

PART A

TV# 100953

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION RECEIVED

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

JUN 01 2010

Intrastate Common Carrier Operating Authority

ck# 586287846

APPLICATION FOR PERMIT

WASH. UT. & TP. COMM

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 1022783	Safety: UNDER 10K lbs	Carrier ID#: 6020
111 0268 200 02 275.00	Insurance: 6-2-10 Binder	Employee: lwe

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT											
<input type="checkbox"/> Check	<input checked="" type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> 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): Jose Carreon Date: 5-28-10
 Signature: [Signature] Title: Owner/operator

MOTOR CARRIER IDENTIFICATION

CC#: 63939	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 964 353 11
APPLICANT NAME: Jose Carreon		PHONE#: (509) 366-2691
d/b/a: United Express Courier Services	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 187 frontier Dr.		
(city, state, zip) Pasco, WA, 99301		
PHYSICAL ADDRESS: (street address, if different)		

HARVEY MONTEITH INS
3825 W COURT ST
PASCO, WA 99301
509-543-9744

PROGRESSIVE

6020 penon

Policy number: 04426234-0

Underwritten by:
United Financial Casualty Company
May 28, 2010
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Certificate of Insurance

Certificate Holder	Insured	Agent
JOSE CARREON 187 FRONTIER DR PASCO, WA 99301	JOSE CARREON 187 FRONTIER DR PASCO, WA 99301	HARVEY MONTEITH INS 3825 W COURT ST PASCO, WA 99301

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Nov 5, 2009

Policy Expiration Date: Nov 5, 2010

Insurance coverage(s)

Limits

Bodily Injury/Property Damage

\$300,000 Combined Single Limit

Description of Location/Vehicles/Special Items

Scheduled autos only

2001 FORD ECONOLINE E150 1FTRE14271HB67548

2006 VOLKSWAGEN JETTA 2.5 3VWRF81K16M652780

Certificate number

14810PMU234

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.

