

PART A

TV# 10/497

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)

Cash

date 9/13/10

FOR OFFICIAL USE ONLY

Reception Number: 0025985

Safety: ON

Carrier ID#: 6145

111 0268 200 02 775.00

Insurance: ON

Employee: [Signature]

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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): Lawrence D Taylor Date:

Signature: Lawrence D Taylor Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 64043 US DOT#: WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-040-524

APPLICANT NAME: LT Courier Services LLC PHONE#: 253-334-2457

d/b/a: FAX #: 253-835-1585

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2513 S 354th St. please fax

(city, state, zip) Federal Way, WA 98003

PHYSICAL ADDRESS: (street address, if different)

UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, **SAM REED**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

**CERTIFICATE OF FORMATION**

to

**LT COURIER SERVICES LLC**

a/an WA Limited Liability Company. Charter documents are effective on the date indicated below.

Date: 9/3/2010

UBI Number: 603-040-524

APPID: 1817174



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

A handwritten signature in cursive script that reads "Sam Reed".

Sam Reed, Secretary of State

Progressive  
PO Box 94739  
Cleveland, OH 44101  
800-895-2886

**PROGRESSIVE**

**Policy number: 07631213-0**

Underwritten by:  
United Financial Casualty Company  
September 13, 2010  
Page 1 of 1

## Certificate of Insurance

**Certificate Holder**

WA UTILITIES & TRANSPORTATION  
PO BOX 47250  
OPERATIONS DIV  
OLYMPIA, WA 98504

**Insured**

LT COURIER SERVICE LLC  
2513 S 354TH ST  
FEDERAL WAY, WA 98003

**Agent**

PROG COMMERCIAL  
PO BOX 94739  
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Sep 7, 2010

Policy Expiration Date: Sep 7, 2011

**Insurance coverage(s)**

Bodily Injury/Property Damage

**Limits**

\$300,000 Combined Single Limit

**Description of Location/Vehicles/Special Items**


**Scheduled autos only**

1993 ISUZU RODEO S 4S2TG58E0T4308363

**Certificate number**

25610PTA213

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.



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Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Cash

July 9/13/12

FOR OFFICIAL USE ONLY

Reception Number: <b>0025985</b>	Safety: <b>OK</b>	Carrier ID#: <b>6145</b>
111 0268 200 02 <b>275.00</b>	Insurance: <b>OK</b>	Employee: <b>[Signature]</b>

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Name (printed): Lawrence D Taylor Date: \_\_\_\_\_  
 Signature: Lawrence D Taylor Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: 64043 US DOT# WA 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-040-524 \*

\* APPLICANT NAME: LT Courier Services LLC PHONE#: 253-334-2457

d/b/a: \_\_\_\_\_ FAX #: 253-835-1585

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2513 S 354th St. *please pay*

(city, state, zip) Federal Way, WA 98003

PHYSICAL ADDRESS: (street address, if different)

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

- INDIVIDUAL   
  PARTNERSHIP   
  CORPORATION (LP, LLP, LLC)  
 STATE OF INCORPORATION \_\_\_\_\_

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
LT	Courier Services LLC		Lawrence Taylor 100%

**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)**

A permit will not be issued until acceptable insurance is received

- |  |  |   |   |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	165-TGT	WA	4S2CG58EOP4308363

**Signature**

*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.*

Lawrence D Taylor  
Signature(s)

9/3/10  
Date