

# REINSTATEMENT *N-100056*

**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: **0019717** Safety: *1/20/10 IWC* Carrier ID#: *4950*  
 111 0268 200 02 *200.00* Insurance: *1/20/10 IWC* 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 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 #: *V330853*

### 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): *Mike Paulsen* Date: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Title: *owner*

### MOTOR CARRIER IDENTIFICATION

CC#: <i>57821</i>	US DOT#: <i>626149</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602489222</i>
APPLICANT NAME: <i>Paulsen</i>		PHONE#: <i>360-795-8720</i>
d/b/a: <i>Mike Paulsen Trucking Inc</i>		FAX #: <i>360795 6039</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>Box 483</i>		
(city, state, zip) <i>CATHLAMET WA 98612</i>		
PHYSICAL ADDRESS: (street address, if different) <i>444 Elochoman Valley Rd</i>		

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION WA  
(L.P., LLP, LLC)

NAME                                      TITLE                                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

MIKE Paulsen - President                                      100%                                      Per call

**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)

Per call

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#
<u>8</u>		<u>WA</u>	<u>1NKWL40X37R193559</u>
			<u>Per call</u>

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.

Mike Paulsen

Signature(s)

01-6-10

Date

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY**  
**DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
*(Executed in Triplicate)*

**RECEIVED**  
JAN 08 2010  
WASH. UT. & TP. COMM

Filed with Washington UTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the Everest National Insurance Company  
(Name of Company)  
(hereinafter called Company) of 477 Martinsville Road, P.O. Box 830, Liberty Corner, NJ 07938-0830  
(Home Office Address of Company)  
has issued to MIKE PAULSEN TRUCKING INC of P O BOX 483, CATHLAMET, WA 98612

4950  
*pending*

(Name of Motor Carrier) \_\_\_\_\_ (Address of Motor Carrier) \_\_\_\_\_  
a policy or policies of insurance effective from 1/5/2010 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 regulations 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 effected 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 600 University Street, Suite 300 Seattle WA 98101-4195  
(Street Address) (City) (State) (Zip Code)

this 7 day of January 2010

Insurance Company File No. 72FP0001677101  
(Policy Number)

*Donna J. Robinson*  
\_\_\_\_\_  
Authorized Company Representative

Underlying Limit :0.00    Liability Limit :750,000.00



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

Mike Paulsen Trucking, Inc.  
P.O. Box 483  
Cathlamet WA 98612

January 7, 2010

**Notice of Deficient Application**

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- 4/20/10 X Your application is missing some information. Please complete the highlighted areas and return to our office. I'm including a copy for your use.
- 4/20/10 X Your application is missing the Unified Business Identifier (UBI) number. Anyone who does business in the state of Washington must register with the Department of Licensing and receive a UBI number. They can be reached at 360-664-1400. If you are a corporation, you also need to register with the Secretary of State's office at 360-725-0377. 602-489-222
- 1/20/10 X We need to get a list of the equipment you will be using.
- 1/20/10 X You need to have a USDOT number. You can obtain one online at [www.fmcsa.dot.gov/online-registration](http://www.fmcsa.dot.gov/online-registration) or you can contact (360)596-3816 or (360)596-3810 for assistance. 626149
- 1/17/10 ✓ 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.

**Who do I contact if I have questions?**

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

Thank You.

Pay call