	TV#_/10836							
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION								
1300 S Evergreen P								
Teleph	one (360) 664-122	22 ~ F	ax (360) 586-1181	Jane 1			
Intrasta	ate Common Carr	rier O	perating	g Authority	1 Bri			
APPLICATION FOR PERMIT (excluding Household Goods and Common Carrier Brokers)								
	FOR OFFICIA			1	1 1 2			
Reception Number: 032670	Safety:	_ 💛	-	Carrier II	D#: (1/1)			
111 0268 200 02 275	Insurance:	15	8	Employe	ee: ()+			
	YPE OF APPLICA	TION	(check	(one)				
New Common Carrier Permit Authority, or Transfer of Existing Permit Number								
\$275 GENERAL COMMODITI		\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE						
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE			\$100	GENERAL C	OMMODITIES, including MATERIALS			
\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS			\$100	GENERAL O HAZARDOUS SERVICE	GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE			
\$275 GENERAL COMMODITIE HAZARDOUS MATERIALS AR SERVICE								
\$100 REINSTATEMENT OF CA		N CAR	RIER PE	RMIT	For Commission Use Only: Auth #: # (993)			
	TYPE OF I							
☐ Check ☐ Money Order ☐ Ame	ex 🗆 Discover 🗆	Master	rcard 🗹 V	/ica	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): Thomas hammon Date: 5-1:11								
Signature:			Title: 0v	WHETL				
	MOTOR CARRIER	IDEN	NTIFICA	TION	/			
CC#: (4282 US DOT# WA UNIFIED BUSINESS IDENTIFIER (UBI) #:								
APPLICANT NAME PHONE#: (5656)								
d/b/a: /homan hamnon Company FAX#: (425-251-5225								
BUSINESS (MAILING) ADDRESS:								
(city, state, zip)								
				<u> </u>				
PHYSICAL ADDRESS: (street ad	Idress, if different)							
16877 ANDRUM BILL 9 BURIEN &WA 98148								

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)										
M INDIVIDUAL ☐ PARTNERSHIP ☐ CORPORATION (LP, LLP, LLC) STATE OF INCORPORATION										
NAME TITLE		ADDRESS		· · · · · · · · · · · · · · · · · · ·	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE					
	-,,	TR	ANSFER OF PI	ERI	MIT NUMBER	***				
Complete this section if you are transferring an existing permit to a new owner. List name of <u>current</u> 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 per	mit will no	ot be issued until a		otable insurance is receiv					
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.				ha red Pu Pro Ins co 1 a	You will haul zardous materials quiring \$1 million in ablic Liability and operty Damage surance. You must mplete Part C, Sections and 2.	You will haul hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.				
UNIT#	LICENS		STATE	n ac	Iditional pages if neces	ssary) VIN#				
	B883386		WA		3GNFK123476145749					
	073277				2011 8127110	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
		• · · · · · · · · · · · · · · · · · · ·								
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.										
Signature(s)										
Olymature(5)										



CERTIFICATE OF LIABILITY INSURANCE

6453

OP ID: EH

DATE (MM/DD/YYYY)

SERTIFICATE OF LIABILITY INSURANCE 05/09/11

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Lo 42 Se	certificate holder in lieu of such endor COUCER OVSTED-Worthington LLC 4 3rd Ave West eattle, WA 98119 OVSTED Worthington LLC	nt(s). 206-285-7735 206-285-3461	CONTACT NAME: Edward Hadley PHONE (A/C, No, Ext): 206-838-1017 (A/C, No): 206-285-3461 E-MAIL ADDRESS: edward@lovstedworthington.com PRODUCER CUSTOMER ID #: THOM-10 INSURER(S) AFFORDING COVERAGE NAIC #							
INSURED Thomas Sammon					INSURER A : Mutual of Enumciaw					
	DBA: Thomas Sammon	Comp	any	INSURI					14761	
	Attn: Thomas Sammon				INSURER C:					
	16833 Ambaum Blvd S				INSURER D:					
	Burien, WA 98148			<u> </u>	INSURER E :					
			•	INSURE						
CC	OVERAGES CER	RTIFIC	ATE NUMBER:		REVISION NUMBER:					
(THIS IS TO CERTIFY THAT THE POLICIES NDICATED. NOTWITHSTANDING ANY RI CERTIFICATE MAY BE ISSUED OR MAY EXCLUSIONS AND CONDITIONS OF SUCH	EQUIRE PERTA	MENT, TERM OR CONDITIO IN, THE INSURANCE AFFOR ES. LIMITS SHOWN MAY HAV	N OF AN RDED BY	Y CONTRACT THE POLICIE REDUCED BY	OR OTHER S DESCRIBE PAID CLAIMS	DOCUMENT WITH RESPE D HEREIN IS SUBJECT TO	CT TO	O WHICH THIS	
LTF	1 TPE OF INSURANCE	INSR V	POLICY NUMBER		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s		
	GENERAL LIABILITY	1 1					EACH OCCURRENCE DAMAGE TO RENTED	\$		
	COMMERCIAL GENERAL LIABILITY					Ì	PREMISES (Ea occurrence)	\$		
	CLAIMS-MADEOCCUR						MED EXP (Any one person)	\$	·	
							PERSONAL & ADV INJURY	\$		
						,	GENERAL AGGREGATE	\$		
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-						PRODUCTS - COMP/OP AGG	\$		
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000	
Α	X ANY AUTO		BAP0001421		05/03/11	05/03/12	BODILY INJURY (Per person)	\$		
	ALL OWNED AUTOS						BODILY INJURY (Per accident)	\$		
	SCHEDULED AUTOS					05/03/12	PROPERTY DAMAGE	\$		
Α	X HIRED AUTOS	BAP0001421			05/03/11		(Per accident)			
Α	X NON-OWNED AUTOS		BAP0001421	,	05/03/11	05/03/12	UM/UIM	\$	1,000,000	
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE	\$		
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$		
	DEDUCTIBLE	1						\$		
	RETENTION \$							\$		
	WORKERS COMPENSATION						WC STATU- OTH- TORY LIMITS ER			
	AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE	1					E.L. EACH ACCIDENT	\$		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N/A					E.L. DISEASE - EA EMPLOYEE			
	if yes, describe under DESCRIPTION OF OPERATIONS below					İ	E.L. DISEASE - POLICY LIMIT	\$		
	DESCRIPTION OF STEENTONG BEIOW						E.E. DIOENGE 7 OF STREET			
050	COUNTRY OF OPERATIONS (LOCATIONS (MEMOR)	55 (04)		- 0-5 - 4-1-	16 1	<u> </u>				
RE:	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL 2007 Chevrolet Avalanche VIN#: 30 dence of Insurance.			s Scheddle,	ii more space is	requireg			·	
CE	RTIFICATE HOLDER			CANC	ELLATION					
	Washington Utilities & Transportation Commissi Attn: Colleen	ion	WASHU-2	SHO THE ACC	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE					
PO Box 47250 Olympia, WA 98504					Edward Hadle					