

REINSTATEMENT

TV-110684

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

RECEIVED

APR 20 2011

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

CK# 1152

FOR OFFICIAL USE ONLY

WASH. UT. & TR. COMM

Reception Number: 31925	Safety: 6-14-11	Carrier ID#: 5530
111 0268 200 02 100.07	Insurance: Binder 6-14-11	Employee:

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"/> \$100 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 ARMORED CAR SERVICE			
<input type="checkbox"/> \$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			
<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): JOVITA RUELAS Date: 4/18/11
Signature: Jovita Ruelas Title: OWNER

MOTOR CARRIER IDENTIFICATION 602-913-874

CC#: CC 61830	US DOT#: 137668900	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 26-4775 602-913-674
APPLICANT NAME: JOVITA RUELAS		PHONE#: 360 374 8720
d/b/a: J R TRUCKING INC		FAX #:

BUSINESS (MAILING) ADDRESS:
(street address, P.O. Box) P.O. BOX 1065 FORKS WA 98331
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) 1060 RUSSELL RD FORKS WA 98331

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

- INDIVIDUAL
 PARTNERSHIP
 CORPORATION - STATE OF INCORPORATION WA Per Record
 (LP, LLP, LLC)

NAME TITLE STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

JOVITA RUELAS PRESIDENT 100% Per Record

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#
<u>1</u>	<u>B78564N</u>	<u>WA</u>	<u>CB410P2136628</u>

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.

*Jovita Ruelas
 Signature(s)

4/18/11
 Date

5530
Pending.



Progressive
PO Box 94739
Cleveland, OH 44101
800-895-2886

Policy number: 07879252-0

Underwritten by:
United Financial Casualty Company
April 27, 2011
Page 1 of 1

Certificate of Insurance

Certificate Holder

JR TRUCKING INC
PO BOX 1065
FORKS, WA 98331

Insured

JR TRUCKING INC
PO BOX 1065
FORKS, WA 98331

Agent

PROG COMMERCIAL
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Mar 11, 2011

Policy Expiration Date: Sep 11, 2011

Insurance coverage(s)

Limits

Bodily Injury/Property Damage	\$1,000,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$1,000,000 Combined Single Limit
Underinsured Motorist Property Damage	\$10,000 w/\$100 Ded (\$300 if Hit & Run)
Personal Injury Protection	\$10,000

Description of Location/Vehicles/Special Items

Scheduled autos only

1977 FREIGHTLINER CMB CB410PZ136628

Certificate number

11711DMC252

Please be advised that the certificate holder will not be notified in the event of a mid-term cancellation.