

PART A

TV# 110273

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 25 2011
Check # 4430

WASH. UT. & TP. COMM

JOHNSON

FOR OFFICIAL USE ONLY

Reception Number: 0031033

Safety: OS

Carrier ID#: 1344

111 0268 200 02 275.-

Insurance: OS

Employee: [Signature]

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 ARMORED 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 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): Dean Johnson Date: 2-23-2011

Signature: [Signature] Title: OWNER

MOTOR CARRIER IDENTIFICATION

CC# 04190 US DOT# Under 10,000 WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 602425589

APPLICANT NAME: Dean Johnson PHONE#: 360-340-8345

d/b/a: Dean Johnson N/A FAX #:

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 901 Mahogany Ln. NW.

(city, state, zip) Silverdale, Wash. 98383

PHYSICAL ADDRESS: (street address, if different)

SAME

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

| NAME | TITLE | ADDRESS | STOCK DISTRIBUTION OR PERCENTAGE OF SHARE |
|--------------|-------|--|---|
| Dean Johnson | OWNER | 901 Mahogany Ln. Silverdale Silverdale, Wash. 98383 | |

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)

A permit will not be issued until acceptable insurance is received

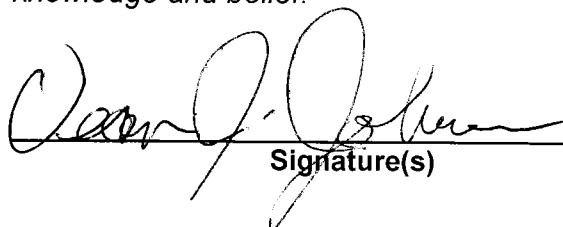
- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part B. | <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will operate vehicles with a GVWR of 10,000 pounds or more. You must obtain \$750,000 in Public Liability and Property Damage Insurance. You must complete Part B. | <input type="checkbox"/> You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. | <input type="checkbox"/> You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2. |
|--|--|---|---|

MOTOR VEHICLE LIST (Attach additional pages if necessary)

| UNIT# | LICENSE# | STATE | VIN# |
|-------|----------|-------|-------------------|
| 1 | 490TVO | Wash. | KMHDN46D054118730 |
| | | | |
| | | | |
| | | | |

Signature

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)

2-23-2011
Date

RECEIVED

MAR 02 2011

WASH. UT. & TP. COMM

6344.
56-1430
Pending
FARMERS



Form E
Uniform Motor Carrier Bodily Injury and Property Damage
Liability Certificate of Insurance (Executed in quadruplicate)

Filed with WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
(Name of Commission)

This is to certify, that the TRUCK INSURANCE EXCHANGE
(Name of Company)

(herein called Company) of 4680 WILSHIRE BLVD., LOS ANGELES, CA 90010
(Home Office, Address of Company)

has issued to JOHNSON, DEAN
DBA DEAN JOHNSON
(Name of Motor Carrier)

of 901 MAHOGANY LN NW LOT 30
SILVERDALE, WA 98383
(Address of Motor Carrier)

a policy or policies of insurance effective from FEBRUARY 23RD, 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 regulation 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 effect 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 23175 NW BENNETT ST., HILLSBORO, OR 97124
(Street Address) (City) (State) (ZIP Code)

this 25TH day of FEBRUARY year 2011.
Insurance Company File No. 60488-69-68 Authorized Company Representative [Signature]
(Policy No.)

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

TL-822 (NARUC"E")
56-1430 (ACT-T-300C) 9-86

Original

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