

PART - A

TV-101118

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: 0024828	Safety:	Carrier ID#: M44296
111 0268 200 02 100.00	Insurance:	Employee: KWC

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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 checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #: V050913
--	--

TYPE OF PAYMENT

Check Money Order

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): **LeRoy Scott** Date: **6/22/10 #150913**
 Signature: *LeRoy Scott* Title: **AA**

NOTICE OF CARRIER IDENTIFICATION

CC#: 41729	US DOT# (if required) 294360	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-591-305
APPLICANT NAME: A & S TRUCKING LLC		PHONE#: 360-507-7117
d/b/a:		FAX #:

BUSINESS (MAILING) ADDRESS:
 (street address, P.O. Box) **3010 DINKOVICH ST.**
 (city, state, zip) **ENUMCLAW WA 98022**

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
ARTHUR WATKINS	MBR/MGR	51% (Per)
JUDY WATKINS	MBR	49% (File)

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: N/A PERMIT NUMBER: _____

Signature of current permit holder

Date

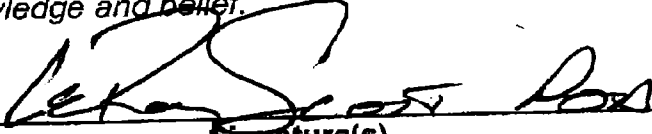
INSURANCE REQUIREMENTS

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL only operate vehicles less than 10,000 pounds gross weight rating-- \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.
- The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey-- Section 1.
- The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey -- Sections 1 and 2.
- The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey -- Sections 1 and 2.

EQUIPMENT LIST (Add additional rows as needed)

UNIT#	LICENSE#	STATE	VIN#
<u>100</u>	<u>Bldo 2996</u>	<u>WA</u>	<u>117217K-P</u>

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)



Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/22/2010

PRODUCER Phone: (425) 656-0295 Fax: 425-656-9052
AMBASSADOR SERVICE GROUP
 6625 SOUTH 190TH ST, STE B105
 KENT WA 98032

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
A & J TRUCKING LLC
 3016 CINKOVICH ST
 ENUMCLAW WA 98022

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: NORTHLAND INSURANCE CO	24015
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED. EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$								
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	WN037311	05/21/10	05/21/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$								
		EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				<table border="1"> <tr> <td>WC STATUTORY LIMITS</td> <td>OTHER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE-POLICY LIMIT</td> <td>\$</td> </tr> </table>	WC STATUTORY LIMITS	OTHER	E.L. EACH ACCIDENT	\$	E.L. DISEASE-EA EMPLOYEE	\$	E.L. DISEASE-POLICY LIMIT	\$
WC STATUTORY LIMITS	OTHER													
E.L. EACH ACCIDENT	\$													
E.L. DISEASE-EA EMPLOYEE	\$													
E.L. DISEASE-POLICY LIMIT	\$													
A		OTHER MOTOR TRUCK CARGO	WN037311	05/21/10	05/21/11	\$100,000 LIMIT/ 1,000 DED/ (2,000 THEFT DED)								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/ SPECIAL PROVISIONS
 1979 PETERBILT TRACTOR VIN# 117217KP

CERTIFICATE HOLDER

WUTC
 PO BOX 47250
 1300 S EVERGREEN PK DR, SW
 Olympia WA 98504

Attention:

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Greg Stave
 Greg Stave