

PART - A

TV-100757

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)

RECEIVED

APR 20 5 20 10

WASH. UT. & TR. COMM

CK# 1409634200

FOR OFFICIAL USE ONLY

Reception Number: 0020480	Safety:	Carrier ID#:
111 0268 200 02 275.00	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 checked="" 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 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): Rick McLaughlin Date: 4-30-10

Signature: [Signature] Title:

MOTOR CARRIER IDENTIFICATION

CC#: <u>63904</u>	US DOT#: <u>Under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 403 4770</u>
APPLICANT NAME: <u>Rick McLaughlin</u>		PHONE#: <u>206-683-9934</u>
d/b/a: <u>Grason</u>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>630 N 182nd ST</u>		
(city, state, zip) <u>Shoreline Wa. 98133</u>		
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
Rick McLaughlin	owner	630 N 182nd st Shoreline wa 98133	

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-- \$300,000 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 -- \$750,000 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 \$1 million 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 \$5 million 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	44324W	Wa.	1G1JC5240V7205401

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.

Rick McLaughlin

Signature(s)

4-30-10

Date

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

Dear Mr. Chapman,

Enclosed is my application for a Common Carrier Permit. I am applying to be a licensed common carrier who will not haul hazardous materials and who will not operate vehicles with gross vehicle weight ratings of ten thousand pounds or more. I understand that a common carrier of this type operating locally does not require a USDOT number. Thank you for your assistance in processing my application.

Sincerely,

Rick McLaughlin

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

5967
P. L. & M. G.

Filed with **WASHINGTON Utility & Trans Commission**

(hereinafter called Commission)

(Name of Commission)

This is to certify, that the **NORTHLAND CASUALTY INSURANCE COMPANY**

(Name of Company)

(hereinafter called Company) of **385 WASHINGTON STREET - SAINT PAUL MN 55102**

(Home Office Address of Company)

has issued to **RICHARD D MCLAUGHLIN DBA GRASON**

(Name of Motor Carrier)

of **630 N 182ND ST - SHORELINE WA 98133**

(Address of Motor Carrier)

a policy or policies of insurance effective from **04/26/2010** 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 **385 WASHINGTON STREET - SAINT PAUL MN 55102**

this

19TH

day of

MAY

2010

Insurance Company File No

CT145352

Frank R. Detach

(Policy Number)

(Authorized Company Representative)