

PART - A

TY-101326

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)

Reception Number 0025480

Safety:

Carrier ID#: 5577

111 0268 200 02 100.00

Insurance:

Employee: [Signature]

New Common Carrier Permit Authority, or Transfer of Existing Permit Number

Extension of Common Carrier Permit Authority

\$275 GENERAL COMMODITIES ONLY

\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS

\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE

\$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 1

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): RUTH CARLISLE

Date: 7-29-2010

Signature:

Title: MANAGER / OWNER

CC#: 22880

US DOT#: 601779

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-928624

APPLICANT NAME: RUTH CARLISLE

PHONE#: 509-829-5421

d/b/a: HTI, LLC

FAX #: 509-829-5336

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1560 HIGHLAND Drive

(city, state, zip) Zillah, Wash. 98953

PHYSICAL ADDRESS: (street address, if different)

INDIVIDUAL  PARTNERSHIP  CORPORATION - STATE OF INCORPORATION WA  
(LP, LLP (LLC)) *Per Records*

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Ruth Carlisle	Mng. Owner	1560 Highland Drive Zillah, WA. 98953	100%

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: HTI, LLC PERMIT NUMBER: CC22880  
Ruth Carlisle 7-29-2010  
 Signature of current permit holder Date

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

UNIT#	LICENSE#	STATE	VIN#
<u>See Attached Paper</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.

Ruth Carlisle 7-29-2010  
 Signature(s) Date

ACCEPTABLE ONLY IF DOCKET NUMBER CERTIFICATE NUMBER OR PERMIT NUMBER IS SPECIFIED. No. \_\_\_\_\_

Pending  
5577

Approved \_\_\_\_\_

Form E

**UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATE OF INSURANCE**  
(Executed in Triplicate)

Filed with WUTC (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY  
(Name of Company)  
(hereinafter called Company) SCHAUMBURG IL  
(Home Office Address of Company)

has issued to HTI, LLC. to 1560 HIGHLAND DR ZILLAH WA 98953  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from 7/29/2010 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 regulations promulgated in accordance herewith.

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 affected 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 1333 S RUSTLE RD SPOKANE WA 99224  
(Street Address) (City) (State) (Zip Code)

this 29TH day of JULY 2010

NS. CO. ID# \_\_\_\_\_

Thomas E. Anderson (RB)  
(Authorized Company Representative)

Insurance Company File No. PRA-9337046  
(Policy Number)

PO BOX 19150 SPOKANE WA 99219  
(Address of Authorized Company Representative)