

# REINSTATEMENT

TV-101628  
101627

## WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

130 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)

Dismissed

#### FOR OFFICIAL USE ONLY

Reception Number: <b>0026120</b>	Safety:	Carrier ID#: <b>5688</b>
111 0268 200 02 \$100.00	Insurance:	Employee: <b>ml</b>

#### 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 checked="" type="checkbox"/> <sup>NO</sup> \$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 **M46409B**

#### TYPE OF PAYMENT

Check  Money Order

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): Maribel A Roedel Date: 9/29/2010

Signature: [Signature] Title: Owner/Genl

#### MOTOR CARRIER IDENTIFICATION

CC#: <u>cc-63700</u> <u>1000</u>	US DOT#: <u>1928541</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 949-294</u>
APPLICANT NAME: <u>Yael's Transport</u>		PHONE#: <u>541-571-3098</u>
d/b/a:		FAX #: <u>541-481-2098</u>

BUSINESS (MAILING) ADDRESS:  
(street address, P.O. Box) PO Box 1364

(city, state, zip) Boardman OR 97818

PHYSICAL ADDRESS: (street address, if different)

651 N MONTANA Ave Hermiston  
OR 97838

**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
Raul Gutierrez	Owner	50%
Alex Gutierrez	Owner	50%

**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-- <b>\$300,000</b> 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 -- <b>\$750,000</b> 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 <b>\$1 million</b> 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 <b>\$5 million</b> 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#
		See List	

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) Raul Gutierrez

Date 9/29/2010

2010

		Yael's Transport 2000	
		Tax ID 27-0774468	
Unit #	Vin #		State
<del>1961</del>	<del>Vin 1XPCDB9X3HD216909</del>		<del>OR</del>
1962	Vin 4V1VDBJE1LN634328		OR
<del>1968</del>	<del>Vin 1FUVDZYB5NP574439</del>		<del>OR</del>
1958	VIN 1FUYSYB7SP548038		OR
<del>1967</del>	<del>VIN 1FUY3EGB5MP390555</del>		<del>OR</del>
1959	VIN 1FV8D0Y93KP365863		OR
2001	VIN IHTL23277EHB10156		OR