

REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1400 S Evergreen Park Dr SW, PO Box 47260
Olympia, WA 98504-7260

Telephone (360) 884-1222 - Fax (360) 588-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

TV-090610

Done
CS

FOR OFFICIAL USE ONLY

Reception Number: 0018670	Safety: <input checked="" type="checkbox"/>	Carrier ID#: 4756
111 0268 200 02 <i>100.00</i>	Insurance: <input checked="" type="checkbox"/>	Employee: <i>CS</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	

<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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TYPE OF PAYMENT

Amex Discov. 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): ANGIE GARZA Date: 4-30-09
Signature: Angela Garza Title: BOOKKEEPER

MOTOR CARRIER IDENTIFICATION

CC#: <u>63014</u>	US DOT# (if required): <u>11652064</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-732-247</u> ✓
APPLICANT NAME: <u>Ofelia S Avila</u>		PHONE#: <u>509-475-9097</u>
d/b/a: <u>Silva Express</u>		FAX #: <u>509-488-3076</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>647 S Taylor Rd, Dthello, WA 99314</u> (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different) <u>SAME</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Ofelia S. Avila	owner	100%

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--\$300,000 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#
14	63014	WA	1FUS A6CG X2LK JS176

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.

Ofelia S. Avila

Hector Silva M.

4-30-09

Signature(s)

Date

4756
[Signature]

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 OFELIA S AVILA DBA SILVA EXPRESS of 647 S TAYLOR RD OTHELLO WA 99344

a policy or policies of insurance effective from 4/30/09 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 30TH day of APRIL, 2009

Insurance Company File No. GWP55260A
(Policy Number)

CATHY THOMSON
(Authorized Company Representative)

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

Filed with Washington Utilities and Transportation Commission
(Name of Commission)

(hereinafter called Commission)

RECEIVED

5508
pen

MAY 04 2009

This is to certify, that the Alpha Property & Casualty Insurance Co.
(Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Home Office Address of Company)

WASH. UT. & TP. COMM

has issued to BETTS, BRUCE J
BETTS COURIER

(Name of Motor Carrier)

of 34703 N 140 PR NW

BENTON CITY WA 99320
(Address of Motor Carrier)

a policy or policies of insurance effective from 04/22/2009 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.

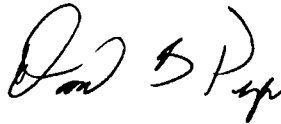
This certificate and the endorsement described herein may not be cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Street Address)

this 30 day of APRIL 2009

WA DOT NO:

Insurance Company File No 1371047



(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.

IRB 3539B