PART A

TV# 100953

WASHINGTON UTILITIES AND TRANSPORTATION COM	umis sion ceived	
1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98		
Telephone (360) 664-1222 - Fax (360) 586-1181	JUN 0 1 2010	
Intrastate Common Carrier Operating Authority		
APPLICATION FOR PERMIT	WASH, UT, & TP, COMN	/
(excluding Household Goods and Common Carrier Brokers)	S. S	
FOROFFORLESEONEY	THE RESERVE OF THE PARTY OF THE	
Number: Number: WDBR 10K US Carrier ID#	6020	
200 02 275 (B) Insurance: 6-2-10 Bridge Employee:	IWE	

(excluding Household Goods	COSEGNIZA	
Reception Number: 1822783 Safety: WD FR	IOK US Carrier ID#: 6020	
111 0268 200 02 275 W Insurance: 6-2	-10 Birdin Employee: Iwe	
New Common Carrier Permit Authority, or	Extension of Common Carrier Permit Authority	
Transfer of Existing Permit Number		
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE	
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, Including HAZARDOUS MATERIALS	
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE	
\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE		
\$100 REINSTATEMENT OF CANCELLED COMMO (Must be filed within 10 months of cancellation)	N CARRIER PERMIT For Commission Use Only: Auth #:	
AND THE PARTY OF BUILDING	SPAN DE L'ARTE D	
المستحد	Mastercard □ 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	Title: Owner/Operator	
MOTORICARE	TOERTE CATION	
CC#: 63939 US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 964 353 1 1	
APPLICANT NAME:	PHONE#:	
Jose Carreon	(509) 366-2691	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 187 Frontier Dr. V		
BUSINESS (MAILING) ADDRESS:		
(street address, P.O. Box) 187 Fron tier Dr. V		
(city, state, zip) Pasco WA, 99301		
1 rasco, WA 199301		

	/ Che	K JUSE			of the party		
X INDIVIDUAL	☐ PAF	RTNERSHI		ATION (LP, LLP, F INCORPORAT			
<u>NAME</u>	TITI	<u>.E</u>	ADDRE	<u>ss</u>	STO PER	CK DISTRIBUTION OF RCENTAGE OF SHARE	2
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holder an	ection if you and permit numerial the permit	are transfe mber to be	rring an existing ne	ermit to a new ov	vner. List na	me of <u>current</u> permit gn below to authorize th	e
NAME ON PERM					PERMIT NU	JMBER:	
Signature of cu	rrent permit	holder		7.02.22	No.	Date	
parties and the second	عبريده السالية					U You will hau!	
You will not he hazardous mater quantity. You will operate vehicles GVWR of less the pounds. You mu \$300,000 in Publand Property Da Insurance. You deed to complete	aul rials in any I only with a nan 10,000 st obtain lic Liability image do not	You will hazardou any quant operate v GVWR of or more. \$750,000 and Prop	Il not haul s materials in tity. You will ehicles with a i 10,000 pounds You must obtain in Public Liability erty Damage e. You must	You will hau hazardous mat requiring \$1 mi Public Liability Property Dama Insurance. You complete Part 1 and 2.	il erials Ilion in and ige i must	hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
UNIT#	LICEN	drovetel	STATE	francisco de la contra del contra de la contra del la contra de la contra de la contra del la con		<u>\$1</u> 01. /\n#	
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anarata and th	at no opera and affirm	atione mai	i he conducted u	ntii a bermit is i	receiveu iio	nstitute authority to m the Commission. I rue to the best of my	
	Signat	rure(s)				5-28-10 Date	المب

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



Policy number: 04426234-0

Underwritten by: United Financial Casualty Company May 28, 2010 Page 1 of 1

Certificate of Insurance

Certificate Holder	insured	Agent
Jose Carreon	Jose Carreon	HARVEY MONTEITH INS
187 Frontier Dr	187 Frontier Dr	3825 W COURT ST
Pasco, wa 99301	Pasco, wa 99301	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

Jed Nouly

14810PMU234

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

Form 5241 (10/02)