

REINSTATEMENT

TV 101460

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)

FOR OFFICIAL USE ONLY

Reception Number: 6025923	Safety: <i>[Signature]</i>	Carrier ID#: 153332
111 0268 200 02 <i>100.0</i>	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"/> \$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"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input type="checkbox"/> Cash	<input type="checkbox"/> Discover	<input checked="" type="checkbox"/> Mastercard	<input type="checkbox"/> Visa
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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): GERONIMO V GARZA Date: 8-25-2010
 Signature: _____ Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>58283</u>	US DOT#: <u>1454473</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>601 737 877</u>
APPLICANT NAME: <u>GERONIMO V GARZA</u>		PHONE#: <u>509 750-1352</u>
d/b/a: <u>GERONIMO V. GARZA TRUCKING</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>734 South McKinney Rd.</u>		
(city, state, zip) <u>Othello, WA 99344</u>		
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**

GERONIMO V Garza Owner

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 GERONIMO V. Garza PERMIT NUMBER 8-25-2010
Geronimo Garza Date
Signature of current permit holder

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 — **\$750,000** 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 **\$5 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#
5	B 97817A	WA	1XPDR9X9MD301689
15	B 65211H	WA	1XPDB9X1JD259876

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.

Geronimo Garza 8-25-2010
Signature(s) Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
8/26/2010

PRODUCER (509)488-9623 FAX: (509)488-2143
Sloan-Leavitt Insurance Agency, Inc.
 PO Box 449

Othello WA 99344

INSURED
Geronimo V. Garza
DBA Geronimo V Garza Trucking
734 S. McKinney Rd
Othello WA 99344

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE

INSURER A: **Progressive** NAIC # 024260

INSURER B: _____

INSURER C: _____

INSURER D: _____

INSURER E: _____

COVERAGES

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.

INBR LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS	07599387-0	9/26/2010	2/26/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> If yes, describe under SPECIAL PROVISIONS below	Y/N			WC STATU-TOBY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER
 (360) 586-1181
 WUTC
 1300 S Evergreen Park Drive
 PO Box 47250
 Olympia, WA 98504-7250

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION 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 IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *Carolyn Beus*
 Carolyn Beus/CB