

# REINSTATEMENT

TV 091269

## 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

Reception Number: **0019194**

Safety: *CS*

Carrier ID#: *412986*

111 0268 200 02 *100.02*

Insurance: *CS*

Employee: *102*

#### 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 Co 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): Wind Song Trucking Date: 8-05-09

Signature: \_\_\_\_\_ Title: owner

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>61434</u>	US DOT#: <u>1269981</u>	WA UNIFIED BUSINESS IDENTIFIER (UB) #: <u>602-413-846</u>
APPLICANT NAME: <u>Richard &amp; Patricia LaPierre</u>		PHONE#: <u>509-653-2627</u>
d/b/a: <u>Wind Song Trucking LLC</u>		FAX #: <u>509-653-2472</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 387, Naches, Wa, 98937</u>		
(city, state, zip)		
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
Richard L. Pierre		50%
Patricia L. Pierre		50%

**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)

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#

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.

Patricia L. Pierre  
Signature(s)

8-05-09  
Date

**GREAT WEST CASUALTY COMPANY  
EQUIPMENT LIST AND COVERAGE**

August 13, 2009

Policy: GWP56630B

Eff. Date: 07/30/09

Insured Name: WIND SONG TRUCKING LLC

Exp. Date: 07/30/10

VEHICLE ID	YEAR	TRADENAME	VEHICLE TYPE	COVERAGES	ACV VALUE	EFFECTIVE DATE	SERIAL NUMBER
SA0001	1993	KENWORTH	CT	CG CL CP LI PI UIM	10,000	07/30/09	1XKADB9X8PS591606
SA0002	1993	FREIGHTLINER	CT	CG CL CP LI PI UIM	10,000	07/30/09	1FUVDSEB5PP433370
SB0003	1974	ALLOY	FST	CL CP LI	9,000	07/30/09	74310
SB0004	1992	ALLOY	FST	CL CP LI	4,000	07/30/09	1ALPF4289NS920206
SB0005	1982	FRUEHAUF	FST	CL CP LI	5,000	07/30/09	1H5P04027CN006001
SB0006	1984	FRUEHAUF	FST	CL CP LI	5,000	07/30/09	1H5P04222EN006004
000000001		LIAB NON-VEHICLE		HA	0	07/30/09	
000000011		PHDM NON-VEHICLE		CHDD	0	07/30/09	
000000012		PHDM NON-VEHICLE		CHDD	0	07/30/09	
000000013		CMIM NON-VEHICLE		CHDD	0	07/30/09	
000000014		PHDM NON-VEHICLE		CHBE	0	07/30/09	
000000015		PHDM NON-VEHICLE		CHTP	0	07/30/09	
000000016		PHDM NON-VEHICLE		CHTW	0	07/30/09	
000000017		CMIM NON-VEHICLE		CHPP	0	07/30/09	

COVERAGE CODES: LI=PRIMARY LIABILITY, NTL=NON TRUCKING USE LIABILITY, PI=PIP, MP=MED PAY, UM=UNISURED MOTORIST, UIM=UNDERINSURED MOTORIST, CP=COMPREHENSIVE, SP=SPECIFIED PERILS, CL=COLLISION, CG=CARGO

Coverages						
TYPE	LIMITS	DEDUCTIBLE	TYPE	LIMITS	DEDUCTIBLE	
CARGO	20000	1000	LIAB	1000/CSL/CSL		
HIRED AUTO	1000/CSL/CSL		UIM BI	100/CSL		
PIP	BASIC		COLL	SEE EQ/DEC/POL	1000	
CHOI			COMP	SEE EQ/DEC/POL	1000	

12/29/86  
pendung

614434  
\$1,000,000

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**  
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)  
P.O. BOX 277 SO SIOUX CITY NE 68776

has  
issued to: **WIND SONG TRUCKING LLC**  
**201 WIND SONG LN**  
**NACHES WASHINGTON 98937**

a policy or policies of insurance effective from **7/30/09** 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 **2950 E GOLDSTONE DR** **MERIDIAN ID 836421572**  
this **13 TH** day of **AUGUST** **2009**  
Insurance Company File No. **GWP56630B**  
**0375** (Policy Number)

  
Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

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**ORIGINAL**