PART A

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

RECEIVED Telephone (360) 664-1222 – Fax (360) 586-1181

Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT 330500156 (excluding Household Goods and Common Carrier Brokers)					
WASH LIT & TP COMM FOR OFFICIAL USE ONLY					
Reception Number: 0030968 Safety: 3-45					
111 0268 200 02 775. Insurance: 3 − 1	Employee: 1/100 -				
TYPE OF APPLICATION (check one)					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number Extension of Common Carrier Permit Authority					
\$275 GENERAL COMMODITIES ONLY	\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE				
\$275 GENERAL COMMODITIES, including ARMORDED CAR SERVICE	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS				
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS	\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE				
\$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 X Money Order ☐ Amex ☐ Discover ☐	Mastercard ☐ Vişa 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): Date: 1-28-11					
Signature:					
MOTOR CARRIER IDENTIFICATION					
CC#: US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #: / 64170 under 10K165 602 783 854 12					
APPLICANT NAME: Todd Champion 206-391-4544					
d/b/a: Champ Systems FAX#:					
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 5823 239 H Ave S.E.					
(city, state, zip) Issaguah Wa. 98029					
PHYSICAL ADDRESS: (street address, if different)					
II FITT SICAL ADDRESS. (Street address. II dillerenn					

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		PE OF BUSINE ual or complete part			
X INDIVIDUA		HIP CORPOR	RATION (LP, LLP, DF INCORPORAT	LC)	
NAME	TITLE	<u>ADDRI</u>	<u>ESS</u>	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE	
	TF	RANSFER OF P	ERMIT NUMBI	≅R	
holder aı	ection if you are trans nd permit number to b of the permit number.	ferring an existing p e transferred. The	ermit to a new ow current permit hol	ner. List name of <u>current</u> permit der must sign below to authorize the	
NAME ON PER	/IIT: PERMIT NUMBER:				
Signature of cu	urrent permit holder		-	Date	
	INSURA	NCE REQUIRE	MENTS (must c	heck one)	
You will not h hazardous mate quantity. You wi operate vehicles GVWR of less th pounds. You mu \$300,000 in Published Property Dalnsurance. You need to complete	aul Hazardo arials in any hazardo any qua any qua and perate ann 10,000 GVWR o ast obtain or more alic Liability \$750,00 amage and Pro amage Insurance are Part B. Complet	not be issued until a vill not haul us materials in ntity. You will vehicles with a of 10,000 pounds You must obtain 0 in Public Liability perty Damage ce. You must e Part B.	You will haul hazardous mate requiring \$1 mill Public Liability a Property Damag Insurance. You complete Part C 1 and 2.	rials ion in nd pe must , Sections Pyou will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
UNIT#	LICENSE#	STATE		VIN#	
,	A CONTRACTOR OF THE PARTY OF TH	COLOR	(106 och 12	STORES AND CONTROL OF THE STORES	
	A22856U	Wash	IFTHE	4HISHC06836	
		Signa	ture		
operate and th	at no operations ma and affirm that the	y be conducted ur	ntil a permit is re	in itself constitute authority to ceived from the Commission. I cation is true to the best of my	
	Signature(s)			1/28/11 V	
	Oignature(3)			Date	

6323 Perdu

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

Filed with Washington Utilities and Transportation Commission (Name of Commission)

(hersinafter celled Commission)

This is to certify, that the Charter Indemnity Company (Name of Company)

(hereinafter called Company) of EXECUTIVE CENTER 8, 8360 LBJ FRWY, DALLAS, TX 75243 (Home Office Address of Company)

has issued to

Todd Champion

of 6523 2397 Ave SE issaguah Vva 92024

Dha. Charop Systems (Name of Motor Camer)

(Address of Motor Carrier) TODO Champions
champsystems

a policy or policies of insurance effective from 02/08/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and a poicty or possess or insurence ensurer not necrosize to the Liniform Moder Carrier Bodily Injury and Property damage Lighting Insurance comming and cancelled as provided useful, which, by according to the comming country of the provide according by the provide according to obligations imposed upon such motor camer by the provisions of the motor camer law of the State in which the Commission has jurisdiction or regulations promulgated in

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.

EXECUTIVE CENTER II, 8360 LBJ FRWY, DALLAS, TX 75243 Countersigned at (Street Address)

this 08 day of March 2011

WADOT NO

Insurance Company Fife No CCC1CR6253582

CCCICP0280582

MC 1633a (Ed. 8-99) UNIFORM INFORMATION SERVICES INC.

(Authorized Company Representative)

IRB 3639B