

PART - A

TV-101794

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)

RECEIVED

OCT 29 2010

WASH. UT. & TP. COMM

ok # 4484

FOR OFFICIAL USE ONLY

Reception Number: 0025212	Safety: 12-29-10	Carrier ID#: 6200
111 0268 200 02 275.00	Insurance: 12-29-10	Employee:

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> 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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #:

TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): JOEL GUNDERSON Date: 10-21-2010

Signature: [Signature] Title: PRESIDENT

MOTOR CARRIER IDENTIFICATION

CC#: 104074	US DOT#: 10000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 734 130
APPLICANT NAME: JOEL D. GUNDERSON ENTERPRISES		PHONE#: 425-864-2220
d/b/a: GUNDERSON DELIVERY SERVICES	FAX#: 425-820-7837	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 5800 NE 181ST ST		
(city, state, zip) KENMORE WA 98028		
PHYSICAL ADDRESS: (street address, if different)		

ok 10-29

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
JOEL GUNDERSON	PRESIDENT	5800 NE 181 <sup>ST</sup> ST KENMORE WA 98028	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 checked="" 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 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.
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**EQUIPMENT LIST (Attach additional list if necessary)**

UNIT#	LICENSE#	STATE	VIN#
1	405ZLV	WA	YR1RS592562544522

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.

Joel Gunderson  
Signature(s)

10-21-2010  
Date

6200  
Pending

Form E  
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY  
DAMAGE LIABILITY CERTIFICATION OF INSURANCE

Filed with Washington Utilities & Transportation Commission (herein after called Agency)  
(Name of Agency)

This is to certify that the American Fire and Casualty Company  
(Name of Company)  
(herein after called Company) of 7899 Knue Rd , Indianapolis , IN , 46250  
(Home Address of Company)

has issued to JOEL D GUNDERSON  
ENTERPRISES INC (Name of Motor Carrier) of 5800 NE 181ST ST , KENMORE , WA , 98028-4511  
(Address of Motor Carrier)

A policy or policies of Insurance effective from 12/22/2010 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 Agency has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Agency 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 effective by the Company or the Insured giving thirty (30) days' notice in writing to the State Agency, such thirty (30) days' notice to commence to run from the date notice is actually received in the office of the Agency.

Countersigned at 9450 Seward Rd OH 45014 This 22nd day of Dec 20 10  
Fairfield (Address) (Day) (Month) (Year)

Insurance Company File No. BAA 54425898 (Policy No)  
Margaret Dole (Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :1,000,000.00