

PART - A

TU-110278

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)

Handwritten signature

Reception Number: 0030919		FOR OFFICIAL USE ONLY	
111 0268 200 02	275.00	Safety:	Carrier ID#: 6312
		Insurance: Bundoc	Employee: kwc

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> 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 #: **055330**

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): Neil Clarey Date: 2-8-2011
 Signature: *Neil Clarey* Title: owner

CC#: 64164	US DOT# <u>under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602 270 809
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APPLICANT NAME: NEIL CLAREY PHONE#: 206.523.5853

d/b/a: N/A STREETWISE LOGISTICS per phone call w/Neil
 BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 1035-NE 92nd ST.
 (city, state, zip) SEATTLE WA 98115

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS OR SERVICE
 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)

- The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.
- The applicant WILL NOT HAUL 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.
- The applicant WILL HAUL hazardous materials requiring **\$1 million** in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey-- Sections 1 and 2.
- The applicant WILL HAUL 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#
99	558 ZR.C	WA	1G1AS18H097131375

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) Neil Clancy Date 1-24-2011

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,



DBA Streetwise Logistics

1412

Commercial Certificate of Insurance



FARMERS

Agency Name: Alla Kozlov
 Name: 601 SW 152nd St # B
 & Burien, WA 98166-2212
 Address: 425-512-0342

Issue Date (MM/DD/YY) 02/07/2011

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies shown below.

St. 79 Dist. 26 Agent 327

Companies Providing Coverage:

Insured Name: Neil Clarey
 Name: ~~DBA STREETWISE~~
 & 1035 NE 92 st
 Address: Seattle, WA 98115

Company A Truck Insurance Exchange
 Letter
 Company B Farmers Insurance Exchange
 Letter
 Company C Mid-Century Insurance Company
 Letter
 Company D
 Letter

Coverages

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

Co. Ltr.	Type of Insurance	Policy Number	Policy Effective Date (MM/DD/YY)	Policy Expiration Date (MM/DD/YY)	Policy Limits	
	General Liability Commercial General Liability - Occurrence Version Contractual - Incidental Only Owners & Contractors Prot.				General Aggregate Products-Comp/OPS Aggregate	\$
					Personal & Advertising Injury Each Occurrence	\$
					Fire Damage (Any one fire)	\$
					Medical Expense (Any one person)	\$
C	Automobile Liability All Owned Commercial Autos * Scheduled Autos Hired Autos Non-Owned Autos Garage Liability	604882786	02/07/2011	02/07/2012	Combined Single Limit	\$ 300,000
					Bodily Injury (Per person)	\$
					Bodily Injury (Per accident)	\$
					Property Damage	\$ 300,000
					Garage Aggregate	\$
	Umbrella Liability				Limit	\$
	Workers' Compensation and Employers' Liability				Statutory Each Accident	\$
					Disease - Each Employee	\$
					Disease - Policy Limit	\$

Description of Operations/Vehicles/Restrictions/Special Items:

Location(s)
 Endorsement - (IF APPLICABLE, WILL BE DELIVERED WITH POLICY).

Certificate Holder

Name: WA Utilities and Transportation Comm
 Name: 13000 S Evergreen Park Dr SW
 & PO Box 47250
 Address: Olympia, WA 98504-7250

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.

Alla Kozlov
 Authorized Representative