

PART - A

TV-100691

## 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

WASH. UT. &amp; TP. COMM

Intrastate Common Carrier Operating Authority

## APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

## FOR OFFICIAL USE ONLY

Reception Number: 0020232

Safety:

Carrier ID#: 5457

111 0268 200 02 275.00

Insurance:

Employee: KWC

## TYPE OF APPLICATION (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  
ARMORED 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 COMMON CARRIER PERMIT  
(Must be filed within 10 months of cancellation)For Commission Use Only:  
Auth #:

## TYPE OF PAYMENT

☐ Check ☐ Money Order ☐ Amex ☐ Discover ☒ 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 on behalf of the applicant, and that all information on file is current and valid.

Name (printed): GREGORY R JONES

Date: 04/22/2010

Signature:

Title: OWNER / Sole Proprietor

## COMMON CARRIER IDENTIFICATION

CC#: 0638945

US DOT#

WA 10,000,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

601 332 317 12

APPLICANT NAME:

GREGORY R JONES

PHONE#:

206-793-9198

d/b/a:

J &amp; W SERVICES

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 7524 35TH AVE S.W. UNIT #N-306

(city, state, zip)

Seattle WA 98126

PHYSICAL ADDRESS: (street address, if different)

## TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

☒ INDIVIDUAL   
 ☐ PARTNERSHIP   
 ☐ CORPORATION – STATE OF INCORPORATION \_\_\_\_\_  
 (LP, LLP, LLC)

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

## 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)

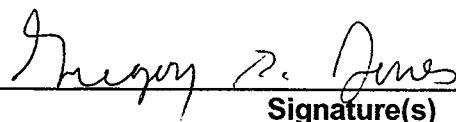
(permit will not be issued until acceptable insurance is received)

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <b>\$300,000</b> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <b>\$750,000</b> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$5 million</b> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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## EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	04726C	WA	2B46P54L32R7865071

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)

04/22/2010  
 \_\_\_\_\_  
 Date

April 22, 2010

To: Mr. Ken Chapman  
Washington UTC  
PO Box 47250  
Olympia, WA 98504

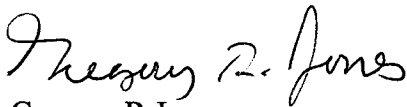
From: Gregory R Jones  
J&W Services  
7524 35 TH Ave SW  
Unit N-306  
Seattle, WA 98126

RE: Washington State Common Carrier Permit Application

Dear Mr. Chapman,

I've enclosed my application for a Common Carrier Permit. I'm applying to be a licensed common carrier who will transport only non hazardous materials. I will not operate vehicles with a gross vehicle weight ratings of ten thousand pounds or more. I understand that a common carrier of this type does not require a USDOT number. I would like to please ask for your assistance in processing my application. Thank you for time and help with this matter.

Sincerely,

A handwritten signature in cursive script that reads "Gregory R. Jones".

Gregory R Jones  
Owner/Sole proprietor  
J&W Services

5957

CC  
pending

FORM E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE  
LIABILITY CERTIFICATE OF INSURANCE  
(Executed in triplicate)

Filed with WASHINGTON UTILITIES & TRANSPORTATION COMMISSION (hereinafter called commission)  
(Name of Commission)

This is to certify, that the NATIONAL INDEMNITY COMPANY

(Name of Company)

(hereinafter called Company) of 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

(Home Office Address of Company)

has issued to GREGORY JONES DBA J & W SERVICES

(Name of Motor Carrier)

of 7524 35<sup>TH</sup> AVE. SW APT. N-306

(Address of Motor Carrier)

SEATTLE, WASHINGTON 98126

a policy or policies of insurance effective from 3-17-2010 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 3024 HARNEY STREET, OMAHA, NEBRASKA 68131

this 3 day of MAY, 2010

  
(Authorized Company Representative)

Insurance Company File No. 70TRG001611-01

(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).

MC 1633