

| | | |
|---|----------------------------------|---------------|
| VENDOR NAME AND ADDRESS THE SALVATION ARMY 1000 4TH AVE S SEATTLE, WA 98134 | AGENCY NUMBER 2150 | LOCATION CODE |
| FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.) | | |
| RECEIVED BY BUSINESS OFFICE | | DATE RECEIVED |

AGENCY P.R. OR AUTHORIZATION NUMBER
REFUND

AGENCY NAME AND LOCATION
UTILITIES AND TRANSP. COMM.
 1300 S. EVERGREEN PK DRIVE S.W.
 P.O. BOX 47250
 OLYMPIA, WA 98504-7250

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND - Carrier requested withdrawal of application and refund of funds.

RECEPTION OR FIELD RECEIPT NO. 19417 DATED 9/21/09 \$275.00

| PREPARED BY <i>Tina Leipski</i> | | TELEPHONE NUMBER 664-1170 | DATE 12/17/09 | AGENCY APPROVAL | | | | | | | | | | DATE | | |
|------------------------------------|--------------|-------------------------------------|-------------------------|------------------------------|----------------|-----------|----------------|-----------|------------------|--------------------|---------------|----------|----------|----------------------------------|-----------------|----------------|
| DOC. DATE | PMT DUE DATE | CURRENT DOC. NO. | REF. DOC. NO. | VENDOR NUMBER VOD1 | VENDOR MESSAGE | | | | | USE TAX | UBI NUMBER | | | | | |
| REF DOC SUF | TRANS CODE | M O D | FUND | MASTER INDEX APPN INDEX | PROGRAM INDEX | SU B OBJ | SUB SUB OBJECT | ORG INDEX | WORK CLASS ALLOC | COUNTY BUDGET UNIT | CITY/TOWN MOS | PROJEC T | SUB PROJ | PROJ PHAS | AMOUNT | INVOICE NUMBER |
| | 198 | | 111 | | | 02 | 68 | | | | | | | | \$275.00 | REFUND |
| | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | |
| ACCOUNTING APPROVAL FOR PAYMENT | | | | | | | | | | DATE | | | | WARRANT TOTAL \$275.00 | WARRANT NUMBER | |

Shaw Clifton
General

William and Catherine Booth
Founders

Philip Swyers, Commissioner
Territorial Commander



THE SALVATION ARMY
Founded in 1865

Charles S. Fowler, Major
Administrator

Man-Hee Chang, Major
Adult Rehabilitation Center Commander

Shari Fowler, Major
Director of Special Services

December 16, 2009

Washington Utilities and Transportation Commission
ATT: Ken Chatman
1300 S. Evergreen Park Dr. SW
P.O. Box 47250
Olympia, WA 98504-7250

RE: WITHDRAWAL - PENDING COMMON CARRIER PERMIT CC063750
(DOCKET # TV-091534)

Dear Sir,

As per our conversation today, we would like to withdraw our application for the common carrier permit.

The reason for our withdrawal is that we are still in the process of gathering all the information that was requested from your department in order to complete the application process.

We received a Notice of Deficient Application on November 19, 2009 where we were asked to complete/correct some items. I believe you have been in contact with Jim Thompson of our Territorial Headquarters in regards to some of the difficulties we are facing in getting the required information.

For now, could you please refund the application fee, of \$275.00.

