

TV091134 001/006

# 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)

*One CS*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0019114</b>	Safety: <i>CS</i>	Carrier ID#: <i>M39389</i>
111 0268 200 02 <i>100 00</i>	Insurance: <i>CS</i>	Employee: <i>Wesley 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	

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

For Common Carrier Use Only  
Auth #

*US BANK*

#### 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): CHARLES T WILSON Date: 7.13.09

Signature: \_\_\_\_\_ Title: CT WILSON TRANS.

#### MOTOR CARRIER IDENTIFICATION

CC#: <i>6046</i>	US DOT# (if required) <i>991337</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>601684461 4</i>
APPLICANT NAME: <u>CHARLES TOM WILSON</u>		PHONE#: <u>541-980-5711</u>
d/b/a: <u>CT WILSON TRANS. OK</u>		FAX #: <u>541-296-9896</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>28 BRYAN WAY</u>		
(city, state, zip) <u>LYLE WA. 98635</u>		
PHYSICAL ADDRESS: (street address, if different)		



M<sup>3</sup>~~3989~~  
39389  
pending

**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 CHARLES T WILSON, CT WILSON TRANSPORT of 28 BRYAN WAY, LYLE, WA 98635 a policy or policies of insurance effective from 08/13/2009 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 13th day of August, 2009

Insurance Company File No. CA 04252158  
(Policy Number)

  
(Authorized Company Representative)

MC1633a(08/99)

IRB3539B