

PART - A

TV-110215

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

AMEX

(excluding Household Goods and Common Carrier Brokers)

AME 1/21/11

FOR OFFICIAL USE ONLY

Reception Number: 0030759	Safety:	Carrier ID#:
111 0268 200 02 275.-	Insurance: Under rec'd	Employee: [Signature]

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	
<input type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only: Auth #: 142759

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): JOHN S PATTON Date: 1-20-11
 Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC# 64149	US DOT# Under 10,000	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 600 470 5750
APPLICANT NAME: JOHN S. PATTON		PHONE#: 206-391-4548
d/b/a: PATTON DELIVERY		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 4431 S 257TH ST (city, state, zip) KENT WA. 98032		
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)

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

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)

UNIT#	LICENSE#	STATE	VIN#
1	714ZIE	WA	1GCDM19X62B129394

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)

1-20-11
Date

Mr. Ken Chapman
Washington UTC
PO Box 47250
Olympia, WA 98504

Dear Mr. Chapman,

Enclosed is my application for a Common Carrier Permit. I am applying to be a licensed common carrier who will not haul hazardous materials and who will not operate vehicles with gross vehicle weight ratings of ten thousand pounds or more. I understand that a common carrier of this type operating locally does not require a USDOT number. Thank you for your assistance in processing my application.

Sincerely,

*JOHN S PATTON
D/B/A: PATTON DELIVERY*

6 TOTAL PAGES
1/25/11

Vern Fonk Insurance
23830 Pacific Highway S Ste 104
Kent WA 98032
Phone: 206 859-4894 Fax: 206 859-4899

To: KEN CHAPMAN
FAX NUMBER: 360-586-1181
RE: John S. PATTON
DBA - PATTON DELIVERY

HERE IS John's APPLICATION
& PROOF OF COMMERCIAL AUTO
INSURANCE. IF YOU
HAVE ANY QUESTIONS PLEASE
LET JOHN OR I KNOW.

* John would like the permit sent
to his E-MAIL if possible
johnp@n@gmail.com

THANKS

Janice@vernfonk.com



INSURANCE BINDER

DATE (MM/DD/YYYY)
01/25/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM

AGENCY Vern Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, Wa 98032		COMPANY Victoria Fire & Casualty	BINDER # 9414049
PHONE (A/C, No, ext): 206-859-4894 CODE: 1460602	FAX (A/C, No): 206-859-4899 SUB CODE:	DATE EFFECTIVE 01/25/2011 TIME 03:06 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	DATE EXPIRATION 01/25/2012 TIME <input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
AGENCY CUSTOMER ID: 00172524 INSURED JOHN S PATTON DBA: PATTON DELIVERY 4431 S 257TH ST KENT, WA 98032		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) 2002 CHEVROLET ASTRO CARGO VAN, 4.3L 1GCDM19X62B129394	

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	2002 CHEVY ASTRO VAN POLICY # 9414049			
VEHICLE PHYSICAL DAMAGE DED <input checked="" type="checkbox"/> COLLISION: 500.00 <input checked="" type="checkbox"/> OTHER THAN COL: 500.00	<input type="checkbox"/> ALL VEHICLES <input checked="" type="checkbox"/> SCHEDULED VEHICLES	<input checked="" type="checkbox"/> ACTUAL CASH VALUE <input type="checkbox"/> STATED AMOUNT		
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:			
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				
SPECIAL CONDITIONS / OTHER COVERAGES				

NAME & ADDRESS WUTC PO BOX 47250 OLYMPIA, WA 98504-7250	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE LOAN #	<input checked="" type="checkbox"/> ADDITIONAL INSURED
AUTHORIZED REPRESENTATIVE 		JLB