	PAR	T – A		1-090158		
REC MASHINGTON 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  WASH. UT. & TP. COMM Intrastate Common Carrier Operating Authority  APPLICATION FOR PERMIT  (excluding Household Goods and Common Carrier Brokers)						
Reception Number 018825   Safety:	OFFICIA	AL USE ONL'	Carrier	D#: 554		
111 0268 200 02 715, (1) Insurance	10) M	AN	Employ			
		ATION (chec		<u> </u>		
New Common Carrier Permit Authorit Transfer of Existing Permit Number	ty, or	Extension	of Common	Carrier Permit Authority		
\$275 GENERAL COMMODITIES ONLY		\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE					
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
		l				
\$100 REINSTATEMENT OF CANCELLED (Must be filed within 10 months of cancellation)	СОММО	N CARRIER PE	RMIT	For Commission Use Only: Auth #.		
(Must be filed within 10 months of cancellation)	YPE OF	PAYMENT Mastercard (Å)		1		
(Must be filed within 10 months of cancellation)  TO Check	YPE OF Cover	PAYMENT Mastercard (A) V ent. certify that the	isa following inform	Expiration Date		
(Must be filed within 10 months of cancellation)  T  Check □ Money Order □ Amex □ Dis  CERTIFICATION: I, the undersigned, under penalty for far authorized to execute and file this document on behalf of	YPE OF Cover	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info	isa following inform	Expiration Date		
(Must be filed within 10 months of cancellation)  T Check □ Money Order □ Amex □ Disconnected D	YPE OF Cover	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info	isa following inform	Expiration Date		
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(Must be filed within 10 months of cancellation)  The Check	YPE OF cover   alse statement the applicant cover   CARRIER	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info Date Title R IDENTIFICA	following informormation on file in	Expiration Date  action is true and correct, that I am scurrent and valid.  SSS IDENTIFIER (UBI) #:		
(Must be filed within 10 months of cancellation)  The Check	YPE OF cover   alse statement the applicant cover   CARRIER	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info Date Title R IDENTIFICA	following informormation on file in the following information on	Expiration Date  attion is true and correct, that I am scurrent and valid.  ESS IDENTIFIER (UBI) #:		
(Must be filed within 10 months of cancellation)  The Check	YPE OF cover   alse statement the applicant country in the country	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info Date Title R IDENTIFICA	following informormation on file in the following information on	Expiration Date  action is true and correct, that I am scurrent and valid.  SSS IDENTIFIER (UBI) #:		
(Must be filed within 10 months of cancellation)  TO Check	YPE OF cover  alse statement the applicant cover  ARRIER ed)	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info Date Title RIDENTIFICA WA UN	following information on file in the following information on the following information in the fol	Expiration Date  attion is true and correct, that I am scurrent and valid.  ESS IDENTIFIER (UBI) #:		
(Must be filed within 10 months of cancellation)  TO Check	YPE OF cover  alse statement the applicant cover  ARRIER ed)	PAYMENT Mastercard (A) V ent, certify that the nt, and that all info Date Title R IDENTIFICA	following information on file in the following information on the following information in the fol	Expiration Date  attion is true and correct, that I am scurrent and valid.  ESS IDENTIFIER (UBI) #:		
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OK INDIVIDE	TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)						
			MVa				
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE							
SS 0	owner-	10000					
TRANSFER OF PERMIT NUMBER  Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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							
(permit will not be issued until acceptable insurance is received)							
MOT 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 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.				
EQUIPMENT LIST (Attach additional list if necessary) UNIT# LICENSE# STATE VIN#							
ISE#	SIAIE	2040-0-	/IN#				
(DT. Wash		2P46 P44R 3WR676964					
111 670 XDI Wash		21 10 0 1112 3 128 70 10 1					
tions may that the ii	be conducted un	til a permit is received froi	m the Commission. I				
	TITLE  TF  are transfer be transfer by transfer be transfer by transfer be transfer by transfer be transfer by tra	TRANSFER OF Pare transferring an existing pobe transferred. The current be transferred. The current mit will not be issued until actions materials in any quantity—\$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	TRANSFER OF PERMIT NUMBER are transferring an existing permit to a new owner. List no be transferred. The current permit holder must sign below permit will not be issued until acceptable insurance is received.  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.  QUIPMENT LIST (Attach additional list if necessary SE# STATE  That the filing of this application does not in itself contions may be conducted until a permit is received frow that the information contained in this application is the safety from the				

## UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY

DAMAGE LIABILITY CERTIFICATE OF INSURANCE

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

(nereinaller called Commission)

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

MAY 29 2000

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

WASH. UT. & TP COMM

has lesison to

TILLIE MELBIHESS (Name of Meter Cazrler) of 2424 E MISSION

**SPOKANE WA 69202** 

(Address of Molor Carrier)

a policy or policies of insurance effective from 05/18/2009 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 emended to provide automobile bodity injury and properly damage liability insurance severing 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 turnish the Controllesion a duplicate original of said policy or policies and all endorsements lisercon.

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

Counteredance of EXECUTIVE CENTER II, 83/90 LBJ FRWY, DALLAS, TX 75/243 (Bireel Address)

live 26 day of MAY

2009

WA DOT NO: 69599

Insurance Company File No. 1371507

(Authorized Company Representative)

IRB 9539D

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

FORM: SDCCS.SRFORU