

PART - A

TV-101461

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250

RECEIVED

Olympia, WA 98504-7250

Telephone (360) 664-1222 - Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

Ck# 5256 AUG 3 2010 WASH. UT. & TP. COMM

APPLICATION FOR PERMIT

Handwritten signature/initials

(Including Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: <b>0025917</b>	Safety:	Carrier ID#: <b>6138</b>
111 0268 200 02 <b>275.07</b>	Insurance: <i>[initials]</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 checked="" 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 Use Only: Auth #:

TYPE OF PAYMENT

Check     Money Order     Amex     Discover     Mastercard     Visa    Expiration Date

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): Ron Bowe                                  Date: 8-27-10  
Signature: Ron Bowe    Title: Owner/Operator

MOTOR CARRIER IDENTIFICATION

CC#: <b>64038</b>	US DOT#: <u>Under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602-539-048</u>
APPLICANT NAME: <u>Taron Productions</u>		PHONE#: <u>425-444-2925</u>
d/b/a: <u>Ron Bowe</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>12035 206th Pl SE</u> (city, state, zip) <u>Issaquah WA 98027</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)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Jakon Productions		12035 206 <sup>th</sup> Pl SE	
Ron Bove	Owner/Operator	Issaquah WA	98027

**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)

<input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- <b>\$300,000</b> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey.	<input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <b>\$750,000</b> in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1.	<input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <b>\$1 million</b> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.	The applicant <u>WILL</u> <input type="checkbox"/> <u>HAUL</u> hazardous materials requiring <b>\$5 million</b> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.
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**EQUIPMENT LIST (Attach additional list if necessary)**

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
001	021YHI	WA	KNDJA 7232 15069 195

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.

Ron Bove  
Signature(s)

8-27-10  
Date

Mr. Ken Chapman  
Washington UTC  
PO Box 47250  
Olympia, WA 98504

Dear Mr. Chapman,

Enclosed is my application for a Common Carrier Permit. I am applying to be a licensed common carrier who will not haul hazardous materials and who will not operate vehicles with gross vehicle weight ratings of ten thousand pounds or more. I understand that a common carrier of this type operating locally does not require a USDOT number. Thank you for your assistance in processing my application.

Sincerely,

*Ron Bowe*

**RECEIVED**

AUG 30 2010

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

0138.  
pending

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

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the American States Insurance Company  
(Name of Company)  
(herein after called Company) of 4333 Brooklyn Avenue NE, Seattle, WA, 98185  
(Home Address of Company)

has issued to RON BOWE of 12035 206TH PL SE, ISSAQUAH, WA, 98027  
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 08/31/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at \_\_\_\_\_ This 13th day of Sep 20 10  
(Address) (Day) (Month) (Year)

Insurance Company File No. 01CH934123 \_\_\_\_\_  
(Policy No) (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :500,000.00