

PART A

TV# 110739

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

UTSA

(excluding Household Goods and Common Carrier Brokers)

FOR OFFICIAL USE ONLY

Reception Number: 0032082	Safety: U-28-V	Carrier ID#: 6430
111 0268 200 02 275-	Insurance: U-28-V E	Employee: KWC

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"/> \$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 #: **084203**

TYPE OF PAYMENT

Check Money Order Amex Discover

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): **CHRISTOPHER R ANCIAUX** Date: **04/22/2011**

Signature: _____ Title: _____

MOTOR CARRIER IDENTIFICATION

CC#: 64264	US DOT# under 10k	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 601-614-967	oh
APPLICANT NAME: CHRISTOPHER R ANCIAUX ✓		PHONE#: 206-697-0420	
d/b/a: CHRISTOPHER R ANCIAUX ✓		FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 17815 93RD PL NE			
(city, state, zip) BOTHELL WA 98011			
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>
CHRISTOPHER R ANCIKOW			

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#
	445-WPS	WA.	JTDJT923375117270

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.

Christopher R Ancikow
Signature(s)

4/22/11 ^{od}
Date

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

N/R 6430
56-1430



FARMERS

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

RECEIVED

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)

MAR 11 2011

has issued to CHRISTOPHER R ANCIAUX
(Name of Motor Carrier)

WASH. UT. & TP. COMM

of 17815 93RD PLACE NE BOTHELL WA 98011-3608
(Address of Motor Carrier)

a policy or policies of insurance effective from MARCH 8TH, 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.

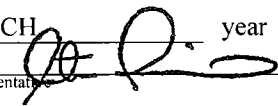
Whenever requested, the Company agrees to furnish the commission a duplicate original of said policy or policies and all endorsements thereon.

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 9TH day of MARCH year 2011.

Insurance Company File No. 60489-01-31
(Policy No.)

Authorized Company Representative 

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)).