

PART - A

TV-110079

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

JAN 10 2011

WASH. UT. & TP. COMM

Check # 1213

FOR OFFICIAL USE ONLY

Reception Number: 0030470

Safety:

Carrier ID#:

111 0268 200 02 \$275

Insurance:

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

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): JAMES CLANCY DEVER Date: 1-07-2011

Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC#: 64119 US DOT#: under 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601842165

APPLICANT NAME: JAMES CLANCY DEVER PHONE#: 206-227-1729

d/b/a: James Delivery FAX #: 1-888-233-6001

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PMB 1173 10002 AURORA AVE. N. #36

(city, state, zip) Seattle Washington 98133

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE
(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION – STATE OF INCORPORATION _____
(LP, LLP, LLC)

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>

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-- \$300,000 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 -- \$750,000 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 \$1 million 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 \$5 million 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)

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
PUPIC ①	B97505D	WASHINGTON	1GCDL19X95B11603
TRUCK ②	B75509P	WASHINGTON	1FTNE24W93HB50714
REP ③	A38701T	WASHINGTON	1FTSE34L04HA16237

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)

1-7-11

Date

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>

TRANSFER OF PERMIT NUMBER

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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-- \$300,000 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 -- \$750,000 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 \$1 million 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 \$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)

<u>UNIT#</u>	<u>LICENSE#</u>	<u>STATE</u>	<u>VIN#</u>
X white (4)	B30261F	WASHINGTON	12B7JB21Y9XK576581

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)

1/7/2011
Date

Auto coverage schedule

1. **1999 Dodge Ram Van B2500**
VIN: 2B7JB21Y9XK576581

Stated Amount: \$15,000
Garaging Zip Code: 98116 Radius: 50

Lic # B30761F

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$2,645	\$161	\$21	\$228	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$161	\$500	\$436	\$3,652

2. **2004 Ford Econ E350 Supr**
VIN: 1FTSE34L04HA16237

Stated Amount: \$10,000
Garaging Zip Code: 98116 Radius: 100

Lic # A38701T

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$2,578	\$164	\$21	\$212	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$121	\$500	\$347	\$3,443

3. **2003 Ford Econoline E250**
VIN: 1FTNE24W93HB50714

Stated Amount: \$10,000
Garaging Zip Code: 98116 Radius: 100

Lic # B75509P

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$2,578	\$164	\$21	\$212	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$121	\$500	\$347	\$3,443

4. **2005 Chevrolet Astro Van**
VIN: 1GCDL19X95B116033

Stated Amount: \$12,000
Garaging Zip Code: 98116 Radius: 500

Lic # B97505D

Liability Premium	Liability	UIM BI	UIM PD	PIP	
	\$2,467	\$164	\$21	\$212	
Physical Damage Premium	Comp Deductible	Comp Premium	Collision Deductible	Collision Premium	Auto Total
	\$500	\$147	\$500	\$429	\$3,440

Premium discounts

Policy
03588429-4 Business Experience and Renewal



6263
pmling

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to JAMES C DEVERY, JAMES DELIVERY of 1752 ALKI AVE SW, SEATTLE, WA 98116 a policy or policies of insurance effective from 01/13/2011 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 Commission has jurisdiction or regulations promulgated in accordance therewith.

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 cancelled without cancellation of the policy to which it is attached. Such cancellation may be effected 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 14th day of January, 2011

Insurance Company File No. CA 03588429
(Policy Number)


(Authorized Company Representative)

MC1633a(08/99)

IRB3539B