

PART A

TV#

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1800 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)

Handwritten notes: 12/10/08, ML, 064517, 11/10/08

Handwritten signature: [Signature]

FOR OFFICIAL USE ONLY

Reception Number: 111 0268 200 02

Safety: *[initials]*

Carrier ID#: 0022

111 0268 200 02 275.00

Insurance: *[initials]*

Employee: *[initials]*

TYPE OF APPLICATION (check one)

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 Aut.

TYPE OF PAYMENT

- Check
- Money Order
- Amex
- Discover
- Mastercard
- Visa

Expiration Date: 11/10

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):

Handwritten: Dominic B Mason

Date:

Handwritten: 6-1-2010

Signature:

Handwritten signature: [Signature]

MOTOR CARRIER IDENTIFICATION

CC#: 63941

US DOT#: 2038769

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602604696

APPLICANT NAME: Dominic B Mason

PHONE#: 509-307-7726

d/b/a: Mason Couriers

FAX #:

BUSINESS (MAILING) ADDRESS: 520 S. 12th street

(street address, P.O. Box) (city, state, zip) YAKIMA WA 98901

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

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 not be issued until acceptable insurance is received.

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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.

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	B37411B	WA	16CDL19W4NB212659

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)

6-1-2010
Date

DOMINIC BRIAN MASON
MASON COURIERS
520 S 12TH ST
YAKIMA WA 98901

006206

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9094 • Olympia, WA 98507-8094 • (360) 854-1400
REGISTRATIONS AND LICENSES

Sole Proprietorship

Unified Business ID #: 602 604 696
Business ID #: 1
Location: 1

DOMINIC BRIAN MASON
MASON COURIERS
520 S 12TH ST
YAKIMA WA 98901

TAX REGISTRATION

REGISTERED TRADE NAMES:
MASON COURIERS

The licensee named above has been issued the business registration or license listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of the licensor's knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.

Elizabeth A. Jones
Director, Department of Licensing

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

(Executed in Triplicate)

Filed with WASHINGTON UTC (hereinafter called Commission)

This is to certify, that the ALPHA PROPERTY & CASUALTY COMPANY

(Name of Commission)

(Name of Company)

(hereinafter called Company) of 21650 OXNARD STREET #1800, WOODLAND HILLS, CA 91367

(Home Office Address of Company)

has issued to MASON DOMINIC B DBA: MASON COURIERS of 520 S 12TH ST YAKIMA WA 98901

(Name of Motor Carrier)

(Address of Motor Carrier)

a policy or policies of insurance effective from 8/11/2009 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 21650 OXNARD STREET #1800 WOODLAND HILLS CA 91367

(Street Address)

(City)

(State)

(Zip Code)

this 1 day of June 2010

Insurance Company File No FCAPCV1372527

(Policy Number)

William Wallace
(Authorized Company Representative)