

PART A

TV# 101303

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250
Telephone (360) 864-1222 - Fax (360) 586-1181
Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT
(excluding Household Goods and Common Carrier Brokers)

None

Reception Number: 0025453	Safety: <i>OK</i>	Carrier ID#: <i>1035</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>OK</i>	Employee: <i>OK</i>

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	

\$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 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): Laina Naele Date: 7/27/10

Signature: _____ Title: Assistant

CC#: <u>63658</u>	US DOT#: <u>1895142</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>6029379090</u>
APPLICANT NAME: <u>Jose Razo</u>		PHONE#: <u>(509) 619-9089</u>
d/b/a: <u>Razo Trucking</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>PO Box 49</u>		
(city, state, zip) <u>Pasco WA 99301</u>		
PHYSICAL ADDRESS: (street address, if different) <u>150 S S Rd 40 E # 6</u>		

TYPE OF BUSINESS STRUCTURE

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME TITLE 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)

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 (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	+571215	WA	1FUYS5FB1VL749383

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.

Jose Razo
Signature(s)

7/27/10
Date

5635
pending

CC 63658

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMMISSION**
(hereinafter called Commission)

This is to certify, that the **GREAT WEST CASUALTY COMPANY** (hereinafter called Company)
P.O. BOX 277 SO SIOUX CITY NE 68776

has
issued to: **JOSE RAZO**
DBA RAZO TRUCKING
1531 N 4TH #22
PASCO WASHINGTON 99301

a policy or policies of insurance effective from **8/01/10** 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 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 canceled 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 **2950 E GOLDSTONE DR** **MERIDIAN ID 836421512**
this **27 TH** day of **JULY** **2010**
Insurance Company File No. **GWP80850A**
2325 (Policy Number)


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)).

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ORIGINAL