REINSTATEMENT									
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: 0018888 Safety:									
111 0268 200 02 (i (i) (ii) Insurance:	Employee:								
TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority									
Transfer of Existing Permit Number	LAICHSION OF COMME								
\$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									
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filled within 10 months of cancellation) For Commission Line Columns Auth #:									
TYPE OF									
Check Color Order DAmex Discover D	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): IVa Madison	Date: 5/20/09								
Signature: Our Management Title: Our Ut									
MOTOR CARRIER IDENTIFICATION									
CC#: 42125 US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
APPLICANT NAME: Randy L Madison	PHONE#: 340-495-3402								
d/b/a: Madison trucking	FAX#: 360-495-3402								
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1354 Mox - Chehalis Rá									
(city, state, zip) MCCleary WA 98557									
PHYSICAL ADDRESS: (street address, if different)									

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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									
		TRA	NSFER OF P	ER	MIT NUMBER				
Complete this so holder and perm of the permit nu	nit number to	are transfe	erring an existing p	erm	t to a new owner. List n	ame of <u>current</u> permit w to authorize the transfer			
NAME ON PER	MIT:				PERMIT N	PERMIT NUMBER:			
Signature of current permit holder					Date				
Orginature of Ge			CE PENIIRE	ME	NTS (must check one				
					table insurance is rece				
The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating—\$300,000 in Public The NOT HAU materials \$750,000 and Properate Insurance Complete		The applicant WILL HAUL hazardous rials in any quantity 1,000 in Public Liability Property Damage ance is required, blete and submit the 1y Fitness Survey 2		The applicant WILL AUL hazardous aterials requiring million in Public ability and Property amage Insurance and brait the Safety Fitness rvey ~ Sections 1 and	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.				
	. E	QUIPME	NT LIST (Attach	add	itional list if necessary)			
UNIT#	LICEN	ISE#	STATE		١	/IN#			
1	B199	126	IVA .		128684				
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.									
Signature(s)				5/20/09 Date					
3					Juic				

Attention: Colleen

From
Randy + Iva Madison
Madison Trucking

ACORD. INSURANGE BIND				Ç.P.	ر العربي وا	DATE (NM/ 05/2	W			
THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUE	JECT TO THE	CONDITIONS	E SIDE OF THIS FORM.							
PRODUCER (A/C, No. Ext): 360-748-0051 (A/C, No. Ext): 360-748-3941		ompany Everest N	BINDER# 307			'5				
			FFECTIVE	NME DATI		EXPIRATION E TIME				
Virgil R. Lee & Son		DATE	!	X AM	1/ALIE	X				
P.O. Box 1226 Chehalis WA 98532		05/21/0	12:01	PM	06/2	. —	NOON			
Deborah L. Buss	<u> </u>	<u> </u>			· · · · · · · · · · · · · · · · · · ·					
CODE: SUB CODE:		PER EXPIRI	R IS ISSUED TO EXT NG POLICY #: 72	FP000710	IN THE ABOVE	NAMED COMP	ANY			
AGENCY CUSTOMERID: MADIS-4	П		PERATIONS/VEHIC							
INSURED		72 Warres	th 128684	77 Pione	eer 571	72				
Randy Madison		12 Velimor				14				
Madison Trucking		M44323								
1354 Mox-Chehalis Road	İ		$M \Lambda^2$	19,00						
McCleary WA 98557	Ì		1	,						
SOMER MGEST VICENTIAL TO THE PROPERTY OF THE P			Barran Markan			Se Harrie				
PROPERTY TYPE AND LOCATION OF PROPERTY	COVERA	GE/PERILS/FORM:	3	MOUNT	, DE	DUCTIBLE	COINS %			
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LIABILITY	COVERAGE/FO	RMS	'	EACH OC	CURRENCE	AGGRE	GATE			
SCHEDULED FORM COMPREHENSIVE FORM			BODILY INJURY	\$		\$				
PREMISES/OPERATIONS			PROPERTY DAMAG	€ \$		\$	200-11/20-044			
PRODUCTS/COMPLETED OPERATIONS		ŀ	BI & PD COMBINED	\$		\$				
CONTRACTUAL				F	PER PERSON	\$				
OTHER:			MEDICAL PAYMENT	rs PE	R ACCIDENT	\$				
MEDICAL PAYMENTS			PERSONAL INJURY			\$				
PERSONAL INJURY FÖRM:	A .	В □ с				5				
AUTOMOBILE LIABILITY				COMBINED SING	LE LIMÍT	\$ 1,000	,000			
ANY AUTO			Ī	BODILY INJURY (Par person)	\$				
ALL OWNED AUTOS				BODILY INJURY	Per accident)	\$				
X SCHEDULED AUTOS				PROPERTY DAM	AĞE	5				
HIRED AUTOS				MEDICAL PAYME	NTS	\$				
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GARAGE LIABILITY		•		UNINSURED MO	TORIST	\$				
			ľ	•		\$				
AUTO PHYSICAL DAMAGE DEDUCTIBLE ALL VEHICLES X SO	CHEDULED VEHIC	LES		AÇTUAL Ç	ASH VALUE					
X COLLISION: 1000				STATED A	MQUNT	\$				
X OTHER THAN COL: FULL/Spec Perils				OTHER						
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OTHER THAN UMBRELLA FORM				SELF-INSURED F	RETENTION	\$				
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WORKER'S COMPENSATION				EACH ACCIDENT		\$				
AND EMPLOYER'S LIABILITY		•		DISEASE - POLICY LIMIT		\$				
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SPECIAL CONDITIONS						•				
OTHER										
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NAME & ADDRESS: MISSING SECTION OF THE PROPERTY OF THE PROPERT										
		MORTGAGEE	h	TIONAL INSURED						
		LOSS PAYEE	X							
	Lo	AN#								
Washington Utilities & Transp Commission	<u></u>	ITUANITED TOTAL								
P O Box 47250	AU	ITHORIZED REPR	ESENTATIVE N		_	1				
Olympia WA 98504-7250	_	Salaanat =	B	Margh	. ∟ &	how				
		Deborah L				REDRAMO				
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