PART - A

TY-090689

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

	APPLICATION FOR PERMIT									
	(excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY									
Reception	on Nur	nber: 0018719	Safety: 5/1/09	AL USE	ONL	Carrier ID#: M65(4				
111 026	88 200	0018719	Insurance: ± 17	109		Employee: VWC				
					/chacl					
TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority										
Transfer of Existing Permit Number										
	\$275	75 GENERAL COMMODITIES ONLY			\$100	GENERAL COMMODITIES, including ARMORED CAR SERVICE				
	\$275	GENERAL COMMODITIES, including ARMORDED CAR SERVICE			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
	\$275	5 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS			\$100	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
	\$275	GENERAL COMMODITIE HAZARDOUS MATERIALS an SERVICE								
	\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT FOR CORUM									
	(Mus	to filed within 10 months of c	ancellation)			Auth #:				
ET CLI		Manager Class	TYPE OF							
□ Chec	К Ц	Money Order ☐ Ame	x Discover D	Mastero	ar'	Expiration Date				
- -			<u> </u>							
CERTIFIC authorize	CATIOI d to ex	N: I, the undersigned, under p ecute and file this document of	enalty for false stateme on behalf of the applicat	nt, certify nt, and th	y that the lat all info	following information is true and correct, that I am primation on file is current and valid.				
Name (p	rinted	Jom Per	CZ JR	l	Date:	5-4-09				
Signatur	le.	Tion () are		7	itte;	OWNER OPERATER				
			OTOR CARRIER							
CC#:	·		(if required)	1		IFIED BUSINESS IDENTIFIER (UBI) #:				
	2316/									
APPLICANT NAME: PENCAL TOMAS PENCEJR 509-830-1713										
d/b/a:										
BUSINESS (MAILING) ADDRESS:										
(street address, P.O. Box) 627 Highland Rd.										
(city, state, zip)										
6-RANDUIEW WA. 98930										
1	PHYSICAL ADDRESS: (street address, if different)									
		•	4							

		(chec			•	STRUCTU ship/corporati		ion)	
IND	IVIDUAL	IDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION (LP, LLP, LLC)							
NAME		_	TITLE		STOCK I	DISTRIBUTIO	N OR PER	CENTAGE C	FSHARE
Fon	Per	cz 7	Tinck	-06		Owner	Op	erator	
10	mas	Pierz	-2 7	IZ.					100% Pay
			TR	ANSFER (OF PER	MIT NUMB	ER		
Comple	te this se	ection if you	are transfe	rring an exis	ting perm	it to a new ov	vner. List na	ame of <u>curre</u>	nt permit
	ler and permit number to be transferred. The current permit holder must sign below to authorize the transfer ne permit number.								
NAME	ON PERI	MIT:					PERMIT N	UMBER:	
								- · · · · · · · · · · · · · · · · · · ·	
Signa	ture of cu	rrent permit	holder			-		Date	
						NTS (must d			
NOT H. materia and WI vehicles pounds rating—Liability Damag require to complete to complete to see the complete to complete t	The applicant WILL THAUL hazardous terials in any quantity I WILL only operate sicles less than 10,000 and gross weight ng-\$300,000 in Public collity and Property mage Insurance is uired. You do not need complete the Safety ness Survey.		The NOT HAL materials \$750,000 and Propinsurance Complete Safety Fit Section 1	The applicant WILL IOT HAUL hazardous naterials in any quantity—750,000 in Public Liability nd Property Damage asurance is required. Somplete and submit the afety Fitness Survey—6 ection 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 a HAUL haza materials re million in F and Proper Insurance. and submit Fitness Sur Sections 1	equiring \$5 Public Liability ty Damage Complete the Safety vey –
ファ		A3729	34E	WA		J=232	766A	23618	
75	+	13729	A8305	OF WA	4.)	D2327E4B10303		
74		A73189X W		W.	A	CASIZH P096945			
F				WA		IXKWD28X5		4537 191C	
86		4032							_
l, as a operat	pplicant, te and th	understand at no opera	a that the tions may	tiling of this v be conduc	ted until	ion does not a permit is n	in itself co eceived fro	nstitute autr m the Comi	nonty to mission. I
hereby	y declare	and affirm	that the i	nformation	containe	d in this appi	lication is ti	rue to the be	est of my
Knowle	edge and	a bejiet.							
_	van						5	- 4- 00	
	Signature(s)						- 4- 09 Date		
	:				. 5				

M6514

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ALLIND
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/7777) 05-07-2009

