

REINSTATEMENT

JV-110315

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)

*Mike
2/18/11*

FOR OFFICIAL USE ONLY

Reception Number: <i>0030993</i>	Safety: <i>OK</i>	Carrier ID#: <i>M 38605</i>
111 0268 200 02 <i>100.00</i>	Insurance: <i>OK</i>	Employee: <i>2</i>

TYPE OF APPLICATION (check one)

New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority
<input 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: *019607*

TYPE OF PAYMENT

Check Money Order Amex Disc

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): *Mike Pack* Date: *2/17/2011*
 Signature: *Mike Pack* Title: *Owner*

MOTOR CARRIER IDENTIFICATION

CC#: <i>60186</i>	US DOT#: <i>903687</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>600540556</i>
APPLICANT NAME: <i>Mike Pack</i>		PHONE#: <i>509-760-3758</i>
d/b/a: <i>Pack Trucking</i>		FAX #: <i>509-346-9702</i>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <i>11492 Rd E.S.W. Royak City WA. 99357</i> (city, state, zip)		
PHYSICAL ADDRESS: (street address, if different) <i>11492 Rd E.S.W. Royak City WA. 99357</i>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION - STATE OF INCORPORATION _____
(LP, LLP, LLC)

NAME	TITLE	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Mike Pack	owner	100%

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 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— <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> 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#
26	05277RP	WA	1FU YDX YBOT P623726
2	11001RP	WA	1FU JPAV 93LK54709
3	28114 RP	WA	1FU YDXY B3PP 419511

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) Mike Pack Date 2/17/2011

FORM E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY DAMAGE
LIABILITY CERTIFICATE OF INSURANCE
(Executed in triplicate)

CC5114

001

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMM. (hereinafter called commission)
(Name of Commission)

This is to certify, that the CORNHUSKER CASUALTY COMPANY
(Name of Company)

Handwritten: N/R, cancelled, 4-11-10

(hereinafter called company) of P.O. BOX 2048 OMAHA, NE 68103-2048
(Home Office Address of Company)

has issued to MIKE PACK DBA PACK TRUCKING
DBA: MIKE PACK TRUCKING (Name of Motor Carrier)

AMENDED

of 4700 RD 12 S W
(Address of Motor Carrier)

Handwritten: 3-6-11

ROYAL CITY WA 99357

a policy or policies of insurance effective from 01-06-2011, 12:01 a.m., standard time at the address of the insured stated in said policy or policies and continuing until canceled 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 commission has jurisdiction or regulations promulgated in accordance therewith.

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 canceled 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.

Countersigned at P.O. BOX 2048 OMAHA, NE 68103-2048
this 13 day of JAN, 2011.
(Authorized Company Representative)

Insurance Company File No. 10 WAA100164
(Policy No.)

This form determined by the National Association of Regulatory Utility Commissioners and promulgated by the Interstate Commerce Commission pursuant to the provision of Section 202(b) (2) of the Interstate Commerce Act (49 U.S.C., sec. 302(b) (2)).
MC 1633