

PART - A

City Parcel Spokane

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)

TV-100927

Auth 02515R

FOR OFFICIAL USE ONLY

Reception Number: 0022469

Safety: 6/19/10

Carrier ID#: 6018

111 0268 200 02 275.00

Insurance: 6/19/10 ?

Employee: [Signature]

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

Extension of Common Carrier Permit Authority

- \$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

- \$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 Commission Use Only: Auth.

TYPE OF PAYMENT

- Check
- Money Order
- Am...

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): Stephanie L. McBurney

Date:

Signature

Title:

MOTOR CARRIER IDENTIFICATION

CC#: 63937

US DOT# Under 10,000

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 964 234

APPLICANT NAME: ~~Stephanie L. McBurney~~

PHONE#: 509 - 499 - 3197

d/b/a: DSM Contracting LLC

FAX #: 509 534 1567

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) X 4102 E 12th

(city, state, zip) Spokane WA 99202

PHYSICAL ADDRESS: (street address, if different)

called 5/25 + corrected

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA
 (LP, LLP, LLC)

NAME **TITLE** **ADDRESS** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

DSM Contracting & Members
Stephanie L McBurney 4102 East 12th Ave Spokane 50%
Darrell McBurney 4102 East 12th Ave Spokane 50%

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 _____

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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EQUIPMENT LIST (Attach additional sheets if necessary)

UNIT#	LICENSE#	STATE	VIN#
	<u>913 YRY</u>	<u>WA</u>	<u>KM HCF 35651U11233</u>

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.

Stephanie L McBurney
 Signature(s)

5-25-10
 Date

6018
pending

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the American States Preferred Insurance Company (hereinafter called Company)
of 1004 4th Ave, Seattle, WA 98154

has issued to DSM CONTRACTING LLC of 4102 E 12TH AVE, SPOKANE, WA 99202

a policy or policies of insurance effective from 5/27/2010 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 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 1191 2nd Ave, Seattle, WA 98101

this 7TH day of JUNE, 2010

Insurance Company File No. 01C1239237
(Policy Number)

Dave Weingarten
(Authorized Company Representative)