## REINSTATEMENT

TV-110144

## 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

Telephone (360) 664-1222 - Fax (360) 586-1181
Intrastate Common Carrier Operating Authority
APPLICATION FOR PERMIT

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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)

Date



## **CERTIFICATE OF LIABILITY INSURANCE**

OP ID: EC

DATE (MM/DD/YYYY) 01/20/11

C B R IN	HIS CERTIFICATE IS ISSUED AS A ERTIFICATE DOES NOT AFFIRMATI ELOW. THIS CERTIFICATE OF INSEPRESENTATIVE OR PRODUCER, ALMORTANT: If the certificate holder he terms and conditions of the policy, ertificate holder in lieu of such endors	IVEL' URA ND TI is an , cert	Y OF NCE HE C ADI ain p	R NEGATIVELY AMEND, DOES NOT CONSTITUT ERTIFICATE HOLDER. DITIONAL INSURED, the policies may require an en	EXTER E A C	ND OR ALTE CONTRACT I	R THE CO BETWEEN T endorsed.	VERAGE AFFO HE ISSUING IN If SUBROGATIO	RDED E ISURER ON IS W	Y TH (S), A AIVEL	E POLICIES UTHORIZED  O, subject to		
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	WASHINGTON UTILITIES & TRANSPORTATION COMM!S P.O. BOX 47250	SSIO	N	WUTC000	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.								
	OLYMPIA, WA 98504-7250					RIZED REPRESE e Clifford <	NTATIVE	3	7				

ACORD 25 (2009/09)

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