

REINSTATEMENT

TV 110543

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

RECEIVED

MAR 29 2011

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

Check # 5975

Reception Number: 0031493

Safety: CS

Carrier ID#: 1137314

111 0268 200 02 \$100.-

Insurance: CS

Employee: for

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): JORGE BARAJAS

Date: 3-23-11

Signature: Jorge Barajas

Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 59730

US DOT#: 854497

WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601 445 1760

APPLICANT NAME: Serge M Barajas

PHONE#: 541-806-2179

d/b/a: Barajas Trucking

FAX #: 509-493-8327

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) PO Box 914
(city, state, zip) Bingen WA 98605

PHYSICAL ADDRESS: (street address, if different) 1296 Hwy 141
White Salmon WA 98672

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
<u>George M. Barajas</u>	<u>owner</u>	

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)

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. You do not need to complete the Safety Fitness Survey.

The applicant WILL NOT HAUL hazardous materials in any quantity -- \$750,000 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.

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
3	A669855	WA	1NHWL B9X17S 723022
4	A945067	WA	550041162

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) George Barajas

Date 3-23-11

ACORD™ INSURANCE BINDER

DATE
04/11/2011

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

PRODUCER PHONE (A/C No Ext): 509-493-3000 FAX (A/C No): 509-493-2399 RON LOGAN AGENCY PO BOX 1337 WHITE SALMON, WA 98672	COMPANY UNITED FIN. CASUALTY CO BINDER # DATE EFFECTIVE TIME: 04/12/11 08:00 AM <input checked="" type="checkbox"/> PM <input type="checkbox"/> DATE EXPIRATION TIME: 04/12/12 AM <input type="checkbox"/> PM <input checked="" type="checkbox"/> 12:01AM NOON
CODE: _____ SUB CODE: _____	THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #.
AGENCY CUSTOMER: INSURED BARAJAS TRUCKING BARAJAS, JORGE PO BOX 914 BINGEN, WA 98605 509-493-8327	DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location)

COVERAGES	LIMITS
TYPE OF INSURANCE	COVERAGE/FORMS
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC	DEDUCTIBLE COINS% AMOUNT
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR RETRODATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OPAGG \$
AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALLOWED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS 04114R32A-1 PROGRESSIVE INS	COMBINED SINGLE LIMIT \$ 2,000,000 BODILY INJURY (Per person) \$ 2,000,000 BODILY INJURY (Per accident) \$ 1,000,000 PROPERTY DAMAGE \$ 1,000,000 MEDICAL PAYMENTS \$ PERSONAL INJURY PROT \$ 10,000 UNINSURED MOTORIST \$ 1,000,000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES COLLISION: _____ OTHER THAN COLL: _____	ACTUAL CASH VALUE STATED AMOUNT \$ OTHER
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM RETRODATE FOR CLAIMS MADE:	EACH OCCURRENCE \$ AGGREGATE \$ SELF-INSURED RETENTION \$ W/C STATUTORY LIMITS
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
SPECIAL CONDITIONS/ OTHER COVERAGES	FEES \$ TAXES \$ ESTIMATED TOTAL PREMIUM \$

NAME & ADDRESS

WUTC PO BOX 47250 OLYMPIA, WA. 98504 FAX (360) 586-1181	MORTGAGEE _____ LOSS PAYEE _____ ADDITIONAL INSURED _____ LOAN# _____ AUTHORIZED REPRESENTATIVE
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