

REINSTATEMENT

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)

TV-101359

date 1/3/10

FOR OFFICIAL USE ONLY

Reception Number **0025662**
111 0288 200 02 100.00

Safety: *[Signature]*
Insurance: *[Signature]*

Carrier ID#: **M 4116104**
Employee: *[Signature]*

TYPE OF APPLICATION (check one)

- | | |
|---|---|
| <input type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number | <input type="checkbox"/> 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
Auth #:

TYPE OF PAYMENT

- Check Money Order Amex Discover Mastercard Visa

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): **Americo V Suarez** Date: **8-4-10**

Signature: *[Signature]* Title: **owner**

MOTOR CARRIER IDENTIFICATION

CC#: **61046** US DOT# **1157744** WA UNIFIED BUSINESS IDENTIFIER (UBI) #: **602 316 737** *OK*

APPLICANT NAME: **Americo V Hermita Suarez** *officer/owner* PHONE#: **309 488 2693**

d/b/a: **A + H Trucking** FAX #: **309 488 2693**

BUSINESS (MAILING) ADDRESS: **2246 W Shelly Rd Othello WA 99344**

(street address, P.O. Box)

(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) **same**

fax 360 586 1181

Attn: Coleen

Washington Utilities and
Transportation Commission

from

Americo & Hermila

Suarez

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

Filed with **Washington Utilities and Transportation Commission** (hereinafter called Commission)

This is to certify, that the State Farm Insurance (hereinafter called Company)

Of Bloomington, Illinois

Has issued to Americo V Suarez of 2246 W Shelly Rd, Othello, WA 99344

a policy or policies of insurance effective from 12-21-2009 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled 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 1000 Wilmington Dr, DuPont, WA 99327

this 13th day of September, 2010

Insurance Company File No. 139 7707-47
(Policy Number)

Dean Hosni
(Authorized Company Representative)