

TY-091015

# 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)

*due 6/26/09*

### FOR OFFICIAL USE ONLY

Reception Number: **0019027** Safety: *OK* Carrier ID#: ~~WA5M43515~~  
 111 0268 200 02 100.00 Insurance: *OK* Employee: *pic*

### 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	

**\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
 (Must be filed within 10 months of cancellation)

For Commission Use Only:  
 Auth #: *V190506*

### 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): *Robert B Fife* Date: *6-23-09*

Signature: *Robert Fife* Title: *owner*

### MOTOR CARRIER IDENTIFICATION

CC#: <i>61671</i>	US DOT# (if required)	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602 542 973</i>
APPLICANT NAME: <i>Robert Fife</i>		PHONE#: <i>509-945-9846</i>
d/b/a: <i>B R Ranches</i>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>341 Gibson</i>		
(city, state, zip) <i>Selah, WA, 98942</i>		
PHYSICAL ADDRESS: (street address, if different)		

*341 Gibson Selah WA 98942*



M43515  
(P)

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

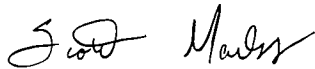
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ROBERT B FIFE, DBA: B & R RANCHES of 341 GIBSON RD, SELAH, WA 98942-0000 a policy or policies of insurance effective from 06/26/2009 12:01 A.M. standard time 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 amended to provide automobile bodily injury and property damage liability insurance covering 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 furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143  
this 26th day of June, 2009

Insurance Company File No. CA 05483300  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B