

# REINSTATEMENT

m39013

TV-091284

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

Telephone (360) 884-1222 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>0019159</b>	Safety: <b>7/29/09</b>	Carrier ID#: <b>m39013</b>
111 0288 200 02 <b>100.00</b>	Insurance: <b>7/29/09</b>	Employee: <b>ful</b>

#### 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 #: <b>V712485</b>
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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): **MARTIN Octloa**      Date: **7-24-09**  
 Signature: **MARTIN Octloa**      Title: **owner**

#### MOTOR CARRIER IDENTIFICATION

CO#: <b>60316</b>	US DOT#: <b>954610</b>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <b>From File 02-602120722</b>
APPLICANT NAME: <b>MARTIN Octloa</b>	PHONE#: <b>509-374-6837</b>	
d/b/a: <b>Octloa transport</b>	FAX #:	

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **9816 welsh Dr.**

(city, state, zip) **PASCO WA 99301**

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
MARTIN OCHOA	Owner	
DBA OCHOA transport		

### 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: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one)

(Permit will not be issued until acceptable insurance is received)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity — <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage insurance and submit the Safety Fitness Survey — Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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#
475	R329QA	WA	1KKWDB9KTV R735494

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.

MARTIN OCHOA \_\_\_\_\_ 7-24-09 \_\_\_\_\_  
 Signature(s) Date

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

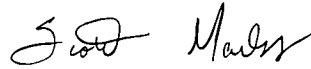
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to MARTIN OCHOA, DBA OCHOA TRANSPORT of 9816 WELSH DRIVE, PASCO, WA 99301-0000 a policy or policies of insurance effective from 07/24/2009 12:01 A.M. standard time 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 27th day of July, 2009

Insurance Company File No. CA 04272632  
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B