REINSTATEMENT TY-101208 INGTON UTILITIES AND TRANSPORTATION COMMISSION Signal Sign Olympia, WA 98504-7250 Telephone (360) 664-1222 - Fax (360) 586-118 **Intrastate Common Carrier Operating Authority** APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY M44770 Reception Number Safety: Carrier ID#: 111 0268 200 02 00.00 Insurance: Employee: TYPE OF APPLICATION (check one) **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 \$100 **GENERAL COMMODITIES, including** ARMORDED CAR SERVICE **HAZARDOUS MATERIALS** \$275 GENERAL COMMODITIES, including \$100 GENERAL COMMODITIES, including **HAZARDOUS MATERIALS** HAZARDOUS MATERIALS and ARMORED CAR \$275 GENERAL COMMODITIES, INCLUDING **HAZARDOUS MATERIALS and ARMORED CAR** SERVICE M \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only: (Must be filed within 10 months of cancellation) Auth #: TYPE OF PAYMENT XI)Check ☐ Money Order ☐ Amex ☐ Discover ☐ 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) Signature: Title: MOTOR CARRIER IDENTIFICATION CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: CC-62574 1902066WA 602 661 APPLICANT NAME: PHONE#: d/b/a: FAX #: **BUSINESS (MAILING) ADDRESS:** 67 Blockhouse Rd. Oakville, WA 98568 (street address, P.O. Box) (city, state, zip) PHYSICAL ADDRESS: (street address, if different)

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TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)									
□ INDIVIDUAL □ PARTNERSHIP ☑ CORPORATION – STATE OF INCORPORATION WA (LP, LLP, LLC)									
NAME		TITLE	STOC	KD	ISTRIBUTION OR PER	CENTAGE OF SHARE			
John P. Hedgers Pres. N.P. 50%									
John P. Hedgers Pres. N.P. 50% Susie M. Hedgers Sec. /Treas 50%									
TRANSFER OF PERMIT NUMBER Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> permit									
Complete this se holder and perm of the permit nur	it number to	are transfe be transfe	rring an existing perred. The current	ermit pern	t to a new owner. List na nit holder must sign belo	ame of <u>current</u> permit w to authorize the transfer			
NAME ON PERI			PERMIT NUMBER:						
Signature of current permit holder Date INCLIDANCE DECLUDEMENTS (must shock one)									
INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)									
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.			
			MENT LIST (Attach additional list if necessary)						
UNIT#	LICEN	ISE#	E# STATE VIN#		VIN#				
	B4673	37B	WA	WA 1HTI		02137XDGB12981			
		<u></u>							
operate and the hereby declare	applicant, understand that the filing of this application does not in itself constitute authority to rate and that no operations may be conducted until a permit is received from the Commission. I by declare and affirm that the information contained in this application is true to the best of my viedge and belief. The provided Head of this application does not in itself constitute authority to react and that no operations may be conducted until a permit is received from the Commission. I by declare and affirm that the information contained in this application is true to the best of my viedge and belief. Date								
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				44716	
UNIFOI D	For RM MOTOR CARRIER B AMAGE LIABILITY CER (Executed i	TIFICATE OF INSURA	PROPERT ANCE	HAMIO.	
Filed with	WUTC	(hereinaf	ter called Commis	sion)	
	(Name of Commission)				
This is to certify, the	at the <u>AMERICAN FOREST C</u>	ASUALTY COMPANY, RIS (Name of Compan	K RETENTION GF y)	ROUP	
(hereinafter called Company)	of 1330 LADY STREET	COLUMBIA, SC 29211			
(noromation dames demparty)		(Home Office Address o	f Company)		
Has issued to Tri-County C	otor Carrier)	(Address of Motor Ca	•		
in said policy or policies and of Carrier Bodily Injury and Propautomobile bodily injury and p by the provisions of the motor	ce effective from 07/05/2010_1 continuing until cancelled as pro- perty Damage Liability Insurance property damage liability insurar carrier law of the State in whice	ovided herein, which, by atta e Endorsement, has or have nce covering the obligations h the Commission has juriso	e been amended to imposed upon sud diction or regulation	orn Motor on provide on motor carrier ns promulgated	
Whenever requeste	ed, the Company agrees to furn	ish the Commission a duplic	cate original of said	d policy or	
which it is attached. Such car	the endorsement described he ncellation may be affect by the Con, such thirty (30) days' notice	Company or the insured givi	ng thirty (30) days	notice in	
Countersigned at	1800 Second Street Suite 9		Florida 34236		
	(Street Address)	(City)	(State)	(Zip Code)	
This <u>15th</u> day	of <u>July 2010</u>				
Insurance Company File No.	AFC073018	•	Nathan Dierks		
moditation company the rest	(Policy Number)		(Authorized Com	pany Representative)	
MC 1633a (Ed. 8-99) UNIFORM INSU	RANCE SERVICES, INC.			IRB 3259B	