Dear whom it may concern,

Apr 20 40 11:44a

I am writing this letter to request that my application be dismissed and I receive a refund for the Wute permit. I was not able to get enough work yet to pay for the insurance. I still have plans on becoming a courier. At this time im not ready to go forward with the application since im in a holding pattern as far as work goes. I had to get another job to pay my rent. Please understand I still want to get the permit eventually, and really need the money I invested to get the permit.

Sincerely,

Nick Hall

Thanks for your time and consideration.



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 4.250 • Olympia, Washington 98504-7250 (360) 664-1160 • TTY (360) 586-8203

Hall, Nick 1718 E. 17th Ave. Spokane WA 99203

April 14, 2010

Notice of Deficient Application

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority. Your docket number is TV-100427 for pending common carrier permit CC-063857.

- X FINAL NOTICE! Please note that this is your second and final notice. You must provide the required information by May 15, 2010, or your application will be dismissed.
- 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.
- You need to have a USDOT number if you are operating a commercial motor vehicle (10,001 lbs GVWR, or placarded hazardous materials). You can obtain one online at www.fmcsa.dot.gov/online-registration or you can contact (360)596-3816 or (360)596-3810 for assistance.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at <u>transportation@utc.wa.gov</u>. Our fax number is 360-586-1181.

Thank You.

PART - A TV - 100427								
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)								
WASH UT. & TP. COMM	T GOL							
Reception Number: 0019933	Safety:			Carrier ID#:				
111 0268 200 02 275 D	Jasurance:	g A grand and the control of the con	Employe	ee: (X				
	YPE OF APPLICA	ATION (check or	ne)	Comics Barrit Ath				
New Common Carrier Permit Authority, or / Transfer of Existing Permit Number								
\$275 GENERAL COMMODITIE			OMMODITIES, including AR SERVICE					
\$275 GENERAL COMMODITIE ARMORDED CAR SERVICE			OMMODITIES, including MATERIALS					
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS	H	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE								
\$100 REINSTATEMENT OF CA (Must be filed within 10 months of c	ANCELLED COMMO ancellation)	N CARRIER PERM	For Commission Use Only: Auth #:					
	TYPE OF	PAYMENT		- · ·				
© Check ☐ Money Order ☐ Arne	x Discover D	Mastercard ☐ 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 of behalf of the applicant, and that all information on file is current and valid. Name (printed): Date:								
Signature: Man Mal				pary ver work				
MOTOR CARRIER IDENTIFICATION								
CC#: (30) US DOT# (if required) WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
APPLICANT NAME: WICK Hall PHONE#: 56-216-2163								
d/b/a:		F/	AX #:					
BUSINESS (MAILING) ADDRESS: 1718 E. 1714 Avc.								
BUSINESS (MAILING) ADDRESS: 1718 E. 1712 Avc. (city, state, zip) Spakene, WA 97203								
PHYSICAL ADDRESS: (street address, if different)								
4								

	(chec	TYP k individua	E OF BUSINES	SS S nersh	STRUCTURE hip/corporation information	on)				
INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION										
NAME	AME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE									
Nick Hu		owne			100%					
MICH MORE DOORS										
TRANSFER OF PERMIT NUMBER										
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 PERM	ЛIТ:				PERMIT NU	JMBER:				
Signature of cu	rrent permit	holder	A-MA-AMUSI-	IE A	ITS (at-aboak ana)	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 NOT HAL materials \$750,000 and Prope Insurance Complete Safety Fit Section 1	The applicant WILL OT HAUL hazardous aterials in any quantity— 50,000 in Public Liability at Property Damage surance is required. complete and submit the afety Fitness Survey— ection 1.		The applicant WILL UL hazardous terials requiring million in Public bility and Property mage Insurance and omit the Safety Fitness rvey – 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.				
EQUIPMENT LIST (Attach additional list if necessary)										
UNIT#	UNIT# LICENSE#		STATE		JNICAZID75765 2643					
1	HALLIN	(137R5	WA		JRICKEID 75	.05 60 ()				
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) Date										