

PART A

TV# 100992

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)

FOR OFFICIAL USE ONLY

Reception Number: <u>0123803</u>	Safety: <u>OS</u>	Carrier ID#: <u>6030</u>
111 0268 200 02 \$ <u>275.00</u>	Insurance: <u>OS</u>	Employee: <u>RWC/OS</u>

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)	For Commission Use Only: Auth #:

TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): William Lee Worthington Date: JUNE 8th, 2010
 Signature: William L. Worthington Title: owner: W & T Mfg.

MOTOR CARRIER IDENTIFICATION

CC#: <u>063947</u>	US DOT#	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601 165 905</u>
APPLICANT NAME: <u>William Lee Worthington</u>		PHONE#: <u>360-765-4948</u>
d/b/a: <u>W & T Mfg.</u>		FAX #: <u>360-765-4947</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>285573 Hwy. 101</u>		
(city, state, zip) <u>Quilcena, Washington 98376</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

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 _____

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.

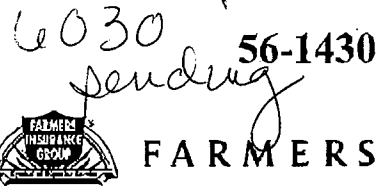
MOTOR VEHICLE LIST (Add additional rows if necessary)

UNIT#	LICENSE#	STATE	VIN#
	207 UAD	WASHINGTON	1B4GP54R2TB493699

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.

William L. Worthington
 Signature(s)

June 8th, 2010
 Date



Form E
Uniform Motor Carrier Bodily Injury and Property Damage
Liability Certificate of Insurance (Executed in quadruplicate)

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
(Name of Commission)

This is to certify, that the MID-CENTURY INSURANCE COMPANY
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010
(Home Office, Address of Company)

has issued to WILLIAM LEE WORTHINGTON DBA W&T MFG
(Name of Motor Carrier)

of 285573 HWY 101 QUILCENE WA 98376
(Address of Motor Carrier)

a policy or policies of insurance effective from JUNE 10TH, 2010, 12:01 a.m. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 regulation 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 canceled without cancellation of the policy to which it is attached. Such cancellation may be effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124
(Street Address) (City) (State) (ZIP Code)

this 11TH day of JUNE, year 2010.
 Insurance Company File No. 60478-18-38
(Policy No.) Authorized Company Representative

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provisions of Section 202(b)(2) of the Interstate Commerce Act (49 U.S.C., sec.302(b)(2)).