

PART - A

TV-091906

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)

FOR OFFICIAL USE ONLY

| | | |
|----------------------------------|------------------------------|----------------------------|
| Reception Number: 0019627 | Safety: LWC 12/10/09 | Carrier ID#: M 5032 |
| 111 0268 200 02 100.00 | Insurance: 12/10/09 E | Employee: LWC |

TYPE OF APPLICATION

| 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 Commission Use Only:
 Auth: **M 542143**

TYPE OF PAYMENT

Check Money Order /

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): **Michele K Kooy** Date: **12/8/2009**

Signature: *Michele K Kooy* Title: **Administrator**

MOTOR CARRIER IDENTIFICATION

| | | |
|--|-----------------------|--|
| CC#: 4447 | US DOT#: 38460 | WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600-025-551 |
| APPLICANT NAME: John H. Kooy Trucking Inc. | | PHONE#: 360-474-8000 |
| d/b/a: | | FAX #: 360-474-8001 |
| BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 19324-6TH AVE NE (city, state, zip) ARLINGTON, WA 98223 | | |
| PHYSICAL ADDRESS: (street address, if different) | | |

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WASHINGTON
(LP, LLP, LLC)

| NAME | TITLE | ADDRESS | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|-----------|-----------------|---|---|
| John Kooy | President/owner | 19324 16 th AVE NE Arlington WA 98223 | 100% |

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 only be issued if applicable 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# |
|-------|----------|-----------------------|------|
| | | | |
| | | See Attached sheet #1 | |

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.

Michelle K Kooy
Signature(s)

12/8/09
Date

JOHN H. KOORY TRUCKING, INC.
EQUIPMENT LIST

| UNIT # | LICENSE # | STATE | VIN# |
|--------|-----------|-------|--------------------|
| #1 | B22944G | WA | 1NKWXBTTXX9R244269 |
| #2 | A74557H | WA | 1NP5LBEXXID551988 |
| #3 | 24495RP | WA | 1NP5LBTX66D635610 |
| #57 | B09162G | WA | 1XP5DB9X1TD410338 |
| #W-02 | A17299F | WA | 1NPFBOXOYD468396 |
| #W-04 | A22377L | WA | 1NP5LBOX41D567837 |
| #W-08 | A13049J | WA | 1NKWXBEX11R873226 |
| #W-10 | B25474B | WA | 1NKWX4EX27R177530 |
| #W-12 | A18354C | WA | 1NP5LB0X8WD442976 |
| #W-14 | 24496RP | WA | 1NKWXBEXXYYR862784 |
| #W-20 | A89608G | WA | 1NKWXBEX8YR862783 |

19324 - 67TH AVE NE
ARLINGTON, WA 98223
OFFICE: (360) 474-8000
FAX: (360) 474-8001
1-800-426-9180



Fax

To: Ken Chapman From: Michele Kooy
 Fax: 360-586-1181 Pages: 4 (INCLUDING COVER)
 Re: ac permit renewal Date: 12/8/09

- Urgent For Review Please Comment Please Reply Please Recycle

MESSAGE:

Thanks - so much for the help.

☺
Michele Kooy