

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)

TU 090704
Done

FOR OFFICIAL USE ONLY

Reception Number: **0018888**

Safety: *CS*

Carrier ID#: *M 44323*

111 0268 200 02 *1100 02*

Insurance: *CS*

Employee: *CS*

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED 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 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): *Iva Madison*

Date: *5/20/09*

Signature: *Iva Madison*

Title: *owner*

MOTOR CARRIER IDENTIFICATION

CC#: *42125*

US DOT# (if required)

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

601 556 962

APPLICANT NAME: *Randy L Madison*

PHONE#: *360-495-3402*

d/b/a: *Madison Trucking*

FAX #: *360-495-3402*

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box)

1354 Mox - Chehalis Rd

(city, state, zip)

McCleary WA 98557

PHYSICAL ADDRESS: (street address, if different)

Attention:

Colleen

From

Randy + Iva Madison
Madison Trucking

ACORD INSURANCE BINDER OP ID: 05 DATE (MM/DD/YY) 05/21/09

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER Virgil R. Lee & Son P.O. Box 1226 Chehalis WA 98532 Deborah L. Buss	PHONE (A/C, No, Ext): 360-748-0051 FAX NO. (A/C, No, Ext): 360-748-3941	COMPANY Everest National Ins Co	BINDER # 3075
CODE: AGENCY CUSTOMER ID: MADIS-4 INSURED Randy Madison Madison Trucking 1354 Mox-Chehalis Road McCleary WA 98557	SUB CODE:	DATE EFFECTIVE TIME 05/21/09 12:01	EXPIRATION TIME 06/21/09 12:01 AM
THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: 72FP000710091		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) 73 Kenworth 128684 77 Pioneer 57172 <i>M44323</i>	

COVERAGES

PROPERTY	TYPE AND LOCATION OF PROPERTY	COVERAGE/PERILS/FORMS	AMOUNT	DEDUCTIBLE	COINS %

LIABILITY	COVERAGE/FORMS	EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/> SCHEDULED FORM <input type="checkbox"/> COMPREHENSIVE FORM			
<input type="checkbox"/> PREMISES/OPERATIONS			
<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS			
<input type="checkbox"/> CONTRACTUAL			
OTHER: _____			
<input type="checkbox"/> MEDICAL PAYMENTS		PER PERSON	\$
<input type="checkbox"/> PERSONAL INJURY		PER ACCIDENT	\$
	FORM: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		\$

AUTOMOBILE LIABILITY	COMBINED SINGLE LIMIT
<input type="checkbox"/> ANY AUTO	\$ 1,000,000
<input type="checkbox"/> ALL OWNED AUTOS	BODILY INJURY (Per person) \$
<input checked="" type="checkbox"/> SCHEDULED AUTOS	BODILY INJURY (Per accident) \$
<input type="checkbox"/> HIRED AUTOS	PROPERTY DAMAGE \$
<input type="checkbox"/> NON-OWNED AUTOS	MEDICAL PAYMENTS \$
<input type="checkbox"/> GARAGE LIABILITY	PERSONAL INJURY PROT \$
	UNINSURED MOTORIST \$

AUTO PHYSICAL DAMAGE DEDUCTIBLE	ALL VEHICLES	<input checked="" type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE
<input checked="" type="checkbox"/> COLLISION: 1000			\$
<input checked="" type="checkbox"/> OTHER THAN COL: FULL/Spec Perils			OTHER \$

EXCESS LIABILITY	EACH OCCURRENCE	AGGREGATE	SELF-INSURED RETENTION
<input type="checkbox"/> UMBRELLA FORM	\$	\$	\$
<input type="checkbox"/> OTHER THAN UMBRELLA FORM			

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	STATUTORY LIMITS
	EACH ACCIDENT \$
	DISEASE - POLICY LIMIT \$
	DISEASE - EACH EMPLOYEE \$

SPECIAL CONDITIONS/ OTHER COVERAGES

NAME & ADDRESS: Washington Utilities & Transp Commission P O Box 47250 Olympia WA 98504-7250	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	<input checked="" type="checkbox"/>
	LOAN #	
	AUTHORIZED REPRESENTATIVE	<i>Deborah L Buss</i>
	Deborah L. Buss	