

**DISMISSED**  
**REINSTATEMENT**

IV-101510

**WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION**

1300 S Evergreen Park Dr SW, PO Box 47250

Olympia, WA 98504-7250

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

State Common Carrier Operating Authority

**APPLICATION FOR PERMIT**

(excluding Household Goods and Common Carrier Brokers)

**FOR OFFICIAL USE ONLY**

Reception Number: <b>0026013</b>	Safety: <input checked="" type="checkbox"/>	Carrier ID#: <b>5726</b>
111 0268 200 02	Insurance: <input checked="" type="checkbox"/>	Employee: <input checked="" type="checkbox"/>

**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	

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth: _____
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**TYPE OF PAYMENT**

Check    Money Order    Amex    Discover

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 (print): Jose L. Jimenez Jr.   Date: 9/8/2010  
Signature: \_\_\_\_\_   Title: owner

**FOR CARRIER IDENTIFICATION**

CC#: <u>63745</u>	T# <u>1001939226</u> ✓	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 952 904</u> ✓
APPLICANT NAME: <u>Jose X. Jimenez</u>	PHONE#: <u>509) 439-9568</u>	
d/b/a: <u>Jose L. Jimenez</u>	FAX #: <u>509-736-1383</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>P.O. Box 1982</u>		
(city, state, zip) <u>Mattawa, WA 99349</u>		
PHYSICAL ADDRESS: (street address, if different)		
<u>124243 Hwy 243 Mattawa, WA 99349</u>		

### 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
Jose L. Jimenez	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: \_\_\_\_\_ PERMIT NUMBER: \_\_\_\_\_

Signature of current permit holder \_\_\_\_\_

Date \_\_\_\_\_

### INSURANCE REQUIREMENTS (must check one) (Permit will not be issued until acceptable insurance is received)

- |  |  |   |   |
|--|--|---|---|
| <input 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring <u>\$5 million</u> 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#
9130	A65678X	WA	1XKA029X5GK337173
		WA	1FAHP37NA7W100876
			1XP5D119K210502950

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.

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Sept. 8, 2010