

# REINSTATEMENT TV 091077

## 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: <b>0019063</b>	Safety: <b>7-8-09</b>	Carrier ID#: <b>M31916</b>
111 0268 200 02   <b>100.00</b>	Insurance: <b>7-8-09</b>	Employee:

#### 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

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): ANGIE GARZA Date: 7/8/09  
 Signature: \_\_\_\_\_ Title: BOOKKEEPER

#### MOTOR CARRIER IDENTIFICATION

CC# <b>59960</b>	US DOT# <b>895727</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>602-052-538 d</b>
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APPLICANT NAME: NOEL R. SUAREZ PHONE#: (509) 989-0660

d/b/a: SUAREZ TRUCKING FAX#: (509) 488-

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 14801 DOUGLAS RD.

(city, state, zip) YAKIMA, WA 98908

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_  
(LP, LLP, LLC)

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

NOEL R. SUAREZ                      OWNER                      100%

**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: N/A                      PERMIT NUMBER: \_\_\_\_\_

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#
#1	B395960	WA	1FUYDSEB8PH496750
#11	11054RP	WA	2FUPCSZB5VA4691

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.

Noel R. Suarez  
Signature(s)

7-02-09  
Date

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE  
(Executed in Triplicate)

Filed with **WASHINGTON Utilities & Transportation Commission** (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the **NORTHLAND INSURANCE COMPANY**  
(Name of Company)

(hereinafter called Company) of **385 WASHINGTON STREET - SAINT PAUL MN 55102**  
(Home Office Address of Company)

has issued to **NOEL R SUAREZ DBA SUAREZ TRUCKING**  
(Name of Motor Carrier)

of **14801 DOUGLAS RD - YAKIMA WA 98908**  
(Address of Motor Carrier)

a policy or policies of insurance effective from **07/02/2009** 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 canceled 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 **385 WASHINGTON STREET - SAINT PAUL MN 55102** this **7TH** day of **JULY** **2009**

Insurance Company File No **WN005710** **Frank T Netcoh**  
(Policy Number) (Authorized Company Representative)