

# REINSTATEMENT *TV-091281*

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION** *8/10*

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: **0019208**

Safety: *8-12-09*

Carrier ID#: *WB2001*

111 0268 200 02 *100.00*

Insurance: *8-1-09*

Employee: *WCO*

### 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
- \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

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

**\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
(Must be filed within 18 months of cancellation)

For  
A

### TYPE OF PAYMENT

- Check
- Money Order
- Amex
- Discover

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): *DAVID GARZA*

Date: *8-10-09*

Signature: \_\_\_\_\_

Title: *BOOKKEEPER*

### MOTOR CARRIER IDENTIFICATION

CC#: *057921*

US DOT#: *606143*

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: *601-216-339*

APPLICANT NAME: *DAVID GARZA*

PHONE#: *(509) 488-5446*

d/b/a: *DAVID GARZA TRUCKING*

FAX #: *(509) 488-2088*

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

(city, state, zip)

*680 S. DARY LN*

*OTHELLO, WA 99344*

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
DAVID GARZA	OWNER	100%

**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#
11	B598129	WA	1XKWDB9X1WR768430

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) Angela Garza Date 8-10-09

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

M 32001  
pend

Filed with WASHINGTON Utilities & Transportation Commission (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY  
(Name of Company)

(hereinafter called Company) of 385 WASHINGTON STREET - SAINT PAUL MN 55102  
(Home Office Address of Company)

has issued to DAVID GARZA DBA DAVID GARZA TRUCKING  
(Name of Motor Carrier)

of 680 S DRURY LANE - OTHELLO WA 99344  
(Address of Motor Carrier)

a policy or policies of insurance effective from 08/11/2009 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 385 WASHINGTON STREET - SAINT PAUL MN 55102 this 11TH day of AUGUST 2009

Insurance Company File No WN005462 Frank T Netcoh  
(Policy Number) (Authorized Company Representative)