

REINSTATEMENT *TU01498*

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

None

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: <i>0025978</i>	Safety: <i>OS</i>	Carrier ID#: <i>m44612</i>
111 0288 200 02 <i>100.00</i>	Insurance: <i>OS</i>	Employee: <i>OS</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	

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

For Commission U
Auth

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date *5/11*

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): *ANGIE GARZA* Date: *9-2-10*
Signature: *BODICEEPER*

JR CARRIER IDENTIFICATION

CC#: <i>062463</i>	US DOT#: <i>1935694V</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602-643-159</i>
APPLICANT NAME: <i>RUBELIO NAVA SELGADO</i>		PHONE#: <i>(509) 250-7830</i>
d/b/a: <i>NAVA TRUCKINGV</i>	FAX#: <i>(509) 488-2084</i>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>2286 W. RANER RD</i>		
(city, state, zip) <i>OTTLECO, WA. 99347</i>		
PHYSICAL ADDRESS: (street address, if different) <i>SAME</i>		

Rubelio NAVA SELGADO

M44612
pend

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to RUBELIO NAVA-SALGADO, NAVA TRUCKING of 2286 W RAINIER RD, OTHELLO, WA 99344 a policy or policies of insurance effective from 09/02/2010 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 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 cancelled 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 2nd day of September, 2010

Insurance Company File No. CA 07625771
(Policy Number)


(Authorized Company Representative)

MC1633a(08/99)

IRB3539B

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
RUBELIO NAVA OWNER 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: N/A 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#
06	A184194	WA	1XP9D29X7CP798339

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.

Rubelio Nava Salgado 9-2-10
Signature(s) Date

INQA LOC210P1

Location

14:31

UBI: 602 643 159 001 0001 NAVA, SALGADO RUBELIO

Bus Open Date: 09 2006

Bus Status: A

Loc Status: A

Firm Name: NAVA TRUCKING

Mailing Addr: 2286 W RAINIER RD
OTHELLO WA 99344

Prnt Spse on Lic: N

Physical Addr: 2286 W RAINIER RD
OTHELLO WA 99344

Bus Phone: 509 488 9039

FAX: 509 488 2084

County: ADAMS

LGJC: 0100

In City Limit Flg: N

NAICS Code:

Transfer: _____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

Help

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USDOT Number MC/MX Number Name

Enter Value: 1935694

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Company Snapshot

RUBELIO NAVA SALGADO

USDOT Number: 1935694

ID/Operations | [Inspections/Crashes](#) | [Safety Rating](#) | [Insurance](#)

Carriers: If you would like to update the following ID/Operations information, please complete and submit form [MCS-150](#) which can be obtained [online](#) or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's [DataQs](#) system.

Other Information for this Carrier

- ▼ [SafeStat Results](#)
- ▼ [Licensing & Insurance](#)

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 09/01/2010.

Entity Type:	Carrier		
Out of Service (Interstate Only):	No	Out of Service Date:	None
Legal Name:	RUBELIO NAVA SALGADO		
DBA Name:	NAVA TRUCKING		
Physical Address:	2286 W RAINIER RD OTHELLO, WA 99344		
Phone:	(509) 488-9039		
Mailing Address:	2286 W RAINIER RD OTHELLO, WA 99344		
USDOT Number:	1935694	State Carrier ID Number:	
MC or MX Number:		DUNS Number:	--
Power Units:	1	Drivers:	1
MCS-150 Form Date:	09/09/2009	MCS-150 Mileage (Year):	
Operation Classification:			
X Auth. For Hire	Priv. Pass.(Non-business)	State Gov't	
Exempt For Hire	Migrant	Local Gov't	
Private(Property)	U.S. Mail	Indian Nation	
Priv. Pass. (Business)			

Fed. Gov't		
Carrier Operation:		
Interstate	Intrastate Only (HM)	<input checked="" type="checkbox"/> Intrastate Only (Non-HM)
Cargo Carried:		
<input checked="" type="checkbox"/> General Freight	Liquids/Gases	Chemicals
Household Goods	Intermodal Cont.	Commodities Dry Bulk
Metal: sheets, coils, rolls	Passengers	Refrigerated Food
Motor Vehicles	Oilfield Equipment	Beverages
Drive/Tow away	Livestock	Paper Products
Logs, Poles, Beams, Lumber	Grain, Feed, Hay	Utilities
Building Materials	Coal/Coke	Agricultural/Farm Supplies
Mobile Homes	Meat	Construction
Machinery, Large Objects	Garbage/Refuse	Water Well
<input checked="" type="checkbox"/> Fresh Produce	US Mail	

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

Inspection results for 24 months prior to: 09/01/2010

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:

Inspection Type	Vehicle	Driver	Hazmat
Inspections	0	0	0
Out of Service	0	0	0
Out of Service %	0%	0%	0%
Nat'l Average % (2007- 2008)	22.27%	6.60%	5.02%

Crashes reported to FMCSA by states for 24 months prior to: 09/01/2010

Crashes:

Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 09/01/2010

Review Information:

Rating date:	None	Review Date:	None
Rating:	None	Type:	None

ID/Operations | Inspections/Crashes | Safety Rating | Insurance

For the most current information on the status of operating authority and insurance for this carrier, go to the **FMCSA Licensing & Insurance site.**

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