

REINSTATEMENT

TV-101345

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)

Notice

FOR OFFICIAL USE ONLY

Reception Number: 0025570	Safety: <i>[Signature]</i>	Carrier ID#: 437916
111 0268 200 02	Insurance: <i>[Signature]</i>	Employee: <i>[Signature]</i>

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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 Common Carrier Authority #:

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): ANGELA VARELA Date: 8/3/10

Signature: _____ Title: BOOKKEEPER

MOTOR CARRIER IDENTIFICATION

CC#: 59960 US DOT#: 8957270 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602-052-538

APPLICANT NAME: NOEL R. SUAREZ PHONE#: (509) 989-0660

d/b/a: SUAREZ TRUCKING FAX#: (509) 488-2084

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 14801 DOUGLAS RD.

(city, state, zip) YAKIMA, WA. 98908

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
NOEL R SUAREZ	OWNER	100%

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)

(Permit will not be issued until acceptable insurance is received)

- | | | | |
|---|--|---|---|
| <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. |
|---|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
# 101	B0033 DG	WA	2F4PC52B5V19774691
# 1	B 395916D	WA	1F44PSDBB P46750
#	—	WA	1XKWD B9X34J 394474

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

Noel R Suarez

7/31/10

437916



STATE OF WASHINGTON
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-7700 • TTY (360) 586-8203

Suarez, Noel R.
14801 Douglas Rd
Yakima WA 98908

August 9, 2010

Notice of Deficient Application – TV-101345

The following items either need to be completed and/or corrected for prompt processing of your application for operating authority:

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.
- X We need to get the license numbers and VIN# for the equipment you will be using. It was not completed on the application you submitted.

Who do I contact if I have questions?

You may call 360-664-1222 or e-mail us at transportation@utc.wa.gov. Our fax number is 360-586-1181.

Thank You.

UNIT #	VIN#	WA LIC #	STATE
#101	2FU4PCSZB5VA774691	B00380G	WA.
#1	1FU40SDBBP4496750	B39594D	WA.
#	1XKWDB9X84J394474		WA.

DONT HAVE PLATES YET!

CALL ME!
@ ANGIE GARZA
(509) 488-5446

IF YOU HAVE
QUESTIONS

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

11137916
pending
(hereinafter called Commission)

Filed with **WASHINGTON Utility & Trans Commission**
(Name of Commission)

This is to certify, that the **NORTHLAND INSURANCE COMPANY**
(Name of Company)

(hereinafter called Company) of **385 WASHINGTON STREET - SAINT PAUL MN 55102**
(Home Office Address of Company)

has issued to **NOEL R SUAREZ DBA SUAREZ TRUCKING**
(Name of Motor Carrier)

of **14801 Douglas Rd - Yakima WA 98908**
(Address of Motor Carrier)

a policy or policies of insurance effective from **07/21/2010** 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 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 **385 WASHINGTON STREET - SAINT PAUL MN 55102** this **11TH** day of **AUGUST** 2010

Insurance Company File No **WN039181**

Frank R. Aetah

(Policy Number)

(Authorized Company Representative)