

ATT: COLLEEN

REINSTATEMENT TV 090937

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

Done 6/19/09

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0019000	Safety:	Carrier ID#: 4548
111 0288 200 02 <i>100.00</i>	Insurance: <i>Bundled</i>	Employee: <i>[Signature]</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 checked="" type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT <small>(Must be filed within 10 months of cancellation)</small>	For Com. Auth # <i>1</i>
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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	<input checked="" type="checkbox"/> Visa	Expiration Date
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CERTIFICATION I the undersigned, under penalty for false statement, certify that the foregoing 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): Rick Schloss Date: 6/17/09
 Signature: _____ Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: <u>62821</u>	US DOT# (if required) <u>1786301</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 723 56201</u>
APPLICANT NAME: <u>Rick Schloss</u>		PHONE#: <u>509 860 0603</u>
d/b/a:		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>PO Box 1063</u>		
(city, state, zip) <u>CHELAN, WA 98816</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

check individual or partnership partnership corporation

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

RICK SCHLOSS OWNER

TRANSFER OF PERMIT NUMBER

Check if you are transferring an existing permit number. If so, provide the permit number and the name of the person to whom it is being transferred. The permit number is the number on the permit issued by the Department.

Permit Number: _____ Date of Transfer: _____

INSURANCE REQUIREMENTS (must check one)

(permit will not be issued until acceptable insurance is received)

<input type="checkbox"/> The permittee has liability insurance covering the vessel for a minimum of \$1,000,000 per occurrence.	<input checked="" type="checkbox"/> The permittee has liability insurance covering the vessel for a minimum of \$750,000 per occurrence.	<input type="checkbox"/> The permittee has liability insurance covering the vessel for a minimum of \$1 million per occurrence.	<input type="checkbox"/> The permittee has liability insurance covering the vessel for a minimum of \$5 million per occurrence.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B 11065 F	WA	1XP5DR9X9NN313071

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.

Rick Schloss

6/17/09

Signature(s)

Date



CERTIFICATE OF INSURANCE


Pending N/R p.1

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that:
- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 - STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 - STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 - STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 - STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: Rick Schloss							
ADDRESS OF NAMED INSURED: P.O. Box 1063, Chelan, WA 98816							
POLICY NUMBER	47-2479						
EFFECTIVE DATE OF POLICY	06/17/2009						
DESCRIPTION OF VEHICLE (Including VIN)	1992 Peterbuilt 1UYVS2489RU147601						
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY							
a. Bodily Injury							
Each Person							
Each Accident							
b. Property Damage							
Each Accident							
c. Bodily injury & Property Damage Single Limit							
Each Accident	1,000,000						
PHYSICAL DAMAGE COVERAGES							
a. Comprehensive	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1,000 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 1,000 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

 Agent
 Signature of Authorized Representative Title F489 47-2479 06/17/2009
 Agent's Code Number Date

Name and Address of Certificate Holder WASHINGTON UTILITIES AND TRANSPORTAION COMMISSION PO BOX 47250 Olympia, WA 98504-7250	Name and Address of Agent LINDA SASSEEN STATE FARM INSURANCE PO BOX 3143 WENATCHEE, WA 98807
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INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.
 Request Certificate Holder to be added as an Additional Insured.