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) FOR OFFICIAL USE ONLY Carrier ID#: 14 393 Reception Number: Un Safety: 111 0268 200 02 Insurance: Employee: IZWC TYPE OF APPLICATION (check one) New Common Carrier Permit Authority, or **Extension of Common Carrier Permit Authority** Transfer of Existing Permit Number \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, Including ARMORED CAR SERVICE \$275 GENERAL COMMODITIES, Including GENERAL COMMODITIES, including \$100 ARMORDED CAR SERVICE HAZARDOUS MATERIALS \$275 GENERAL COMMODITIES, Including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS HAZARDOUS MATERIALS and ARMOREU CAR SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commissate - Hank Oaks (Must be filed within 10 months of cancellation) Auth # 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 course, unex, 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): CLANIFS Date: Signatu ----Title: MOTOR CARRIER IDENTIFICATION WA UNIFIED BUSINESS IDENTIFIER (UBI) #: US DOT# (if required) CC#: d/b/a: 014 BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE (check Individual or complete partnership/corporation information)							
INDIVIDUAL DEPARTMENSHIP DECORPORATION - STATE OF INCORPORATION							
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE							
CHAPLES T WILSON							
CT WILSON TYANS.							
TRANSFER OF PERMIT NUMBER							
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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: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. additional list if necessary		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.	
UNIT# LICENSE# STATE VIN#							
ONIT#		9 PR WA			ZHTFJOODZNCO60-		
	11-10-1		VV 7 1	680			
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. Signature(s) Date							
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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

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143 this 13th day of August, 2009

Insurance Company File No. CA 04252158

(Policy Number)

MC1633a(08/99)

IRB3539B