, , , , , , , , , , , , , , , , , , ,		PAR	T –	A.							
	ASHINGTON UTIL 1300 S I	ITIES AND TR Evergreen Park I Olympia, WA	Or SW	l, PO Bo	TION (x 47250	COM	MISSIO	N			
1 Vigot	Intrastate	e (360) 664-1222 Common Carrie PPLICATION I	- Fa	x (360) 5 erating <i>i</i>	Authorit	ty	Jon				
(excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY											
Reception Nu	0020521	FOR OFFICE	AL US	SE ONLY	240.00000000000000000000000000000000000	·	and the same of th	<u> </u>			
111 0268 200	$0.02 \ 27500$	Insurance:		1)/		rier ID# ployee		976			
	TY	a de la	ION I	checke	ne)	picyce	. 000				
Irans	mmon Carrier Permit sfer of Existing Perm	Authority, or	-			non C	arrier Pe	rmit Authori			
	GENERAL COMMODIT		\$100 GENERAL O				COMMODITIES, including AR SERVICE				
<u> </u>	\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE				GENER HAZARI	RAL COMMODITIES, including					
4270	GENERAL COMMODITI HAZARDOUS MATERIALS	S		\$100	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CARSERVICE						
\$275	GENERAL COMMODITI HAZARDOUS MATERIALS a SERVICE	ES, INCLUDING and ARMORED CAR									
\$100 \$100 (N	REINSTATEMENT OF C. Must be filed within 10 months	of cancellation)			RMIT	. F	For Commissi Auth #:	on Use Only:			
ØL-Check □	l Money Order ☐ Ame	TYPE OF									
	Money Order Li Ame	ex 🗆 Discover 🗆	Maste	rcard □ V	isa		Expiration	Date			
OFFITTION TO					LL		L				
	N: I, the undersigned, under precute and file this document	on gorian or the applica	ent, cer int, and	tify that the that all info	following in rmation on	nformation I file is ci	on is true an urrent and v	ed correct, that I ar alid.			
Name (printed Signature:	DAVID C STE Parul P St	CHER	,	•	5-03-	-10	<u>-</u>				
	MC	ior carrieri	DENS	Title:	OM						
cc#: 63°	909 US DOT#			WA UNI	FIED BUS	SINESS	IDENTIFI - SO	ER (UBI) #:			
APPLICANT DAOT	NAME: O C STECHO	ER CHARLE	5 S	TECH	PHON	E#:		-0766			
d/b/a: OCEA	NSHORES TE	PANSPORT			FAX #:	400	,	0/06			
(street addre	(MAILING) ADDRESS ess, P.O. Box) / 5	3:		U # /	4			·			
(city, state, 2	zip) - WA 980										
	ADDRESS: (street ad		······································								
											

mp Tech		ΤYI	ZEOFIBUSINE	SSERVIC								
7	(che	ck individu	al or complete part	nership/corp	oration informa	tion) :						
INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION – STATE OF INCORPORATION(LP, LLP, LLC)												
NAME	TIT	. –		•								
		LE ADDI		ESS		STOCK DISTRIBUTION OF PERCENTAGE OF SHARE						
PAUID C.			/5/0	MARE	LN 414	RCENTAGE OF SHARE						
KENT W	1A 98E	30										
Complete this se	TRANSE	ER OF P	ERMERIUME	ER **								
noider and penn	ar number to	are transfe be transfe	erring an existing perred. The current	ermit to a nevermit holder	wowner. List r r must sian bek	name of <u>current</u> permit ow to authorize the transfe						
of the permit nur	mber.	•		p	muot oigh box							
NAME ON PERMIT:PERMIT NUMBER:												
Signature of cu						Date						
		NSURAL	nge require	MENTS (m)	ist check one							
X The annies		nene wan ang	t be issued until ac	ceptable inst L	irance is receiv							
The applica	ant <u>WILL</u>	☐ The	applicant WILL	The ap	plicant <u>WILL</u>	The applicant WIL						
materials in any	quantity	materials	JL hazardous in any quantity	HAUL haza materials re		HAUL hazardous						
and WILL only operate vehicles less than 10,000		\$750,000 in Public Liability		\$1 million in Public		materials requiring <u>\$5</u> million in Public Liability						
pounds gross weight		and Property Damage Insurance is required.		Liability and Property Damage Insurance and		and Property Damage						
rating \$300,000 in Public Liability and Property		Complete and submit the		submit the Safety Fitnes		Insurance. Complete and submit the Safety						
Damage Insurar	Damage Insurance is		Safety Fitness Survey— Section 1.		ections 1 and	Fitness Survey –						
to complete the	required. You do not need to complete the Safety					Sections 1 and 2.						
Fitness Survey.	Service Contract											
UNIT#	E	QUIEME	NT LIST (Attach	additional	ist if necessar	y)). The same of the state of						
	LICEN		STATE		VIN#							
266	MC 01	715	WA	3m	RZAQOQ	948507048						
					······································							
l, as applicant,	understand	d that the	l filing of this appli	ication does	not in itself co	netitute authority to						
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											
Clarif C Steeter												
	Signati	ure(s)		Date								

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

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

(hereinafter called 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

(Address of Motor Carrier)

(Name 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 Bodify 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 lurnish 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

MC 1533a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.

WA DOT NO:

Insurance Company File No 6234535

(Authorized Company Representative)

IRB 3539B

FORM: SDOCS, SRFORM

From: 20100503082102002760 ID: Vern Fonk Insurance Page: 002 R=93%