

REINSTATEMENT

TY-091426

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)

*done
9/14/09*

FOR OFFICIAL USE ONLY

Reception Number: 0019347	Safety: <i>00</i>	Carrier ID#: M36915
111 0268 200 02 <i>107.00</i>	Insurance: <i>00</i>	Employee: <i>luc</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 Com 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): Ruben C Cervantes Date: 9-4-09

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: <u>59612</u>	US DOT#: <i>00</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>see attachment</u>
APPLICANT NAME: <u>Ruben Cervantes</u>		PHONE#: <u>(341) 571-0093</u>
d/b/a: _____		FAX #: _____

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) PO Box 172 Paterson, WA 99345
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) 197208 593 PR SW Paterson, WA 99345

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#
	A56535V	Washington	1xKWD28X88K159696

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.

Robert C. Conarty
Signature(s)

9-4-09
Date

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Reception Number: 0019347	Safety:	Carrier ID#: M36915
111 0268 200 02 107.00	Insurance:	Employee: Bill

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<input type="checkbox"/> \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE	<input type="checkbox"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
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(Must be filed within 10 months of cancellation)

For Com
Auth #

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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 C Cervantes Date: 9-4-09
Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CCA: <u>59612</u>	US DOT#: <u>1936147</u>	WA UNIFIED BUSI: <u>601-981-354 dr</u>
APPLICANT NAME: <u>Ruben Cervantes</u>	PHONE#: <u>(341) 571-0093</u>	
d/b/a:	FAX #:	

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 172 Paterson WA 99345
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) 197208 593 PR SW Paterson, WA 99345

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Date _____

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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 \$2 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#
	AS16535V	Washington	1XKWD25Y88K159696

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 C. Casanley
Signature(s)

9-4-09
Date



Watts Brothers Fertilizer, Inc.
P.O. Box 1900
Kennewick, WA 99336
Phone: 509-875-3154
FAX 509-875-3300

FAX COVER SHEET

Date: 9-14-09

To: Att. Licensing

From: B. Cervantes trucking (Ruben Cervantes)

Pages Including Cover Page: 3

Message: If you have any questions please
call me @ (509) 366-8416

Thank
Leticia Cervantes

M 36915
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

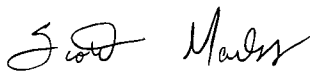
This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RUBEN CERVANTES, R CERVANTES TRUCKING of PO BOX 234, PATTERSON, WA 99345-0000 a policy or policies of insurance effective from 09/08/2009 12:01 A.M. standard 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 9th day of September, 2009

Insurance Company File No. CA 04343188
(Policy Number)



(Authorized Company Representative)

MC1633a(08/99)

IRB3539B