

REINSTATEMENT

TV-090712

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 Number: 111 0268 200 02 0018796 <i>1 (77) (7)</i>	Safety: <i>00</i>	Carrier ID#: <i>12360</i>
	Insurance: <i>00</i>	Employee: <i>[Signature]</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 #:

TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): Clifford T. McBurnitt Date: 5/11/09
Signature: Clifford T. McBurnitt Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>CC-57886</u>	US DOT# (if required): <u>490477</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>600472019</u>
APPLICANT NAME: <u>Clifford T. McBurnitt</u>		PHONE#: <u>360-829-2771</u>
d/b/a: <u>Same</u>		FAX #: <u>Same</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 1136</u> (city, state, zip) <u>Buckley, wa. 98221</u>		
PHYSICAL ADDRESS: (street address, if different) <u>569 Ryan Rd.</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

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 -- \$750,000 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 \$1 million 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 \$5 million 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#
03	B 716 41K	Wa.	EXPCD 29X 5K D 276195

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.

Clifford V. ...

Signature(s)

5/11/09

Date

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID DD
CLIFF-1

DATE (MM/DD/YYYY)
05/05/09

PRODUCER

RIS Insurance Services
PO Box 1059
Anacortes WA 98221
Phone: 360-293-2135 Fax: 360-293-2385

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 BELOW.

INSURED

CLIFFORD T. MCDERMITT
869 RYAN RD
BUCKLEY WA 98321

INSURERS AFFORDING COVERAGE

NAIC #

INSURER A:	GREAT WEST CASUALTY INSURANCE	11371
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	BINDER	05/11/09	05/11/10	EACH OCCURRENCE \$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	BINDER	05/11/09	05/11/10	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS <input type="checkbox"/> OTHER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO/BROAD FORM	BINDER	05/11/09	05/11/10	\$1000 DED \$100,000
A	PHYSICAL DAMAGE	BINDER	05/11/09	05/11/10	\$1000 DED COMP & COLL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
A: BAILEE (TRAILER INTERCHANGE) \$25,000 LIMIT/\$1,000 DEDUCTIBLES COMP AND COLL

CERTIFICATE HOLDER

WUTC000

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P.O. BOX 47250
OLYMPIA WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

WASHINGTON



UTILITIES AND TRANSPORTATION COMMISSION

Field Receipt

Reception No.

18796

Permit No.

Empty grid for Permit No.

Name

CLIFFORD MC DERMITT

Receipt No.

Employee No.

Month-Day-Year

Method of Payment

M 03447

3951

5-11-09

Cash (Date _____ Initials _____) Check/Money Order Credit Card

Comments: <i>cc Permit tab</i>	111	268	200	08	...	\$ _____	Single State Registration Fee – Washington State
	111	268	013	99	...	\$ _____	Single State Registration Fee – All Other States
	111	268	200	08	...	\$ _____	Interstate Exempt Registration Fee
	111	268	200	02	...	\$ <u>100</u>	Intrastate Application Fee – General Commodities
	111	268	013	20	...	\$ _____	Sales Tax
	111	268	* _____	01	...	\$ _____	Regulatory Fee
	111	268	* _____	02	...	\$ _____	Application Fee
	111	268	* _____	_____	...	\$ _____	Other _____
						\$ <u>100</u>	Total Paid

By: [Signature]
Agent

By: [Signature]
Applicant

White: Financial Services >> Yellow: Applicant >> Pink: Action >> Goldenrod: Book

(R 12/03)