> </u>	6C Wash		1XKWD29X3DS312161			
				$\dashv$		<del></del>		
operate and the	at no operat and affirm t	tions may l	be conducted un	ıtil a	on does not in itself con a permit is received from in this application is tru US	n the Commission. I		

-Apr. 23. 2009- 2:15PM---farmers insurance\_\_\_\_

## Commercial Certificate of Insurance

Agency

· Allen D James Insurance Agency, Inc

Name &

Insured

Name

&

Address

6021 Parker Rd
 Sumner, WA 98390

· Gaty Lee Grav

Address

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· DBA: Gary Gray Trucking

11509 237th Ave Ct E
Buckley, WA 98321

FARMERS WIXWA AVICE CROUP

FARMERS

Issue Date (MM/DD/YY)

04/23/09

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 shown below.

Companies Providing Coverage:

Company A Truck Insurance Exchange

Company B Farmers Insurance Exchange

Company C Mid-Century Insurance Company

Company Letter

Coverages

This is to certify that 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 paid claims.

Co. Ltr.	Type of Insurance		Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	×	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prof.	03512-63-89	04/21/09	04/21/10	General Aggregate Products-Comp/OPS Aggregate Personal & Advertising Injury Each Occurrence Fire Damage (Any one fire) Medical Expense (Any one person)	\$ 2,000,000 \$ 2,000,000 \$ 1,000,000 \$ 1,000,000 \$ 100,000 \$ 5,000
A	×	Automobile Liability All Owned Commercial Autos Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	03512-63-89	04/21/09	04/21/10	Combined Single Limit Bodily Injury (Per person) Bodily Injury (Per accident) Property Damage Garage Aggregate	\$ 2,000,000 \$ \$ \$ \$
		Umbrella Liability				·Limit	\$
:		Workers' Compensation and Employers' Liability				Statutory Each Accident Disease - Each Employee Disease - Policy Limit	\$ \$ \$

Description of Operations/Vehicles/Restrictions/Special Items:

1993 KENWORTH CONSTRUCT W900 VIN: 1XJWD29X3DS312161

1973 PEERLESS TRAILER

VIN: W783453

### Certificate Holder

Name • Washington UTC
• PO Box 47250

1300 S Evergreen Park Dr SW

Address • Olympia, WA 98504-7250

#### Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Authorized Representative