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WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250 RECEIVED									
Olympia, WA 98504-7250									
Telephone (360) 664-1222 – Fax (360) 586-1181 – 1001 4 2009 Intrastate Common Carrier Operating Authority									
APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) WASH. UT & TP. COMIN									
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Reception Number: UU19474 Safety:	(g) \			Carrier	ت	755			
111 0268 200 02 <i>3</i> 75, 00 Insurance		ð		Emplo	yee: 4	enc.			
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Transfer of Existing Permit Number									
\$275 GENERAL COMMODITIES ONLY			\$100	GENERAL ARMORED		DITIES, inclu VICE	iding		
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	g		\$100	GENERAL HAZARDOL		DITIES, inclu	ıding		
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS		\$100	GENERAL HAZARDOU SERVICE	ENERAL COMMODITIES, including AZARDOUS MATERIALS and ARMORED CAR ERVICE					
\$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 Commission Use Only: Auth #:									
(Must be filed within 10 months of cancellation)					Auth #	<i>t</i> :			
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	Challe to a state of the Address	Service Manual Contract of the	ENTE card □ V	isa		ation Date			
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CERTIFICATION: I, the undersigned, under penalty for fall authorized to execute and file this document on behalf of the Name (printed): Signature: MOTOR C CC#: 63764 US DOT# APPLICANT NAME: Thomas R. (d/b/a: Tom cat Courses BUSINESS (MAILING) ADDRESS:	se stateme the applican	mt, certifint, and the	y that the nat all info	following information on file 10-12 OWNEY FIED BUSING PHONE#	Expire mation is to is current and a second	ation Date rue and correct and valid. NTIFIER (UE	31) #:		
CERTIFICATION: I, the undersigned, under penalty for fall authorized to execute and file this document on behalf of the Name (printed): Signature: MOTOR C CC#: APPLICANT NAME: Thomas R. (d/b/a: Tom cat Courier BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) (city, state, zip)	se stateme the applicant ARRIER	mastero	y that the nat all info	following information on file 10-12 0wne/ TION FIED BUSIN 02 95 PHONE# (FAX #:	Expire mation is to is current and a second	ation Date rue and correct and valid. NTIFIER (UE	31) #:		
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	(chec		PEOFIBUSINE		RUGITURE corporation informati	on)		
MINDIVIDUAL	□ PAR	TNERSHIF	CORPORA (LP, LLP,		STATE OF INCORF	PORATION		
NAME	-	TITLE	STOC	K DIST	RIBUTION OR PER	CENTAGE OF SHARE		
Complete this se holder and perm of the permit nur	it number to	are transfe	ANSHER OF PA	ermit to	a new owner. List na	ame of <u>current</u> permit w to authorize the transfer		
NAME ON PERI				·	PERMIT N	UMBER:		
Signature of cu	rrent nermit	holder				 Date		
Signature of Co		NSURA			(iiiivisivoneokone)) Kapinama lismaalusmi			
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		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.		HAUL materi \$1 mil Liabilit Dama submi Surve 2.	ne applicant WILL hazardous als requiring lion in Public y and Property ge Insurance and t the Safety Fitness y – Sections 1 and	☐ 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.		
UNIT#	LICEN	and the second of the second second	NTILST (Attach STATE	edellako	niszecci ilkellilen ,	/). VIN#		
/	Applied				FTRE 14WZ	34 HA 43963		
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. 10-12-09 Signature(s) Date								
	Signat	ure(s)				Date		
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SHORELINE, WA. 98117						INSURERS A		NAIC#				
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Al M P	AY RE DLICIE	EQUI ERTA ES. A	REMENT, TERI NN, T HE INSUR	M OR CONDITIO ANCE AFFORDE	OW HAVE BEEN ISSUED TO THE OWN OF ANY CONTRACT OR OTHER BY THE POLICIES DESCRIBE AY HAVE BEEN REDUCED BY P.	HER DO D HER AID CL	OCUMENT WITH EIN IS SUBJECT AIMS.	RESPECT TO WHIT TO ALL THE TERM	HICH THIS CERTIFICATE	MAY	CREUSSUED OR	
LTR	ADD'L INSRD		TYPE OF INS	URANCE	POLICY NUMBER	DA	TE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIM	ITS		
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7-3					·	İ			PERSONAL & ADV INJURY	\$		
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В		$\stackrel{\times}{-}$	ALL OWNED AUT					-	BODILY INJURY (Per person)	\$		
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					ANIODOD#4#1011 = ===		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
				ILITIES & TRA	ANSPORTATION COMM		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN					
			DX 47250 IPIA, WA. 98	3504_7250					R NAMED TO THE LEFT, BUT F			
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·					IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE							
												
											© 1988-2009 ACORD CORPORATION. All rights reserved.	
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