

PART - A

TV-090758

REC

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)

MAY 13 2009  
WASH. UT. & TP. COMM

*[Handwritten signature]*

FOR OFFICIAL USE ONLY

Reception Number 0018825

Safety: N/A

Carrier ID#: 5517

111 0268 200 02

275.00

Insurance:

Employee:

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input checked="" 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):

Date

Signature:

Title

MOTOR CARRIER IDENTIFICATION

CC#: 63593

US DOT# (if required)

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 102922261

APPLICANT NAME:

Tillie Melhiness

PHONE#:

(509) 535-6962

d/b/a:

T 3 T Transport

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

E. 2424 Mission

(city, state, zip)

Spokane Washington

99202

PHYSICAL ADDRESS: (street address, if different)



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

5547  
*[Handwritten signature]*

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

(hereinafter called Commission)

RECEIVED

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

MAY 29 2009

(hereinafter called Company) of EXECUTIVE CENTER II, 9360 LBJ FRWY, DALLAS, TX 75243  
(Home Office Address of Company)

WASH. UT. & TP COMM

has issued to

TILLIE MELBIHESS  
(Name of Motor Carrier)

of 2424 E MISSION

SPOKANE WA 99202  
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/19/2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 this 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, 9360 LBJ FRWY, DALLAS, TX 75243  
(Street Address)

this 26 day of MAY 2009

WA DOT NO: 03503

Insurance Company File No: 1371507

*[Handwritten signature]*

(Authorized Company Representative)

MC 1633a (Ed. 8-09) UNIFORM INFORMATION SERVICES INC.

IRB 9539D