

REINSTATEMENT TV-101670

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

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0026138	Safety: 10-2-10 KES	Carrier ID#: 441842
111 0268 200 02 100.00	Insurance: OK	Employee:

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
Auth:

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): Kevin McCann Date: Oct. 7, 2010

Signature: _____ Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>61169</u>	US DOT#: <u>1172885</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 329 7080</u>
APPLICANT NAME: <u>K&S McCann Trucking</u>		PHONE#: <u>509 674 3779</u>
d/b/a: <u>N/A</u>	FAX #: <u>509 674 3868</u>	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>6601 Airport Road, PO Box 5, Cle Elum WA</u>		
(city, state, zip) <u>98922</u>		
PHYSICAL ADDRESS: (street address, if different) <u>6601 Airport Rd Cle Elum WA 98922</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION WA
(LP, LLP, LLC)

NAME **TITLE** **STOCK DISTRIBUTION OR PERCENTAGE OF SHARE**

Kevin McCann 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)

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.

KWC 10-12-10
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#
129	<u>SEE</u>	<u>ATTACHED</u>	
132			
134			

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.

Kevin T. McCann
Signature(s)

10-7-10
Date

EQUIPT.	YEAR	MAKE	LIC.#	VIN OR SERIAL-NO.
129	1980	MACKDUMP	A32923X	RD686S7248
132	1982	MACKDUMP	A62648X	1M2P141Y4CA001802
134	1982	MACKDUMP	A62649X	1M2P141Y0CA001800
139	1974	WATER TRK	A62606X	RL685LS19352
171	1995	MACK DUMP	B26743B	1M2P270C3SM021198
171P	1989	STW.PUP TRL	5223SI	1S9CA5339KL189135
207	2007	MACK DUMP	B26687B	1M2AG10CX7M055232
207P	2006	PIONEER	1041TF	1BN1917326S004529
235	2000	KNW DUMP	A04358F	1NKDXBEX9YR856871
235P	2002	BEALL		1BN1P1747YK012332
369	2008	KENWORTH	B45424N	1NKWX4TX88R226031
369P	2008	STURDYWELD	8008VL	5RETE0386S086288
100	2008	STURD PONY	7547VH	5REFE438X8S086220

Approved _____

Form E

UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WUTC (Name of Commission) (hereinafter called Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY (Name of Company)

(hereinafter called Company) SCHUMBURG IL (Home Office Address of Company)

has issued to K & S MCCANN TRUCKING LLC (Name of Motor Carrier) to 661 AIRPORT RD CLE ELUM WA 98922 (Address of Motor Carrier)

a policy or policies of insurance effective from 10/8/2010 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 herewith.

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 canceled without cancellation of the policy to which it is attached. Such cancellation may be affected 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 1333 S RUSTLE RD (Street Address) SPOKANE (City) WA (State) 99224 (Zip Code)

this 5TH day of OCTOBER 2010

NS. CO. ID# _____

Insurance Company File No. TRK-9337172 (Policy Number)

Thomas E. Carriere (CS)
(Authorized Company Representative)
PO BOX 19150 SPOKANE WA 99219
(Address of Authorized Company Representative)