

PART - A

TV-100905

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

Intra-state Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

RECEIVED

MAY 07 2010

WASH. UT. & TR. COMM

FOR OFFICIAL USE ONLY

Reception Number: 0020709

Safety: 5/12/10

Carrier ID#: 5990

111 0268 200 02 275.00

Insurance: 5/12/10 E

Employee: KJC

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): Wael H. Othman

Date: 4/29/2010

Signature:

Title: OWNER

CARRIER IDENTIFICATION

CC#: 63921

US DOT#

under 10k

WA UNIFIED BUSINESS IDENTIFIER (UBI) #:

602-384-526

APPLICANT NAME:

Wael H. Othman

PHONE#:

(206) 371-5983

d/b/a:

S.H.O. Delivery Services

FAX #:

BUSINESS (MAILING) ADDRESS:

(street address, P.O. Box)

2610 140th St. S.W.

(city, state, zip)

Lynnwood WA 98087

PHYSICAL ADDRESS: (street address, if different)



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

5990  
pending  
(hereinafter called Commission)

Filed with WASHINGTON Utility & Trans 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 Wael H Othman DBA SHO DELIVERY SERVICES  
(Name of Motor Carrier)

of 2610 140<sup>TH</sup> ST SW - LYNNWOOD WA 98087  
(Address of Motor Carrier)

a policy or policies of insurance effective from 05/05/2010 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 11TH day of MAY 2010

Insurance Company File No CT145359

*Frank R. Aetah*

(Policy Number)

(Authorized Company Representative)