REINSTATEMENT

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: 1020164 Safety:	Carrier ID#: M 9249						
111 0268 200 02 \QO.OO Insurance	COUL Empløyee:						
TYPE OF APPLICA	ATION (check one)						
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority						
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS						
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMOI (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: AND #: 045684						
TYPE OF F							
☐ Check ☐ Money Order ☐ Amex ☐ Discover ☐ I	Mastercard ₩Visa Expiration Date						
	- 11						
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): Vic An Druson	Date: 4.21.10.						
Signature: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Title: Owner						
MOTOR CARRIER	IDENTIFICATION						
CC#: US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
CC 47389 147134 D	C 600 092512 (N)						
APPLICANT NAME: PHONE#:							
Vic Anderson 425-888-2560							
d/b/a: Vic Anderson Trucking FAX #:							
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) North Bend, WA. 98045							
(city, state, zip)							
PHYSICAL ADDRESS: (street address, if different)							
12134 434 Ave Rooth Bend War 98148							

TYPE OF BUSINESS STRUCTURE								
(check individual or complete partnership/corporation information)								
M INDIVIDUA								
NAME	TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE							
	· · · · · · · · · · · · · · · · · · ·							
		TRA	ANSFER OF P	ERMIT	NUMBER			
holder and perior of the permit nu	int indtilbel fo	are transfe be transfe	erring an existing perred. The current	ermit to a permit hol	new owner. List na der must sign belo	ame of <u>current</u> permit w to authorize the transfer		
NAME ON PER	NAME ON PERMIT:PERMIT NUMBER:							
Signature of c	urrent permit	holder				Date		
		****	ICE REQUIRE	MENTS	/must check one	Date		
	(Perm	it will not	be issued until ac	ceptable	insurance is rece	i) ilved)		
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.		
	E	QUIPME	NT LIST (Attach	additiona	l list If necessary)		
UNIT#	LICEN	ISE#	STATE			/IN#		
· · · · · · · · · · · · · · · · · · ·		Attac	La Vahache		(1)			
					<u> </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.								
1 / Culan								
Signature(s) Da				Date	4,21,10 ite			
			2			·		

Vic Anderson DBA: Vic Anderson Trucking Equipment List

Year	Make	Vin #
1991	K/W	562778GL
1967	Wilamette	N21172
1963	Frue	198302
1963	Frue	198305
2006	carson	5J3SC\$18246A024050

	CER	TIFICATE OF	LIABILITY	'INSUR <i>i</i>	ANCE	DATE (MWDD/YYYY)	
PR	ODUCER K & S Insurance Agency, Ir				UED AS A MATTER	04/21/2010	
	P.O. Box 1100		ONLY AN	ID CONFERS I	RO RIGHTS UPON T	HE CERTIFICATE	
	North Bend WA 98045-110	00	I MOLDER.	THIS CERTIFIC	ATE DOES NOT AME	TND FYTEND OP	
	Phone: 800-423-1444 Fax:	425-888-4804		ALTER THE COVERAGE AFFORDED BY THE POL INSURERS AFFORDING COVERAGE			
INSUREO Vic Anderson				INSURER A: Northland Ins Co via Swett			
P.O. Box 678			-	INSURER B:			
	North Bend WA 98	045	INSURER C:				
	1131111 20114 1171 001	070	INSURER D.				
			INSURER E:				
	OVERAGES						
N	HE POLICIES OF INSURANCE LISTED BEINY REQUIREMENT, TERM OR CONDITIONAY PERTAIN, THE INSURANCE AFFORDIOLICIES. AGGREGATE LIMITS SHOWN M	ED BY THE BOUNES DESCRIPT	DIEN DOCUMENT WILL	BOVE FOR THE PO H RESPECT TO W T TO ALL THE TER	LICY PERIOD INDICATED, HICH THIS CERTIFICATE MS, EXCLUSIONS AND CO	NOTWITHSTANDING MAY BE ISSUED OR ONDITIONS OF SUCH	
INSK	NADD'L INSRD TYPE OF INSURANCE	POLICY NUMBER		POLICY EXPIRATION			
	GENERAL LIABILITY		DATEMBRODITY	DATE (MM/DD/YYYY)			
	COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	CLAIMS MADE OCCUR					\$	
					MED EXP (Any one person)	\$	
					PERSONAL & ADV INJURY	\$	
	GEN1 AGGREGATE LIMIT APPLIES PER:				GENERAL AGGREGATE	\$	
	POLICY PRO-	·			PRODUCTS - COMP/OP AGG	\$	
	AUTOMOBILE LIABILITY						
Α	ANY AUTO				COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
	ALL OWNED AUTOS						
	X SCHEDULED AUTOS				BODILY INJURY (Per person)	\$	
	HIRED AUTOS	WN031406	04/21/2010	04/21/2011		-	
	NON-OWNED AUTOS			•	BODILY INJURY (Per accident)	\$	
						-	
					PROPERTY DAMAGE (Per accident)	\$	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$	
	O'TUA YNA						
				٠	OTHER THAN EA ACC AUTO ONLY: AGG		
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE	\$	
	OCCUR CLAIMS MADE				AGGREGATE	\$	
						\$	
	DEDUCTIBLE			•		\$	
	REYENTION \$					s	
	WORKERS COMPENSATION AND EMPLOYERS LIABILITY Y/N				WC STATU- OTH- TORY LIMITS ER	·	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)		·		E.L. EACH ACCIDENT	\$	
	(Mandatory In NH)				E.L. DISEASE - EA EMPLOYEE	<u> </u>	
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - POLICY LIMIT	s	
A	отнек Motor Truck Cargo	WN031406	04/21/2010	04/21/2011		. \$10,000 e Limitation- \$1,000	
DESC	RIPTION OF OPERATIONS / LOCATIONS / VEHICL	EQ / EVALUETURE ADDED BY BY	Advision (nacionalistic				
		TES / EXCLUSIONS AUDED BY ENDORS	BEMENT / SPECIAL PROVI	вюнв			
Δs	per vehicle list on file with	company					
, .	per vernere hat off me with	company.					
	TIFICATE	······································	······································				
SEF	RTIFICATE HOLDER		CANCELLAT	ION	V1		
	Manhington LiTime .	SHOULD ANY OF	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION				
Washington UTlilities and Transportation comm 1300 S Evergreen Park Dr				DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN			
	P.O. Box 47250	NOTICE TO THE	NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL				
Olympia WA 98504-7250				IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.			
			REPRESENTATI				
	Fax: 360-586-1181		AUTHORIZED REP	RESENTATIVE	0 8	7	

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