

ATT: KEN

4V-100835

# REINSTATEMENT

## 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)

Act # 080714

#### FOR OFFICIAL USE ONLY

Reception Number: 020839

Safety: 5/27/10

Carrier ID#: 4518

111 0268 200 02 100.00

Insurance: 5/21/10 (E)

Employee: [Signature]

#### TYPE OF APPLICATION (check one)

##### New Common Carrier Permit Authority, or Transfer of Existing Permit Number

- \$275 GENERAL COMMODITIES ONLY
- \$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE

##### Extension of Common Carrier Permit Authority

- \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE
- \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS
- \$100 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 Common Line Only  
Auth:

#### TYPE OF PAYMENT

- Check    Money Order    Amex    Discover    Master    \_\_\_\_\_ 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 SCHLOSS Date: 5/13/10

Signature: \_\_\_\_\_ Title: OWNER

#### MOTOR CARRIER IDENTIFICATION

CC#: 62821 US DOT# (if required): 1786301 WA UNIFIED BUSINESS IDENTIFIER (UBI): 602 723 562

APPLICANT NAME: Rick SCHLOSS PHONE#: 509 860 0603

d/b/a: \_\_\_\_\_ FAX #: \_\_\_\_\_

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO Box 1063

(city, state, zip) CHELAN, WA 98816

PHYSICAL ADDRESS: (street address, if different)

### TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL     PARTNERSHIP     CORPORATION - STATE OF INCORPORATION \_\_\_\_\_

NAME                      TITLE                      STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

RICK SCHLOSS    owner

### 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)

The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.

The applicant WILL NOT HAUL 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.

The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey - Sections 1 and 2.

The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2.

### EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B 11665 F	WA	1XP5DR9X9NN 313071

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 Schloss

Signature(s)

Date

5/13/10