

PART - A

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)

TV 100767
ck # 1003

None
CS

FOR OFFICIAL USE ONLY

Reception Number: 0020521
111 0268 200 02 27500

Safety: [initials]
Insurance: [initials]

Carrier ID#: 5976
Employee: CS

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): DAVID C STECHER

Date: 05-03-10

Signature: David C Stecher

Title:

MOTOR CARRIER IDENTIFICATION

CC#: 03909

US DOT#

WA UNIFIED BUSINESS IDENTIFIER (UBI) #

602-806-804 OK

APPLICANT NAME:

DAVID C STECHER

DAVE CHARLES STECHER

PHONE#:

253-850-0766

d/b/a:

OCEAN SHORES TRANSPORT

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box) 1510 MAPLE LN #14

(city, state, zip)

KENT WA 98030

PHYSICAL ADDRESS: (street address, if different)

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE

Filed with Washington Utilities and Transportation Commission (hereinafter called Commission)
(Name of Commission)

This is to certify, that the Charter Indemnity Company
(Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Home Office Address of Company)

has issued to
DAVID STECHER of 743 PENINSULA CT SE OCEAN SHORES WA 98569
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 04/29/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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.

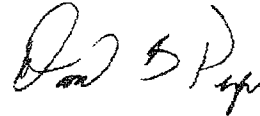
Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be cancelled 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 EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Street Address)

this 03 day of MAY 2010

WA DOT NO:
Insurance Company File No 6234535



(Authorized Company Representative)

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.

IRB 3539B

FORM: SDOCS_SRFORM