360-8586-1181

PART – A



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 \(\(\) \(\							
(excluding Household Goods and Common Carrier Brokers)						PRIME	
The state of the s	Act of the second secon			Carrier II			
	ety: 9-14-10		D add	Employe			
1118288 200,02	urance: 9—19 ©FARRICA						(day)
APPLY AS A SOLID TO THE WAY A SO	II THE PARTY OF TH	Eyten	sion of	Common	Carrier P	ermit Authori	itv
New Common Carrier Permit Authority, or Transfer of Existing Permit Number						-	
\$275 GENERAL COMMODITIES ONLY		ם		0 GENERAL COMMODITIES, including ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE		\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS					
\$275 GENERAL COMMODITIES, in HAZARDOUS MATERIALS	ncluding					TES, including and ARMORED CAR	2
\$275 GENERAL COMMODITIES, IN HAZARDOUS MATERIALS and ARI SERVICE	CCLUDING MORED CAR		<u>.</u>			·	
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filled within 10 months of cancellation) For Cancellation							
	TYPE OF	PAYME	NT		ining and a second s		
☐ Check ☐ Money Order ☐ Amex	□ Check □ Money Order □ Amex □ Discovar						
			_ , _ 1				- ' -
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.							
α							
Name (printed): (risto 1. Gunze OV. Date: 6/12/2010 :							
Signature: The Town Index In							
CC#: 63351 (US DOT# 18055 20 WAUNIFIED BUSINESS IDENTIFIER (UB)) #:							
APPLICANT NAME: 1/4 M fronsported PHONE#:509-290-2566							
d/b/a (VISTO RCY Garza Jr 2) FAX#:							
BUSINESS (MAILING) ADDRESS: 8023 5 blackborn							
(city, state, zip)	9004		<u> </u>			· ·	
PHYSICAL ADDRESS: (street address, if different)							
TITTOTOTIC TIEBET COO. TOURSE Addition	<u>. ,</u>	<u> </u>					

, ched	TMPEOE	EUSINESS. IPIETE RAMBER	STRUCTURE	
INDIVIDUAL PART	NERSHIP 🗆	CORPORATIO	ON - STATE OF INCORPO C)	ORATION
NAME	<u>IITLE</u>	<u>stock [</u>	DISTRIBUTION OR PERC	ENTAGE OF SHARE
				MACCALANTIN LINEAR DATE OF ACTION ACT
Complete this section if you a holder and permit number to of the permit number.	ere transferring at	a existing perm	MIT NUMBER if to a new owner. List na mit holder must sign belov	me of <u>current</u> permit v to authorize the transfer
NAME ON PERMIT:	·		PERMIT NU	JMBER:
Signature of current permit	holder			Date
Mary Control of the C	NSURANCER	EOUREME Reduntilizações	NTS (must eileek one) Hablennswandenstrede ve	
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 application NOT HAUL haze materials in any \$750,000 in Publication of the second s	ardous quantity — molic Liability amage quired. ubmit the sourcey— S	The applicant WILL HAUL hazardous naterials requiring 11 million in Public Liability and Property Damage Insurance and Submit the Safety Fitness Survey — Sections 1 and	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.
Filliess Survey.	OUIBMENTAU	ST (Attach a	deinomal list if necessar	
UNIT# LICE	VSE#	STATE		VIN#
1 135997	7967 1	VA.	IXKMD189X	H5340627
I, as applicant, understant operate and that no operate hereby declare and affirm knowledge and belief. Signa	ations may be d	onducted unti	il a permit is received itt	III the Commission. I
		. 5		

ACORD"

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 8/12/2010

PRODUCER (509) 488-9623 FAX: (509)		THIS CERT	IFICATE IS ISSI	UED AS A MATTER O	F INFORMATION		
Sloan-Leavitt Insurance Agency, Inc.		HOLDER.	THIS CERTIFICA	O RIGHTS UPON TH NTE DOES NOT AME	ND, EXTEND OR		
FO Box 449		ALTER TH	E COVERAGE A	FFORDED BY THE PO	OLICIES BELOW.		
Othello WA 99344		INCLIDEDS A	FFORDING COV	EDAGE	NAIC#		
INSURED				ial Casualty Co	11770		
Cristo Rey Garza Jr, DBA A & M	Transport		roca rinanc.	rat capaarch co			
8023 S. Blackberry		INSURER B.			S		
		INSURER D			·		
Cheney WA 99004		INSURER E:	• 1 • • • • • •				
COVERAGES		MODITE CE.		- +			
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.							
INSR ADD'L LTR INSRD TYPE OF INSURANCE	POLICY NUMBER DA	LICY EFFECTIVE TE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMIT	8		
GENERAL LIABILITY	*			EACH OCCURRENCE DAMAGE TO RENTED	S		
COMMERCIAL GENERAL LIABILITY	,			PREMISES (Ex occurrence)	\$		
CLAIMS MADE OCCUR			1	MED EXP (Any one person)	<u>.</u> \$		
		!		PERSONAL & ADV INJURY	. \$		
				GENERAL AGGREGATE	. \$		
GEN'L AGGREGATE LIMIT APPLIES PER: PRO-PRO-LOC		!	'	PRODUCTS - COMP/OP AGG	\$		
POLICY JECT LOC AUTOMOBILE LIABILITY		··· · · · · · · · · · · · · · · · · ·					
ANY AUTO		:		COMBINED SINGLE LIMIT (Es accident)	\$ 750,000		
A ALL OWNED AUTOS 0757140	05-0 8,	/2/2010	2/2/2011	BODILY INJURY	• • • • • • • • • • • • • • • • • • •		
X SCHEDULED AUTOS	•			(Per person)			
HIRED AUTOS NON-OWNED AUTOS			:	BODILY INJURY (Per accident)	\$		
NOTO TIMED ACTOS	•	;	1				
The second secon	·	:		PROPERTY DAMAGE (Per socident)	\$		
GARAGE LIABILITY			:	AUTO ONLY - EA ACCIDENT	\$		
ANY AUTO				OTHER THAN EA ACC AGG	· · · · · · · · · · · · · · · · · · ·		
EXCESS / UMBRELLA LIABILITY		!		EACH OCCURRENCE	\$		
OCCUR CLAIMS MADE		!	; ;	AGGREGATE	5		
		į			3		
DEDUCTIBLE					. .		
RETENTION \$!		\$		
WORKERS COMPENSATION AND EMPLOYERS! LIABILITY Y/N	1		į	WC STATU- OTH-			
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?	1	l .	. }	E.L. EACH ACCIDENT	\$		
(Mandatory In NH)	1	ļ	 	E.L. DISEASE - EA EMPLOYEE	5		
If yes, describe under SPECIAL PROVISIONS below OTHER CARGO 0757140		 		E.L. DISEASE - POLICY LIMIT	\$		
A OTHER CARGO 0757140	95-0 8/	2/2010	2/2/2011	\$10,000 \$1000 ded			
			1				
DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCL Tri-City Produce as additional insured		r / SPECIAL PROVIS	BION\$				
CERTIFICATE HOLDER	······································	CANCELLAT	ION				
OBITITION CONTRACTOR C		9HOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION					
WUTC 1300 S Evergreen Park Drive		DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL					
							PO Box 47250 Olympia, WA 98504-7250
Olympia, HA 30304-7250		REPRESENTATIVES.					
		AUTHORIZED REPRESENTATIVE CAROLYD BAUR/CB					
			Carolyn Beus/CB				