Thank you for your cooperation.


for Charles Fowler, Major
Administrator

PART - A

+V-091534

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

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)

SEP 21 2009

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

| | | |
|--------------------------------------|-------------------|------------------------|
| Reception Number: 111 0268 200 02 | Safety: 215.00 | Carrier ID#: W30884 |
| | Insurance: | Employee: |

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 checked="" 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 type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) | |

For Commission Use Only: Auth #:

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Electronic

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): Charles Fowler Date: 09/16/09

Signature: _____ Title: Administrator

MOTOR CARRIER IDENTIFICATION

| | | |
|---|-----------------|---|
| CC#: 63750 | US DOT#: 238055 | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 1780/0038 |
| APPLICANT NAME: The Salvation Army | | PHONE#: 206-587-0503 |
| d/b/a: The Salvation Army - Seattle ARC | | FAX #: 206-624-9658 |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1000. 4th Ave S. | | |
| (city, state, zip) Seattle, WA 98134 | | |
| PHYSICAL ADDRESS: (street address, if different) | | |

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL
 PARTNERSHIP
 CORPORATION – STATE OF INCORPORATION CA
 (LP, LLP, LLC)

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

As a non-profit corporation, applicant does not have shareholders. Attached is a current list of the corporation's Directors

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 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 checked="" 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# |
|-------|----------|-------|-------------------|
| 7 | A87886Z | WA | 1HSHBAHN7WH503366 |
| 36 | A67117M | WA | 1FT4S95L1PVA14412 |

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)

Charles Fowler, Administrator
For The Salvation Army

9/16/09

Date

PART - B

SAFETY FITNESS SURVEY - SECTION 1 GENERAL SAFETY

Instructions: In each category shown below, list the person and/or position responsible for understanding, maintaining, and complying with current Federal Motor Carrier Safety Regulations (FMCSR).

Copies of the FMCSR's are available from several vendors, these include, but are not limited to:

Washington Trucking Association, 930 S. 336th St., Suite B, Federal Way, WA 98003, (800) 732-9019 or (253) 838-1650
J. J. Keller & Associates, Inc. 3003 W. Breezewood Lane, Neenah, WI 54966 (877) 564-2333
Willamette Traffic Bureau, 16303 NE Cameron Blvd, Portland, OR 97230-5030, (503) 236-1183
US Government Printing Office, 732 N. Capital Street, NW, Washington, DC 20401 (866) 512-1800 or (202) 512-1800

Controlled Substances and Alcohol Testing (Part 382)

Name: Yzabel McKee Position: Human Resources Director

Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirements (49 CFR Part 382 and 49 CFR Part 40).

Commercial Drivers License (CDL) Requirements (Part 383)

Name: Andrew Hoyt Position: Transportation Supervisor

Any driver who operates a vehicle that meets the definition of a commercial motor vehicle as described below must have a valid CDL. The definition of a commercial motor vehicle is:

- < has a gross combined weight rating of 26,001 pounds that includes a towed unit with a gross vehicle weight rating of more than 10,000 pounds; or
- < has a gross vehicle weight rating of 26,001 pounds or more; or
- < is designed to transport 16 or more passengers, including the driver; or
- < is of any size and is used to transport hazardous materials of an amount that requires placarding under HM regulations.

(Definition shown above applies in reference to this section and that of controlled substance testing.) Contact local Department of Licensing office for additional information

Driver Qualification Requirements (Part 391)

Name: Yzabel McKee Position: Human Resources

Each company must maintain a complete Driver Qualification File for each employee (whether permanent, casual, or intermittent) authorized to drive motor vehicle. To determine what information is required, review FMCSR Part 391.51

Owner/operators that work exclusively in intrastate commerce within Washington have limited exemptions that are found in WAC 480-14-370(7). Owners/operators that conduct any interstate operations must maintain a complete file on themselves and any casual or intermittent driver that they may use.

**THE SALVATION ARMY
(a California corporation)**

**BOARD OF DIRECTORS
July 16, 2008**

**ISRAEL L. GAITHER
CHAIRMAN OF THE BOARD AND DIRECTOR
615 SLATERS LANE
ALEXANDRIA, VA 22313
(703) 684-5500**

**PHILIP SWYERS
PRESIDENT AND DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8400**

**WILLIAM E. HARFOOT
VICE PRESIDENT AND DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8455**

**RON STRICKLAND
TREASURER AND DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8406**

**MICHAEL J. WOODRUFF
SECRETARY AND DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8755**

**DAVID E. HUDSON
DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8402**

**EDA M. HOKOM
DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8404**

**WALTER J. FUGE
ASSISTANT TREASURER AND DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8726**

**PATRICIA L. SWYERS
DIRECTOR
180 E OCEAN BLVD
LONG BEACH, CA 90802
(562) 491-8400**

Drivers Hours of Service (Part 395)

