

# 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)

**RECEIVED**

AUG 19 2010

**WASH. UT. & TP. COMM**

TV-101415

ck # 8515

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0025810</b>	Safety: <i>02</i>	Carrier ID#: <b>M 7493</b>
111 0268 200 02 <i>100.00</i>	Insurance: <i>00</i>	Employee:

#### 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"/> \$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE
<input type="checkbox"/> \$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE	

<input checked="" type="checkbox"/> <b>\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT</b> (Must be filed within 10 months of cancellation)	For Commission Use Only Auth #:
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#### TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
<b>8515</b>					

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.

**Truckers Reporting Co.**

Name (printed): **Tommie L. Fife** Date: **8-16-2010**

Signature: *T. Fife* Title: **Lic. Clerk**

Address: **PO Box 2187**

#### MOTOR CARRIER IDENTIFICATION

CC#: <b>59574</b>	US DOT# (if required) <b>273880</b> ✓	WV BUSINESS IDENTIFIER (UBI) #: <b>601136881</b> ✓
APPLICANT NAME: <b>CARL DENTON JR.</b>		PHONE#: <b>509.575.3943</b>
d/b/a: <b>All out Trucking</b>		FAX #: <b>453.0244</b>
BUSINESS (MAILING) ADDRESS: <b>P.O. Box 2187</b>		
(city, state, zip) <b>YAKIMA, WA 98902-2187</b>		
PHYSICAL ADDRESS: (street address, if different) <b>6408 Postma; Yakima WA 98901</b>		



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

m 17493

Filed with WASHINGTON UTILITY & TRANS COMMISSION (hereinafter called 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 CARL DENTON JR DBA ALL-OUT TRUCKING  
(Name of Motor Carrier)

of 6408 POSTMA RD - YAKIMA WA 98901  
(Address of Motor Carrier)

a policy or policies of insurance effective from 08/10/2010 12:01 A.M. standard time at the address of the insured stated in said

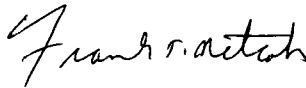
policy or policies and continuing until canceled as provided herein, which, by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations 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 24TH day of AUGUST 2010

Insurance Company File No WN045815



(Policy Number)

(Authorized Company Representative)