

# REINSTATEMENT

TU-091159  
4617

## 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)

RECEIVED

JUL 22 2009

#### FOR OFFICIAL USE ONLY

WASH. UT. & TP. COMM

Reception Number: **0019127**

Safety: 7-20-09

Carrier ID#: 4617

111 0268 200 02 100.00

Insurance: 7-20-07

Employee: Kwe

#### TYPE OF APPLICATION (check one)

##### New Common Carrier Permit Authority, or Transfer of Existing Permit Number

##### Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$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 #:

#### 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): John P. Thrush

Date: 7-20-09

Signature: John P. Thrush

Title: Sole proprietor

#### MOTOR CARRIER IDENTIFICATION

CC#: CC-62873

US DOT#: 1653533

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 728 731

APPLICANT NAME: John P. Thrush

PHONE#: 360-452-9591

d/b/a: Jack Thrush Trucking

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 1120 West 12<sup>th</sup> Port Angeles, W.A. 98363  
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) Same as above

Posted

## 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**

John P. Thruish - Sole Proprietor

## 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: ~~John P.~~                      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#
	B048520	W.A.	1FVNFDYB6T P80 1663

*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.*

John P. Thruish  
Signature(s)

7-20-09  
Date

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

Filed with Washington UTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Everest National Insurance Company  
(Name of Company)

(hereinafter called Company) of 477 Martinsville Road, P.O. Box 830, Liberty Corner, NJ 07938-0830  
(Home Office Address of Company)

has issued to JOHN P THRUSH of 1120 W 12TH, PORT ANGELES, WA 98363

(Name of Motor Carrier) (Address of Motor Carrier)  
a policy or policies of insurance effective from 6/14/2008 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.

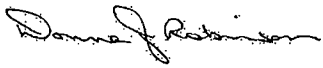
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

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 600 University Street, Suite 300 Seattle WA 98101-4195  
(Street Address) (City) (State) (Zip Code)

this 29 day of July 2009

Insurance Company File No. 72FP001114081  
(Policy Number)

  
Authorized Company Representative

Underlying Limit :0.00 Liability Limit :750,000.00