

PART - A

TY-110231

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

FEB 01 2011

WASH. UT. & TR. COMM

MC

FOR OFFICIAL USE ONLY

Reception Number: 0030840

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Safety: 2-15-11

Insurance: 2-15-11

Carrier ID#: 6303

Employee: [Signature]

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	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 # 04502B

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): STEVE HERRING

Date: 1/30/11

Signature: [Signature]

Title: OWNER/OPERATOR

MOTOR CARRIER IDENTIFICATION

CC#: 64156

US DOT# under 10k

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 845 523

APPLICANT NAME: STEVE HERRING

Steven P Herring

PHONE#: 206 391-4566

d/b/a: NORTHSOUND LOGISTICS

OK DOR

FAX#:

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box)
(city, state, zip)

18421 NOBLE DR.

ARLINGTON, WA 98223

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
STEVE HERRING	OWNER	18421 NOBLE DR ALLINGTON, WA 98223	

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)

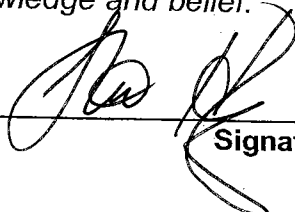
(permit will not be issued until acceptable insurance is received)

- | | | | |
|---|---|---|---|
| <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. |
|---|---|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
①	B53880B	WA	1C46P45R75B431200

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)

1/30/11
Date

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

RECEIVED



FEB 01 2011

WASH. UT. & TP. COMM

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,



1/30/11

6303
Pendur

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 Travelers Indemnity Company
(Name of Company)
(herein after called Company) of One Tower Square, Hartford, CT, 06183
(Home Address of Company)

has issued to STEVEN P. HERRING of 18421 NOBLE DR., ARLINGTON, WA, 98223
(Name of Motor Carrier) (Address of Motor Carrier)

A policy or policies of insurance effective from 01/20/2011 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 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 One Tower Square This 15th day of Feb 20 11
Hartford (Address) CT 06183 (Day) (Month) (Year)

Insurance Company File No. BA-5733P894
(Policy No)

Cheryl Fitzpatrick
(Authorized Company Representative)

Underlying Limit :0.00 Liability Limit :500,000.00