2538588025

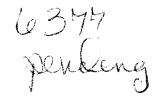
TV-110497
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250
Telephone (360) 664-1222 - Fax (360) 586-1181

Telephone (300) 604-1222 - Fax (300) 360-1161									
Intrastate Common Carrier Operating Authority									
APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)									
(excluding Household Goods and Common Carrier Brokers) FOR OFFICIAL USE ONLY									
Reception Number: 0031219	NA-	A A							
111 0268 200 02 275 -	Safety:	CIP	27 X		6311				
1,	Insurance:			Employee	: Zwc/cs				
TYPE OF APPLICATION (check one)									
New Common Carrier Permit Authority, or Extension of Common Carrier Permit Authority Transfer of Existing Permit Number									
\$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 COMMODITION HAZARDOUS MATERIALS AF SERVICE	ES, INCLUDING ID ARMORED CAR								
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)					or Commission (de Only:				
TYPE OF PAYMENT									
□ Check									
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.									

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.								
	Date: 14 MAK 11							
Signature: del de la contraction de la contracti	Title:							
MOTOR CARRIER IDENTIFICATION								
CC#: 64 221 US DOT# 10.000-	WA UNIFIED BUSINESS IDENTIFIER (UBI)#:							
APPLICANT NAME: Robert Eugene Gust	PHONE#: 253 394 8924							
d/b/a: Puget Sound Delivery	FAX #:							
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 8019 59th Ave CL NW								
(city, state, zip) Giq Hakbok, WA 98332								
PHYSICAL ADDRESS: (street address, if different)								
•								

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)								
NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE								
	- ···.	TRA	NSFER OF PI	ERI	MIT 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 cu	rrant narmit	holder	·- 			Date		
Signature of Co			CE PEOLUPE	ME	NTS (must check one			
					table insurance is rece			
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. 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.				
		QUIPME	NT LIST (Attach	ado	litional list if necessary)		
UNIT#	LICEN	ISE#	STATE		VIN#			
	A 34735		WA		IGCFG 15T651	169889		
		•						
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) Date								
			•					



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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to ROBERT E GUST, PUGET SOUND DELIVERY of 8019 59TH AVENUE CT, GIG HARBOR, WA 98332-0000 a policy or policies of insurance effective from 03/02/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 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.

Countersigned at 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143

this 18th day of March, 2011

Insurance Company File No. CA 07811828

(Policy Number)

MC1633a(08/99)

(Authorized Company Representative)

IRB3539B