May 27 10 10:05a

Please Fax my Permit SO I can work 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) FOR OFFICIAL USE ONLY MIZZTA Safety: 5/2/110 Carrier ID# 41600 Reception Number: Insurance: 17710 E Employee: 111 0268 200 02 100,00 TYPE OF APPLICATION (check one) **Extension of Common Carrier Permit Authority** New Common Carrier Permit Authority, or **Transfer of Existing Permit Number** \$275 GENERAL COMMODITIES ONLY \$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE \$100 GENERAL COMMODITIES, including \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS ARMORDED CAR SERVICE \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR HAZARDOUS MATERIALS SERVICE \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE \boxtimes For Commission Lise Only: \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation) TYPE OF PAYMENT ☐ Check Expiration 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 Petersens Title: David Petersen Truck Signa MOTOR CARRIER IDENTIFICATION CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: Percull 61022 18/987 APPLICANT NAME: d/b/a: David Peterson True BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 11202 Lounty Line Rd Edgewood, WA 98372 PHYSICAL ADDRESS: (street address, if different)

p.1

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										
David Petersen David Petersen Trucking										
TRANSFER OF PERMIT NUMBER										
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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#	LICEN	ISE#	STATE		VIN#					
	A5861	A58617Y WA 135557 KP		<u> </u>						
	5295 RY		WA		S 2185					
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.										
2										

15:31 MAY 26, 2010 ID: GRIFFIN UNDERWRTING FAX NO: 453-8696

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Authorized Company Representative

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

(Executed in Quadruplicate)

Filedwith WASHING	GTON UTILITIES & TRANS	(hereinafter called Commission)		
	(Name of Con	nmission)		10 1
THISISTOCERTIFY,	THAT the Canal Insurance Co	ompany		r
	P.O. BOX 7	GREENVILLE, SC 29602		
(hereinafter called Co	mpany) of			
hasissuedto DAVID	PETERSEN DBA DAVID PETERSE	of 11202 COUNTY LINE RD E Puyallup, WA 98372		
	(Name of Motor Carrier)	(Address of Motor Carrier)		
provided herein, which, by injury and property damage		12:01 A.M. standard time at the address of Bodity Injury and Property Damage Liability Insur is imposed upon such motor carrier by the prevision		to provide automobile bodily
Whenever requ	uested, the Company agrees to fumish t	he Commission a duplicate original of said policy o	r policies and all endorsements thereon	
		cribed herein may not be canceled without cancell iting to the State Commission, such thirty days' not		
Countersigned at	P.O. BOX 7	GREENVILLE	sc	29602
	(StreetAddress)	(City)	(State)	(Zip Code)
this 26th	day ofMay	2010	Va. 110	٠, ١

Insurance Company File No. PIA05066701

IRB 3639 B

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(Policy Number)