

REINSTATEMENT

TV 100025

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)

date 1/11/10

FOR OFFICIAL USE ONLY

Reception Number: **0019704**

Safety: *OK*

Carrier ID#: *M-7611*

111 0268 200 02 *100.00*

Insurance: *OK*

Employee: *[Signature]*

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 Commission Use Only:
Auth #:

TYPE OF PAYMENT

Check Money Order

Payment 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): STEVE COTTON

Date: 12-31-09

Signature:

Title: OPERATIONS MANAGER

MOTOR CARRIER IDENTIFICATION

CC#: <u>CC-32602</u>	US DOT# <u>251284</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>600-143-2100</u>
APPLICANT NAME: <u>KGM ASSEMBLERS INC.</u>		PHONE#: <u>253-867-0375</u>
d/b/a: <u>KGM MOTORCYCLE TRANSPORT</u>		FAX #: <u>253-867-2346</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>21235 76th AVE S.</u>		
(city, state, zip) <u>KENT, WA 98032</u>		
PHYSICAL ADDRESS: (street address, if different) <u>SAME.</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**
Michael W. Scully - owner - 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 not be issued until acceptable insurance is received)

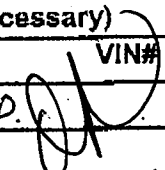
The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating--\$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.

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.

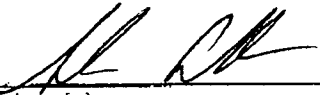
The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

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#
	EQUIPMENT	LIST	ATTACHED 

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)

12-29-09
Date

KGM MOTORCYCLE TRANSPORT

Vehicle List

Prepared by Mike Scully 12/31/2009

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22	1995	VOLVO	TRACTOR/M/A64TTES	4V1WDBRH2SN696239	68145PR	50350	80000
27	2001	KENWORTH	TRACTOR / T2000	1XKTDB9X11J869171	87940PR	52000	80000
31	1999	INTL 9100	TRACTOR	2HSFAENZXC023595	A16158X	32000	54000
33	2006	FREIGHTLINER	TRACTOR / M	1FUBCYDJ861HW42373	A50161Y	35000	52000
35	2001	INTERNATIONAL	TRACTOR/91001	1HSCAAHNZ1J001752	B84993D	32000	54000
TRAILERS							
T8	1985	HOMEMADE	34' Flatbed Trailer (LT)	WA78102425	6863UJ		
T11	1987	GREAT DANE	40' Electronics Van	1GRAA6625HB065401	7828KX		
T16	19699	DORSEY	53' Electronics Van	1D1V51522XA269152	7879MF		
T18	2000	HOMEMADE	24' Pull Trailer	WA98202953	8934UG		
T20	1981	UTILITY	48' Dry Van (wood Trailer)	1UUVS2457BU614822	0463NZ		
T21	1989	FRUEHAUF	40' Dry Van	1H2V04822KH064927	1975PT		
T22	1986	FRUEHAUF	40' Dry Van	1H2V04828GA027834	6628PN		
T24	1999	FRUEHAUF	53' Dry Van	1JUV532FXXF524801	3008RP		
T26	2006	ABU	Electric Dump Trailer	4UGFD12236D013429	8198TE		
T28	2007	WANSUARD					

Jan. 4, 2010 2:38PM

No. 1312 P. 2/2

RECEIVED

JAN 11 2010

WASH. UT. & TP. COMM

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Travelers Indemnity Company
(Name of Company)
(herein after called Company) of One Tower Square, Hartford, CT, 06183
(Home Address of Company)

has issued to K G M ASSEMBLERS, INC. of 21235 78TH AVE S, KENT, WA, 98032-2443
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 06/12/2008 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the Insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 4800 Fuller Drive
Suite 200 TX 75038 This 04th day of Jan 20 10
Irving (Address) (Day) (Month) (Year)

Insurance Company File No. 810-348K4902-TIL-09
(Policy No)

Debra Browning
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00