

# REINSTATEMENT

*TRUCKING*

## 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

Interstate Common Carrier Operating Authority

### APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

*Handwritten initials/signature*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0026017</b>	Safety: <i>OK</i>	Carrier ID#: <i>58194</i>
111 0268 200 02 <i>100 00</i>	Insurance: <i>OK</i>	Employee: <i>OK</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 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): Alfredo Gomez Date: 9-8-2010

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

#### MOTOR CARRIER IDENTIFICATION

CC#: 58194 US DOT# 760536V WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601732618V

APPLICANT NAME: Alfredo Gomez PHONE#: 509-760-8858

d/b/a: Alfredo Gomez Trucking FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2255 W. Shelly Rd.

(city, state, zip) Othello WA 99349

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**  
Alfredo Gomez    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: \_\_\_\_\_ 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#
<u>7</u>	<u>A 91617C</u>	<u>WA</u>	<u>1FUPYCYB8FH256484</u>

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.

Alfredo Gomez  
Signature(s)

9-8-2010  
Date

# Your ID Cards



## CLAIMS SERVICE JUST FOR YOU

Rest easy. We're here 24/7 when you need us.  
To report a claim call 800-274-4499.

### IF YOU'RE IN AN ACCIDENT

1. Remain at the scene. Don't admit fault.
2. Call the police to report the accident.
3. Exchange information with the other driver(s).
4. Report your claim to Progressive immediately.

### TO REPORT A CLAIM

1-800-274-4499

Ask about our concierge-level claims service and network of repair shops, both backed by Progressive's Limited Lifetime Guarantee.

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**PROGRESSIVE**

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KEEP THIS CARD IN YOUR MOTOR VEHICLE WHILE IN OPERATION.

Thank you for choosing Progressive.

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**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 ALFREDO GOMEZ, ALFREDO GOMEZ TRUCKING of 2255 W SHELLY RD, OTHELLO, WA 98837-0000 a policy or policies of insurance effective from 09/07/2010 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 7th day of September, 2010

Insurance Company File No. CA 07631553  
(Policy Number)

  
(Authorized Company Representative)

MC1633a(08/99)

IRB3539B