

PART A

TV# 110409

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION
 RECEIVED 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

MAR 03 2011
 Check # 2005
 WASH. UT. & TP. COMM

Telephone (360) 664-1222 - Fax (360) 586-1181
 Intrastate Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0031085	Safety: <i>02</i>	Carrier ID#: <i>1250</i>
111 0268 200 02 275.-	Insurance: <i>02</i>	Employee: <i>02/05</i>

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 #:

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): Stephanie Hallman Date: 2/28/11
 Signature: *Stephanie Hallman* Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>104200</u>	US DOT#: <u>Under 10,000</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 4406 980</u>
APPLICANT NAME: <u>Stephanie L. Hallman</u>		PHONE#: <u>360-535-2180</u>
d/b/a: <u>Stephanie Hallman</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>8920 Glenwood Rd S.W.</u>		
(city, state, zip) <u>Port Orchard, WA 98367</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
Stephanie Hallman	owner	3920 Glenhurst Rd. S.W.	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)

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#
	175-XFP	Washington	KNADC123516022979

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.

Stephanie J Hallman
Signature(s)

2/28/11
Date

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



10357/
p.c.w. 56-1430
FARMERS

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

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

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

has issued to STEPHANIE L HALLMAN
(Name of Motor Carrier)

of 232 SIDNEY AVE PORT ORCHARD WA 98366
(Address of Motor Carrier)

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a policy or policies of insurance effective from 4/12/11, 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 13TH day of APRIL year 2011.
Insurance Company File No. 60500 03 96 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)).