

REINSTATEMENT

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

WASH. UT & TP COMM (excluding Household Goods and Common Carrier Brokers)

RECEIVED
TV 9/20/09
AUG 21 2009

FOR OFFICIAL USE ONLY

Reception Number 0019258	Safety: <u>CS</u>	Carrier ID#: <u>MW3765</u>
111 0268 200 02 <u>100.00</u>	Insurance: <u>CS</u>	Employee: <u>CS</u>

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 #:
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TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date _____
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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): Ruben Bustamante Date: 08-19-09
Signature: Ruben Bustamante Title: ~~owner~~ owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>CC-61851</u>	US DOT# <u>1385910</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 513 655</u>
APPLICANT NAME: <u>Ruben Bustamante</u>		PHONE#: <u>(509) 830-4066</u>
d/b/a: <u>Bustamante Trucking</u>		FAX #: <u>(509) 854-1739</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 1076 Granger, WA 98932</u>		
(city, state, zip) <u>209 Mentzer Avenue Granger, WA 98932</u>		
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

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#
2 D	91883PR	WASH	1KRADB9X16G8331153
1 D	335131	WASH	1FU Y D X Y B4R0459406
<i>per customer</i>			

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.

Ruben Bustamante
Signature(s)

08-19-09
Date

M 43765
pending

GRIFFIN UNDERWRITING SERVICES

1980 112TH AVE. NE, STE. 210

Bellevue

WA 98004

WASHINGTON UTILITIES & TRANSPORTATION
COMMISSION

P.O. Box 47250

Olympia

WA 98504

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

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (hereinafter called Commission)This is to certify, that the ARGONAUT MIDWEST INSURANCE COMPANY
(Name of the company)(Hereinafter called Company) of 225 W WASHINGTON STREET, 6TH FLO Chicago
(Home office address of the company)

IL 60606

has issued to RUBEN BUSTAMANTE DBA BUSTAMANTE TRUCKING
(Name of the motor carrier)209 MENTZER AVEGRANGERWA 98932
(Address of the motor carrier)

a policy or policies of insurance effective from 5-Aug-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 the notice is actually received in the office of the Commission.

Countersigned at 8450 East Crescent Parkway
(Street Address)Greenwood Village
(City)CO 80111
(State) (Zip Code)this 5TH day of August 2009

Insurance Company File No.

TP8001075
(Policy Number)

[Signature]
(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)).

05-Aug-10