Name: Andrew Hoyt Position: Transportation Supervisor

Each company must maintain true and accurate hours of service records for each individual that drives a motor vehicle. If company's operations meet all requirements of the "100 air mile radius driver," a record of duty status is acceptable. A driver must complete a driver's daily log book when he/she exceeds the 100 air-mile radius or he/she exceeds 12 hours.

Note: Reference 49 CFR, Part 395.1(e) and WAC 480-14-380

Vehicle Inspection, Repair, and Maintenance (Part 396)

Name: Andrew Hoyt Position: Transportation Supervisor

Part 396.11 requires that drivers prepare a written "Driver Vehicle Inspection Report" on each vehicle used each day. Refer to Part 396.11 for a description of the required content of this report.

Each motor carrier must maintain certain required records for each vehicle that includes the following: (see Part 396.3(b)).

- < Identification of the vehicle
- < A means to indicate the nature and due date of various inspection and maintenance operations to be performed.
- < A record of inspections, repairs and maintenance indicating their date and nature.

All companies must comply with Part 396.17 dealing with Periodic inspections. Each motor carrier must inspect, or have inspected, all motor vehicles subject to its control at least once during the preceding 12 months.

My signature below certifies that I understand my responsibility as a motor carrier and I will comply with all the safety requirements which apply to my operations.



Signature of applicant

Charles Fowler, Administrator
for The Salvation Army

9/16/09

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
10/02/2009

Page 1 of 2

| | | |
|--|--|--------------|
| PRODUCER 877-945-7378 Willis Insurance Services of California, Inc. 26 Century Blvd. P. O. Box 305191 Nashville, TN 37230-5191 | THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. | |
| | INSURERS AFFORDING COVERAGE | NAIC# |
| INSURED The Salvation Army - Division 9 180 East Ocean Blvd. Long Beach, CA 90802 | INSURERA: <u>Lexington Insurance Company</u> | 19437-000 |
| | INSURERB: <u>ACE American Insurance Company</u> | 22667-012 |
| | INSURERC: | |
| | INSURERD: | |
| INSURERE: | | |

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR ADD'L LTR INSRD | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS | |
|----------------------|---|-------------------------------------|------------------------------------|-------------------------------------|---|--------------|
| A | GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC | 038883351 | 10/1/2009 | 10/1/2010 | EACH OCCURRENCE | \$ 2,000,000 |
| | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ 1,000,000 |
| | | | | | MED EXP (Any one person) | \$ |
| | | | | | PERSONAL & ADV INJURY | \$ 2,000,000 |
| | | | | | GENERAL AGGREGATE | \$ 4,000,000 |
| | | | | | PRODUCTS - COMP/OP AGG | \$ 4,000,000 |
| B | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | AOS ISAH08580492 CA XSAH08581757 | 10/1/2009 | 10/1/2010 | COMBINED SINGLE LIMIT (Ea accident) | \$ 5,000,000 |
| B | | | 10/1/2009 | 10/1/2010 | BODILY INJURY (Per person) | \$ |
| | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | GARAGE LIABILITY <input type="checkbox"/> ANY AUTO | | | | AUTO ONLY - EA ACCIDENT | \$ |
| | | | | | OTHER THAN AUTO ONLY: EA ACC | \$ |
| | | | | | AGG | \$ |
| | EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$ | | | | EACH OCCURRENCE | \$ |
| | | | | | AGGREGATE | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | | | | | | \$ |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below | | | | WC STATUTORY LIMITS | OTHER |
| | | | | | E.L. EACH ACCIDENT | \$ |
| | | | | | E.L. DISEASE - EA EMPLOYEE | \$ |
| | | | | | E.L. DISEASE - POLICY LIMIT | \$ |
| | OTHER | | | | | |

