

REINSTATEMENT *TV 091225*

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

done 8/5/09

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0019169	Safety:	Carrier ID#: <i>14383</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>OK</i>	Employee: <i>OK</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 Comm. Aut.

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): *Ranulfo Vela Hilda Vela* Date: *7-29-09*
 Signature: _____ Title: *owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>60021</i> 431190	US DOT# (if required) <i>897 649</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>001-274-021</i>
APPLICANT NAME: <i>Ranulfo Vela</i>		PHONE#: <i>509-349-0184</i>
d/b/a: <i>R+B Trucking</i>		FAX #: <i>509-349-2314</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>206 W 8th St Warden</i>		
(city, state, zip) <i>warden, Wash 98857</i>		
PHYSICAL ADDRESS: (street address, if different)		

Please fax back

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WASH

NAME	TITLE	STOCK DISTRIBUTION OR
Ranulfo Vela		
B+B Trucking		

TRANSFER OF PERMIT NUMBER

Complete this section if you are transferring an existing permit to a new owner. holder and permit number to be transferred. The current permit holder must sign of the permit number.

NAME ON PERMIT: _____ PERM _____

Signature of current permit holder _____

INSURANCE REQUIREMENTS (must check)
 (permit will not be issued until acceptable insurance is)

- | | | |
|--|---|---|
| <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> 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. | <input type="checkbox"/> The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 & 2. |
|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	
500	01937BP	WASH	IXKWD
501	80983PB	WASH	IXKWD

I, as applicant, understand that the filing of this application does not in itself operate and that no operations may be conducted until a permit is received. I hereby declare and affirm that the information contained in this application is true and correct to the best of my knowledge and belief.

Ranulfo Vela
 Signature(s)

7
 Date

Form 1-40

Remit C.O.D. to:
 Address:
 City:
 State:
 Zip:
COD Aml: \$
C.O.D. FEE: Prepaid Collect \$
TOTAL CHARGES: \$
FREIGHT CHARGES: \$
 PERMIT: _____ DATE: _____
 SHIPPER: _____ PER: _____
 CARRIER: _____ PER: _____ DATE: _____
 EMERGENCY RESPONSE TELEPHONE NUMBER: _____ DATE: _____
 Manned 24 hours/day by a person with knowledge of the hazards of the material and emergency response information or who has access to a person with that knowledge.

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the **NATIONAL INDEMNITY COMPANY** (hereinafter called Company)

of 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

has issued to **RAMULFO VELA DBA R & R TRUCKING** of 206 W. 8TH ST., WARDEN, WASHINGTON 98857

a policy or policies of insurance effective from 8-4-2009 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 3024 HARNEY STREET, OMAHA, NE 68131

this 4 day of AUG, 2009

Insurance Company File No. 70TRS011575
(Policy Number)

JOHN MCDONALD
(Authorized Company Representative)