

360-586-1181

PART A

TV# 101083

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

(Including Household Goods and Common Carrier Brokers)

VI
A:

FOR OFFICIAL USE ONLY

Reception Number: 002455	Safety: <i>under 10K</i>	Carrier ID#: <i>6041</i>
111 0268 200 02	Insurance: <i>6/17/10</i>	Employee: <i>10WC</i>

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	

\$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 Amex Discov

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): *Greg Westley* Date: *6/14/10*
Signature: _____ Title: *Owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63958</i>	US DOT#: <i>under 10K.</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603023058</i> ✓
APPLICANT NAME: <i>Greg Westley</i> ✓		PHONE#: <i>503-609-0199</i>
d/b/a: <i>Greg Westley</i> ✓		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>16677 NE Russell St. #221</i>		
(city, state, zip) <i>Portland, OR. 97230</i>		
PHYSICAL ADDRESS: (street address, if different)		

56-1430

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



FARMERS

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 GREG WESTLEY
(Name of Motor Carrier)

of 16677 NE RUSSELL ST #221 PORTLAND OR 97230
(Address of Motor Carrier)

RECEIVED

JUN 17 2010

WASH. UT. & TP. COMM

a policy or policies of insurance effective from 6/14/10, 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 _____ 15TH day of _____ JUNE, _____ year 2010.

Insurance Company File No. 60479-74-76
(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)).