

# REINSTATEMENT

TV 101469

## 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: <b>0025922</b>	Safety: <u>02</u>	Carrier ID#: <u>M 40447</u>
111 0268 200 02 <u>100 CT</u>	Insurance: <u>9-8-10 Insult</u>	Employee: <u>02</u>

#### 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	

**\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT**  
(Must be filed within 10 months of cancellation)

For Completion Use Only  
Auth # \_\_\_\_\_

**TYPE OF PAYMENT**

Check  Money Order  \_\_\_\_\_

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): Arturo Garcia G Date: 8-27-10

Signature: \_\_\_\_\_ Title: Owner

### MOTOR CARRIER IDENTIFICATION

CC#: <u>63739</u>	US DOT#: <u>4067036</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602964168</u> <u>OK</u>
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APPLICANT NAME: <u>Arturo Garcia G</u> <u>OK</u>	PHONE#: <u>(509) 547-8945</u> <u>cell (509) 947-6765</u>
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d/b/a: <u>Garcia Trucking</u> <u>OK</u>	FAX #: _____
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**BUSINESS (MAILING) ADDRESS:** (street address, P.O. Box) P.O. Box 4095 Pasco WA 99302

(city, state, zip) 1327 N 24TH Av. Apt 5-E Pasco WA 99301

**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

### 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 -- \$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#
1	B56154L	WA	1EUEYBYB7FP268481

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.

Arturo Garcia G

Signature(s)

8-27-10

Date

mi0447<sup>P 1/1</sup>



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
8/3/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Simmons Agency PO BOX 808 702 E MAIN STREET HERMISTON OR 97838  <b>INSURED</b> Arturo Garcia DBA: Garcia Trucking 1327 N 24th Ave SE  Pasco WA 99301	<b>CONTACT NAME:</b> Karina Torres <b>PHONE (A/C, No, Ext):</b> (541) 567-6271 <b>FAX (A/C, No):</b> (541) 567-2113 <b>E-MAIL ADDRESS:</b> <b>PRODUCER CUSTOMER ID #:</b> 00031158  <b>INSURER(S) AFFORDING COVERAGE</b> NAIC # INSURER A: United Financial Casualty Comp INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
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**COVERAGES** CERTIFICATE NUMBER: Auto REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input type="checkbox"/>  GENL AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/>						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			075718511	8/3/2010	2/3/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Underinsured motorist property \$ 10,000 Med Expense \$ 5,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/>  DEDUCTIBLE RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Motor Truck Cargo			075718511	8/3/2010	2/3/2011	Limit \$10,000 Deductible \$1,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
1985 FRGHT 1FU8YRYB7FP268481

**CERTIFICATE HOLDER**

(360) 586-1150  
  
 Washington UTC  
 PO Box 47250  
 Olympia, WA 98504-7250

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE