

PART A

TV# 100913

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)

*Auth
02442K*

FOR OFFICIAL USE ONLY

Reception Number: <u>0022910</u>	Safety: <u>WIK 10K</u>	Carrier ID#: <u>0015</u>
111 0268 200 02 <u>275.00</u>	Insurance: <u>7-20-10</u>	Employee:

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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

TYPE OF PAYMENT

Check Money Order

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): A Dean Agnor Date: 5/21/2010
 Signatur _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: <u>63936</u>	US DOT#: <u>Under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-534-6880</u>
APPLICANT NAME: <u>Dean Agnor</u>		PHONE#: <u>5094810835</u>
d/b/a: <u>Agnor Construction</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box)		
<u>1203 W. Fairview Ave</u>		
(city, state, zip)		
<u>Spokane, WA 99205</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)

STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Dean Agnor	Owner	1203 W. Fairview	Spa, WA 99205

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)

A PERMIT WILL BE ISSUED ONLY IF THE REQUIRED INSURANCE IS OBTAINED

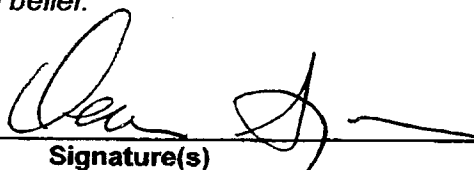
- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
01	894TVF	WA	1NXAE94A3LZ109610
02	384XIF	WA	1GCDM19W05R194135

Signature

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.



Signature(s)

5/21/2010
Date

*Plain statement
Per call
6015
Pending*

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)
(Name of Agency)

This is to certify that the Victoria Fire and Casualty Insurance Company
(Name of Company)
(herein after called Company) of 22901 Millcreek Blvd. Suite 400 ,Cleveland ,OH ,44122
(Home Address of Company)

has issued to DEAN AGNOR of 1203 W FAIRVIEW, SPOKANE, WA, 99205
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 05/06/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 22901 Millcreek Blvd. Suite 400 This 20th day of Jul 20 10
Cleveland (Address) (Day) (Month) (Year)
OH 44122

Insurance Company File No. 9045025 Debra Seggio
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :750,000.00

NR

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

RECEIVED

MAR 15 2010

WASH. UT. & TP. COMM

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

AGNOR CONSTRUCTION
(Name of Motor Carrier)

of 1203 W FAIRVIEW AVE #A

SPOKANE WA 99205
(Address of Motor Carrier)

a policy or policies of insurance effective from 12/07/2009 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 12 day of MARCH 2010

WA DOT NO:
Insurance Company File No 1373619

[Handwritten signature]

FORM K
UNIFORM NOTICE OF CANCELLATION OF
MOTOR CARRIER INSURANCE POLICIES

Check Type Cancelled

BI and P Cargo

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

This is to advise that under the terms of a policy or policies issued to:

DEAN AGNOR

(Name of Motor Carrier)

of 1203 W FAIRVIEW ,SPOKANE ,WA ,99205

(Address of Motor Carrier)

by Victoria Fire and Casualty Insurance Company

(Name of Company)

of 22901 Millcreek Blvd. Suite 400

Cleveland

OH 44122

(Address)

said policy or policies, including any and all endorsements forming a part thereof or certificates issued in connection therewith, is (are) hereby cancelled effective as of the 28th day of Aug, 20 10, 12:01A.M. Standard time at the address of the insured as stated in said policy or policies provided such date is not less than thirty (30) days after the actual receipt of this notice by the Commission.

Insurance Company File No. 9045025

(Policy Number)

Debra Seggio

(Signature of Authorized Company Representative)

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

NIR

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

RECEIVED

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

FEB 16 2010

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

WASH. UT. & TP. COMM

has issued to AGNOR CONSTRUCTION of 1203 W FAIRVIEW AVE #A SPOKANE WA 99205
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 12/07/2009 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.

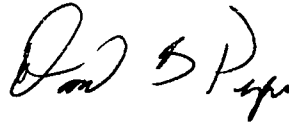
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Countersigned at EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Street Address)

this 10 day of FEBRUARY 2010

WA DOT NO:
Insurance Company File No 1373619



(Authorized Company Representative)

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

IRB 3539B

NR

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

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

(hereinafter called Commission)

MAR 15 2010
WASH. UT. & TP. COMM

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

AGNOR CONSTRUCTION
(Name of Motor Carrier)

of 1203 W FAIRVIEW AVE #A
(Address of Motor Carrier)

SPOKANE WA 99205

(Address of Motor Carrier)

a policy or policies of insurance effective from 12/07/2009 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.

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Countersigned at EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243
(Street Address)

this 12 day of MARCH 2010

WA DOT NO:

Insurance Company File No 1373619

(Authorized Company Representative)

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

IRB 3539B