

# REINSTATEMENT

TV 090612

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

RECEIVED

APR 27 2009

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

ONE 4/27/09

WASH. UT & TP. COMM

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

#### FOR OFFICIAL USE ONLY

Reception Number: **0018333** Safety: \_\_\_\_\_ Carrier ID#: **4800**

111 0268 200 02 *100.00* Insurance: *Bender* Employee: \_\_\_\_\_

#### 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  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): Gary Lee Gray Date: 4/23/09

Signature: Gary Gray Title: Gary Gray Trucking

#### MOTOR CARRIER IDENTIFICATION

CC#: 63050 US DOT# (if required): 1697318 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600-593-1140

APPLICANT NAME: Gary Lee Gray PHONE#: cell 253-651-3774  
360-897-9086

d/b/a: Gary Gray Trucking FAX #: call first to turn on  
360-897-9086

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 11509 237 AVE C+E

(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) Buckley WA 98321

CK# 2011099212 mo



# Commercial Certificate of Insurance



**FARMERS**

Agency  
 Name • Allen D James Insurance Agency, Inc  
 & • 6021 Parker Rd  
 Address • Sumner, WA 98390

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.

St. 79 Dist. 18 Agent 369

Insured  
 Name • Gary Lee Gray  
 & • DBA: Gary Gray Trucking  
 Address • 11509 237th Ave Ct E  
 • Buckley, WA 98321

### Companies Providing Coverage:

- Company A Truck Insurance Exchange  
Letter
- Company B Farmers Insurance Exchange  
Letter
- Company C Mid-Century Insurance Company  
Letter
- Company D  
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 afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
A	<input checked="" type="checkbox"/> General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.	03512-63-89	04/21/09	04/21/10	General Aggregate	\$ 2,000,000
					Products-Comp/OPS Aggregate	\$ 2,000,000
					Personal & Advertising Injury	\$ 1,000,000
					Each Occurrence	\$ 1,000,000
					Fire Damage (Any one fire)	\$ 100,000
					Medical Expense (Any one person)	\$ 5,000
A	<input checked="" type="checkbox"/> 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	\$ 2,000,000
					Bodily Injury (Per person)	\$
					Bodily Injury (Per accident)	\$
					Property Damage	\$
					Garage Aggregate	\$
	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  
 Address • 1300 S Evergreen Park Dr SW  
 • 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