700	CER	III IOATE OF E	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	EINEORMATION			
	HE VALLEY INSURANCE		ONLY AND	THIS CERTIFICATION 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 BELOW.					
G	RANDVIEW, WA 98930 509-882-4099 (f) 509-882-	.2131		INSURERS AFFORDING COVERAGE					
	109-662-4099 (1) 503-662-	2131		CONTRACT OF CONTRA					
INSURED	OMAS PEREZ JR	•	INSURER B:						
	BA: TOMAS PEREZ TRUCKING		INSURER C:						
6	527 HIGHLAND DR		INSURER D:						
G	RANDVIEW, WA 98930		INSURER E:						
COVER	AGES								
THE PO	AGES DUCIES OF INSURANCE LISTED BEL EQUIREMENT, TERM OR CONDITION ERTAIN, THE INSURANCE AFFORDE IES. AGGRÉGATE LIMITS SHOWN MA	D BY THE POLICIES DESCRIBED H	EREIN IS SUBJECT	BOVE FOR THE PO ESPECT TO WHICH TO ALL THE TERM	DLICY PERIOD INDICATED, I H THIS CERTIFICATE MAY E MS, EXCLUSIONS AND CON	NOTWITHSTANDING BE ISSUED OR DITIONS OF SUCH			
POLICI	ES. AGGREGATE LIMITS SHOWN W	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	OFIGA ELLECTIVE I BOTTOL EYLINGUION I INULS					
INSR ADD'L LTR INSRE	•	Polity (voint)	DATE (Interiorist)	DATE (MANUSCRIPT	EACH OCCURRENCE	5			
	GENERAL DABILITY				CONTRACTO DENTED	5			
	COMMERCIAL GENERAL LIABILITY CLAIMS MADE OCCUR			,	1	3			
	CLAIMS MADE, OCCUR				PERSONAL & ADV INJURY	\$			
					GENERAL AGGREGATE	5 <u>=</u>			
	GEN'L AGGREGATE LIMIT APPLIES PER:	·		*	PRODUCTS - COMP/OP AGG	\$ 7.1			
	POLICY PRO-					S			
	AUTOMOBILE LIABILITY ANY AUTO				COMBINED SINGLE LIMIT (Es accident)	\$ 750,000			
	ALL OWNED AUTOS Y SCHEDULED AUTOS	06630910-0	10/14/2008	10/14/2009	BODILY INJURY (Per person)	\$			
A	HIRED AUTOS NON-DWNED AUTOS	00000010	10, 14, 2000	10/11/2005	BODILY INJURY (Per accident)	5			
					PROPERTY DAMAGE (Per accident)	s			
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	5			
	ANY AUTO				OTHER THAN EA ACC	5			
					AUTO DNLY: AGG	\$ " "			
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	5			
	OCCUR CLAIMS MADE	N			AGGREGATE	5			
						\$			
1	DEDUCTIBLE		1			\$			
	RETENTION S				I MC STATIL I DIEG	\$			
wo	RKERS COMPENSATION AND			:	WC STATU- TORY LIMITS ER				
	PLOYERS' LIABILITY Y PROPRIETOR/PARTNER/EXECUTIVE	}	-		E.L. EACH ACCIDENT	5			
OF	FIÇER/MEMBER EXCLUDED?				E.L. DISEASE - EA EMPLOYEE				
SPI	es, describe under ECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	\$			
ОТ	HER								
	TION OF OPERATIONS / LOCATIONS / VEHIC	I CE LEVOL LICIANE ARRED DV CHIDADES	MENT/RECIAL PROV	ISIONS					
		PES / EXPLUSIONS ADDED BY ENDORSE	matt i Gradine i 104						
	CC#: 23161								
,	VOTE: WE HAVE REQUESTED T	HAT THE INSURANCE COMPAN'	Y "RE-FILE" A	UNIFORM MOTO	R CARRIER				
CERTIFICATE OF INSURANCE (FORM E) FOR THIS TRUCKER. THEY ORIGIONALLY FILED A									
[FORM E AND HAVE IND	ICATED THAT IT WAS NOT RE	EJECTED.						
0555	FICATE HOLDER		CANCELLA	TION					
			SHOULD ANY O	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION."					
	WASHINGTON UTILITIES AND		DATE THEREOF	DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					
/	ATTN: PERMITS & INSURANCE			NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILLIRE TO DO SO SHALL					
	P.O. BOX 47250 ,	•		IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, IT'S AGENTS OR					
	OLYMPIA, WA 98504-7250			REPRESENTATIVES.					
			AUTHORIZED RE	AUTHORIZED REPRESENTATIVE					
	1		<u> </u>	(10000)					
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