RECEIVED
OCT 12 2009
WASH. UT. & TP. COMM

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Division #09-095

Seattle White Center

| | |
|--|--|
| CERTIFICATE HOLDER Washington Utilities and Transportation Division PO Box 47250 Olympia, WA 98504 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>30</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE |
|--|--|



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

August 25, 2009

The Salvation Army Seattle ARC
1000 4th Ave. S.
Seattle, WA 98134

RECEIVED
SEP 21 2009
WASH. UT. & TP. COMM

Dear Salvation Army Seattle ARC:

We have received information that you may be operating without a common carrier permit. Per WAC 173-345-050 (3), companies who offer commercial recycling, **must first obtain a common carrier permit from the Washington Utilities and Transportation Commission (Commission)**.

According to the Department of Ecology's records, you are currently registered with their agency as a commercial recycler. You must have a common carrier permit.

Enclosed is information about the common carrier permit, as well as the application to obtain a permit.

To avoid further action by the commission, you must:

- submit a completed common carrier application, file proof of insurance and include the application fee
OR
- submit a letter explaining why you believe you are not required to get a permit.

You must respond by September 15, 2009, or the commission may take further action by:

- Requiring you to appear at a hearing to determine if you are operating without a common carrier permit.
- Issuing monetary penalties in the amount of \$1,000 for each day it determines you are in violation.

If you have any questions or need assistance, you may contact Licensing Services at 360-664-1222.

Sincerely,

David Pratt
Assistant Director for Transportation Safety

Enclosures



The Salvation Army
1000 4th Ave S
Seattle, WA 98134-1303
Phone: 206-587-0503
Fax: 206-624-9658



Fax

To: Ken' Chatham From: Joy Kumar
 Fax: 360 586 1181 Pages: Including cover 2 Pgs
 Phone: 306 664 1229 Date: 12/17/09
 Re: Common Carrier Receipts

- Urgent For Review Please Comment Please Reply Please Recycle

● Comments:



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

The Salvation Army
1000 4th Ave S.
Seattle WA 98134

September 24, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-091534 for pending common carrier permit CC063750.

- X Your application is missing some information. Please complete the highlighted areas and return to our office by October 24, 2009.
- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above. The insurance form submitted does not show any coverage under the auto liability portion.
- X The USDOT number provided has a different name and needs to be updated. Please update your MCS-150 at www.fmcsa.dot.gov or contact FMCSA at 360-753-9875 for assistance.
- X The Unified Business Identifier (UBI) number provided is not on file. Please check to see if a different number such as 048002487 is correct. You may contact the Department of Licensing for help. They can be reached at 360-664-1400. As a non-profit corporation, you may contact the Secretary of State's office at 360-725-0377 for help.

10/12

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

11/12 called - Fowler out But working w se cab
State



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250

(360) 664-1160 • TTY (360) 586-8203

The Salvation Army
1000 4th Ave S.
Seattle WA 98134

November 19, 2009

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-091534 for pending common carrier permit CC063750.

- X Your application is missing some information. Please complete the highlighted areas and return to our office by December 19, 2009.
- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by December 19, 2009 or your application will be dismissed.
- X The Unified Business Identifier (UBI) number provided is not on file. Please check to see if UBI 048002487 is correct.. You may contact the Department of Licensing at 360-664-1400. As a non-profit corporation, you may contact the Secretary of State's office at 360-725-0377.
- X You need to have a USDOT number. The DOT number submitted as a different name. You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3816 or (360)596-3810 for assistance.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

12-16- Called spoke to Joy - National office
is handling, But not Done yet - can't withdraw
+ refund, then ReApply when Ready krc
12-16- Calof office called - Discuss with Thompson.