

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-090871

[Handwritten signature]

FOR OFFICIAL USE ONLY

Reception Number: 0018961	Safety: <i>CS</i>	Carrier ID#:
111 0268 200 02	Insurance: <i>CS</i>	Employee: <i>CS</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: _____
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TYPE OF PAYMENT

<input type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	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): Ronald Lee Larson Date: 6/8/2009

Signature: _____ Title: owner operator

MOTOR CARRIER IDENTIFICATION

CC#: <u>19209</u>	US DOT# (if required): <u>561478</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>600059106</u>
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APPLICANT NAME: <u>Ronald Lee Larson</u>	PHONE#: <u>360-482-2381</u>
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d/b/a:	FAX #: <u>360 482 2381</u>
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)	<u>303 Mox Chehalis Rd</u>
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(city, state, zip)	<u>ELMA WA. 98541</u>
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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
RON LARSON HAULING

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: RONALD LEE LARSON PERMIT NUMBER: CC 19209
Ronald Lee Larson 6/8/09
 Signature of current permit holder Date

INSURANCE REQUIREMENTS (must check one)
 (permit will not be issued until acceptable insurance is received)

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 Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

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.

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#
one	A79171M	WA.	128660

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.

Ronald Lee Larson 6/8/09
 Signature(s) Date



INSURANCE BINDER

OP ID DB

DATE (MM/DD/YYYY)
06/08/2009

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

AGENCY Virgil R. Lee & Son Lovsted Worthington LLC P.O. Box 1226 Chehalis WA 98532 John O Thurston PHONE (A/C, No, Ext): 360-748-0051 FAX (A/C, No): 360-748-3941 CODE: _____ SUB CODE: _____ AGENCY CUSTOMER ID: RONAL-8 INSURED Ronald Lee Larson Box 303, Mox-Chehalis Road Elma WA 98541	COMPANY Everest National Ins Co BINDER # 3086 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td>06/09/09</td> <td></td> <td>AM PM</td> <td>07/09/09</td> <td>12:01 AM NOON</td> </tr> </table> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: TBD DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 1973 Kenworth Log Trk #8660 1973 Peerless Log Trlr #15890 <div style="text-align: right; font-size: 2em; font-family: cursive;">M 6024</div>	DATE	EFFECTIVE	TIME	EXPIRATION	TIME	06/09/09		AM PM	07/09/09	12:01 AM NOON
DATE	EFFECTIVE	TIME	EXPIRATION	TIME							
06/09/09		AM PM	07/09/09	12:01 AM NOON							

COVERAGES	LIMITS			
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COM/PROP AGG \$			
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	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ 10,000 UNINSURED MOTORIST \$ 1,000,000 \$		
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____ ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES		ACTUAL CASH VALUE STATED AMOUNT \$ OTHER		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$		
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRO DATE FOR CLAIMS MADE:		EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ WC STATUTORY LIMITS		
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$		
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$		

NAME & ADDRESS Washington Utilities & Transportation Commission P O Box 47250 Olympia WA 98504-7250	MORTGAGEE _____ LOSS PAYEE _____ ADDITIONAL INSURED <input checked="" type="checkbox"/> LOAN # _____ AUTHORIZED REPRESENTATIVE John O Thurston <i>John O Thurston</i>
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