

# REINSTATEMENT

*attn Colleen*

## 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)

*TV-091895*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0019616</b>	Safety: <i>[Signature]</i>	Carrier ID#: <i>M38057</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</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 18 months of cancellation)

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#### TYPE OF PAYMENT

Check    Money Order    Amex    Discover    MasterCard or 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): *Richard Hubbard*      Date: *12-4-09*  
 Signature: \_\_\_\_\_      Title: *owner*

#### MOTOR CARRIER IDENTIFICATION

CC#: <i>602100</i>	US DOT# <i>952097</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>[Signature]</i>
APPLICANT NAME: <i>Richard Hubbard</i>		PHONE#: <i>509-754-1871</i>
d/b/a: <i>TJC TRUCKING</i>		FAX #: <i>509-764-2149</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>45 Ridge Dr.</i>		
(city, state, zip) <i>Ephrata WASH 98823</i>		
PHYSICAL ADDRESS: (street address, if different)		

*326-6863*

*Please fax copy BACK*

*509-750-9147*

### 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#
7	A36507C	WASH	1XKADB9X2 KS 515646
506	<del>1058</del> B25902N	WASH	
T7	4894 UE	WASH	1UPV52484SU443406

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)

12-4-09  
Date

ATTN:

Colleen

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Form E  
Uniform Motor Carrier Bodily Injury and Property Damage  
Liability Certificate of Insurance (Executed in quadruplicate)



FARMERS

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION MC #407615  
(Name of Commission)

This is to certify, that the TRUCK INSURANCE EXCHANGE  
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010  
(Home Office, Address of Company)

has issued to HUBBARD, RICHARD T & C TRUCKING  
(Name of Motor Carrier)

of 45 RIDGE DR EPHRATA WA 98823  
(Address of Motor Carrier)

a policy or policies of insurance effective from NOVEMBER 1<sup>ST</sup>, 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 regulation 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 effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124  
(Street Address) (City) (State) (ZIP Code)

this 4TH day of NOVEMBER, year 2009.  
Insurance Company File No. 60477-61-44  
(Policy No.) Authorized Company Representative [Signature]

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)).