

PART - A

74-090631

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250
 Olympia, WA 98504-7250
 Telephone (360) 664-1222 - Fax (360) 588-1181
 Intrastate Common Carrier Operating Authority

Done

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0018379	Safety: <i>DS</i>	Carrier ID#: 4476
111 0268 200 02 <i>100.00</i>	Insurance: <i>DS</i>	Employee: <i>WCA</i>

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

Evaluation 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): Jerald F. Kapelke Date: 4-22-2009

Signature: Jerald F. Kapelke Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>62756</u>	US DOT# (if required) <u>842132</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601 943 526</u>
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APPLICANT NAME: Jerry Kapelke PHONE#: 509-445-0359

d/b/a: Jerry Kapelke Trucking FAX #: same as above

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 13401 Le Clerc Rd. N.

(city, state, zip) Cusick, WA 99119

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(Check individual or corporation - if state incorporated, specify state)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Jerry Kapelke Trucking
owner

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 _____

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.

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.

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#	LICENSE#	STATE	VIN#
54	A78382Z	WA	1XP9L29X2DP159642
P-1	6974TC	WA	TW2791763

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.

Jerry Kapelke
 Signature(s)

4-22-2009
 Date



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Kapelke, Jerry
13401 Le Clerc Road N
Cusick WA 99119

April 29, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV090631.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.