

REINSTATEMENT

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 41250

Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 664-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Trucks)

FOR OFFICIAL USE ONLY

Receipt Number: **0025659**

Safety: *OK*

Carrier ID#: **5155**

0208 200 02 *107.00*

Insurance: *OK*

Employee: *OK*

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"/>	\$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"/>	\$150 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 Air

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa Expiration Date

A CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct. I am authorized to execute and file this application on behalf of the applicant, and that all information to file is current and valid.

Name (printed): **DIANA V. GOMEZ** Date: **8-4-10**

Signature: _____ Title: **STELLING BANK / USA**

MOTOR CARRIER IDENTIFICATION

GC#: **63316** US DOT#: **1792990** WA UNIFIED BUSINESS IDENTIFIER (UBI): **602-848-830** *OK*

APPLICANT NAME: **RAFAEL GOMEZ** PHONE#: **509-488-5955**

DBA: **RAFAEL GOMEZ TRUCKING** FAX#: **509-488-0498**

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) **P.O. Box 2818**
(city, state, zip) **Othello, WA 99344**

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
		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)

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 - \$150,000 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 \$2 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#
222	B003676	WA	1XK AD69X8TR674428

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

8-3-10

5155
Dundee
CC63316

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

Filed with **WASHINGTON UTILITIES & TRANSPORTATION COMM** (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 **RAFAEL G GOMEZ**
issued to: **DBA RAFAEL GOMEZ TRUCKING**
824 S NUEVO LEON LANE
OTHELLO WA 99344

a policy or policies of insurance effective from **08/02/10** 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 **1100 WEST 29TH ST PO BOX 277 SOUTH SIOUX CITY NE 68776**

this **17TH** day of **AUGUST**, 2010

Insurance Company File No. **GWP81075A**
0375 (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)). IRB 3539B



STATE OF WASHINGTON

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S. Evergreen Park Dr. S.W., P.O. Box 47250 • Olympia, Washington 98504-7250
(360) 664-1160 • TTY (360) 586-8203

Gomez, Rafael G.
PO Box 2818
Othello WA 99344

August 10, 2010

Notice of Deficient Application

Return this document with the completed/corrected items listed below 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.

Please do not show @

OK

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.