

REINSTATEMENT

TV-101561

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)

Done
OK

FOR OFFICIAL USE ONLY

Reception Number: 0026066	Safety: <i>AS</i>	Carrier ID#: <i>5685</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>AS</i>	Employee: <i>0</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
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): *ANGIE GARDIA* Date: *9-17-10*
 Signature: _____ Title: *BOOKKEEPER*

MOTOR CARRIER IDENTIFICATION

CC#: <i>63698</i>	US DOT# <i>1929019</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>602-948-1647</i>
APPLICANT NAME: <i>ALVARO SANTILLAN</i>		PHONE# <i>(509) 760-6410</i>
d/b/a: <i>SANTILLAN TRUCKING</i>		FAX #: <i>(509) 488-2054</i>
BUSINESS (MAILING) ADDRESS: <i>P.O. Box 1142</i>		
(street address, P.O. Box)		
(city, state, zip) <i>ROYAL CITY, WA. 99357</i>		
PHYSICAL ADDRESS: (street address, if different) <i>625 BEACH AVE NE</i>		
<i>ROYAL CITY, WA. 99357</i>		

ALVARO SANTILLAN

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**
ALVARO SANTILLAN 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: _____

N/A

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#
321	B41413L	WA	1XP5DB9X2PD334571

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.

Alvaro Santillan
Signature(s)

9-17-10
Date

STATE OF ARIZONA
COUNTY OF MARICOPA } SS

On SEPTEMBER 15, 2010 before me, PAMELA J PHILBIN

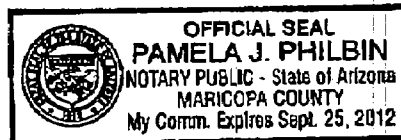
PERSONALLY APPEARED VALERIE ABER

WHO PROVED TO ME ON THE BASIS OF SATISFACTORY EVIDENCE TO BE THE PERSON(S) WHOSE NAME(S) IS/ARE SUBSCRIBED TO THE WITHIN INSTRUMENT AND ACKNOWLEDGED TO ME THAT HE/SHE/THEY EXECUTED THE SAME IN HIS/HER/THEIR AUTHORIZED CAPACITY(IES) AND THAT BY HIS/HER/THEIR SIGNATURE(S) ON THE INSTRUMENT THE PERSON(S), OR THE ENTITY UPON BEHALF OF WHICH THE PERSON(S) ACTED, EXECUTED THE INSTRUMENT.

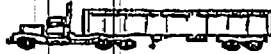
I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF ARIZONA THAT THE FOREGOING PARAGRAPH IS TRUE AND CORRECT.

WITNESS my hand and official seal.

Signature *Pamela J Philbin*



This area for Official Notarial Seal



1300 South Evergreen Park Dr. SW
PO Box 47250
Olympia, WA 98504-7250
360-664-1222 fax 360-586-1181



COMMON CARRIER BOND.

BOND # 0763417

(Required from common carrier freight forwarders and brokers as provided by WAC 480-12-375 of Commission Rules and Regulations.)

KNOW ALL MEN BY THESE PRESENTS That GREEN FREIGHT AND TRANSPORTATION, LLC 20204 14th AVE W OF LYNNWOOD, WA 98036, as principal, and GREAT AMERICAN INSURANCE COMPANY a corporation organized and existing under and by virtue of the Laws of the State of OHIO, and duly authorized to do a surety business within the State of Washington, as surety, are held and firmly bound unto the State of Washington in the full penal sum of TEN THOUSAND (\$10,000.00) Dollars, lawful money of the United States, for the payment of which, well and truly to be made, we, and each of us, bind ourselves, our respective heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

SEALED With our seals and dated this 1ST day of OCTOBER, 20 10

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH THAT,

WHEREAS, The above bounden principal has applied to the Washington Utilities and Transportation Commission for a permit to operate as a Common Carrier under the provisions of chapter 81.80. RCW:

NOW, THEREFORE, if the said principal shall make compensation to shippers and consignees for all moneys belonging to such shippers, or consignees coming into his possession in connection with such transportation service, then and in that event this obligation to be null and void, otherwise to remain in full force and effect: Provided, that the above-named surety shall have the right to terminate its liability under this bond by serving written notice of its election so to do upon the principal herein and upon the Washington Utilities and Transportation Commission, and thereupon the said surety shall be discharged from any liability arising or occurring hereunder after the expiration of thirty days from and after receipt of such notice by the said Washington Utilities and Transportation Commission.

IN WITNESS WHEREOF, The said principal has hereunto set his hand and seal and the said surety has caused these presents to be signed by its duly authorized representatives and its corporate seal to be hereunto affixed the day and year first above written.

ATTEST: _____

GREEN FREIGHT AND TRANSPORTATION, LLC
Principal

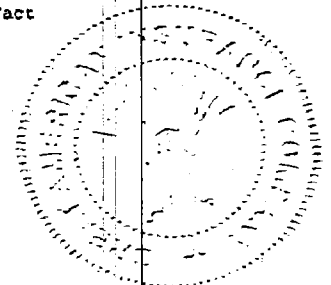
By: _____

ATTEST: Julia Hozen

GREAT AMERICAN INSURANCE COMPANY
Surety

By: Valerie Aber

Attorney in Fact
VALERIE ABER



fax

TO: WUTC

FROM: Genet

FAX: 360-586-1181

PAGES: 5 including cover

PHONE: 360-654-1222

DATE: 9/15/2010

RE: Common Carrier Broker Registration

CC:

Urgent For Review Please Comment Please Reply Please Recycle

Comments: Attached please find a brokers application for Green Freight and Transportation.

If you have any questions, you can reach me at 206-579-0379.

Thank you,

Genet Solomon



CERTIFICATE OF LIABILITY INSURANCE

OP ID AW

DATE (MM/DD/YYYY)

09/20/10

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).

PRODUCER RIS Insurance Services PO Box 1059 Anacortes WA 98221 Phone: 360-293-2135 Fax: 360-293-2385	CONTACT NAME: PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ PRODUCER CUSTOMER ID #: SANTI-1	
	INSURER(S) AFFORDING COVERAGE INSURER A : Progressive Insurance Cos. INSURER B : _____ INSURER C : _____ INSURER D : _____ INSURER E : _____ INSURER F : _____	
INSURED ALVARO SANTILLAN SANTILLAN TRUCKING dba PO BOX 1142 625 BEACH AVE NE ROYAL CITY WA 99357	NAIC # _____	

COVERAGES

CERTIFICATE NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						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 <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			076441640	09/20/10	09/20/11	COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE 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		Y/N N/A				WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	CARGO/BROAD FORM			076441640	09/20/10	09/20/11	\$1000 DED \$10,000
A	PHYSICAL DAMAGE			076441640	09/20/10	09/20/11	\$1000 DED COMP & COLL

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

FAX 360-586-1181/ Attn: Ken

CERTIFICATE HOLDER

CANCELLATION

WUTC000 WASHINGTON UTILITIES & TRANSPORTATION COMMISSION P.O. BOX 47250 OLYMPIA WA 98504-7250	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
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