WASHINGTON UTILITIES AND	TV# 110913						
1 ITha 600							
W 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							
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  (excluding Household Goods and Common Carrier Brokers)  (excluding Household Goods and Common Carrier Brokers)							
FOR OFFICIAL USE ONLY							
Reception Number: 032773 Safety:	Carrier ID#: 6473						
111 0268 200 02 275, - Insurance:	Employee: We "My						
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 COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE							
\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT For Commission Use Only:							
(Must be filed within 10 months of cancellation)	Auth #:						
	☐ 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): Helen Nagel Date: 5-8-11							
Signature: Hulen Magel Title: Owner							
MOTOR CARRIER IDENTIFICATION							
CC#: 64297 US DOT# 451XT 531667	WA UNIFIED BUSINESS IDENTIFIER (UBI) #:						
rapplicant name: Helen Carol Nagel	PHONE#: 541 688-1207						
1 HAJ Nagel ILC	FAX#: 688-1207						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 2728 Elizabeth St							
(city, state, zip)							
Eugene, OR. 97402							
PHYSICAL ADDRESS: (street address, if different)							
Same 4							

	(chec		PE OF BUSINE al or complete part	100	STRUCTURE hip/corporation informa	ation)	
□ INDIVIDUA	L 🗆 PAF	RTNERSH			ON (LP, LLP, LLC) ICORPORATION	regon	
NAME	<u>TIT</u>		ADDRESS		<u> </u>	FOCK DISTRIBUTION OR ERCENTAGE OF SHARE	
Helen Na	gel ou	ner	2788 El	Zay	beth S, Eugene, of	291412 90%	
Helen Nagel Owner 2728 Elizabeth S, Fugene, OR 97412 907a  Jonathan Nagel owner 24423 Vaughn Rd, Veneta OR 97487 1097a							
TRANSFER OF PERMIT 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:						NUMBER:	
Signature of current permit holder Date							
INSURANCE REQUIREMENTS (must check one)  A permit will not be issued until acceptable insurance is received							
You will not haul hazardous materials in any quantity. You will only operate vehicles with a		haz req Pul	You will haul cardous materials uiring \$1 million in olic Liability and	☐ You will haul hazardous materials requiring \$5 million in Public Liability and			
GVWR of less the pounds. You mut \$300,000 in Publiand Property Da Insurance. You	ist obtain lic Liability image	obtain or more. You must obtain \$750,000 in Public Liabilit and Property Damage		Ins cor	perty Damage urance. You must nplete Part C, Sections nd 2.	Property Damage Insurance. You must complete Part C, Sections 1 and 2.	
need to complet	e Part B.	complete	Part B.		·.		
UNIT#	LICEN		STATE	h ad	ditional pages if nec	essary) VIN#	
19	YAGGO	10	OR		1XP-5D69X-X-XD487979		
13	YAGGON9 OR			1XPFD69X5XD482791			
			·	$\dashv$	<del> </del>		
					Telephological Control of the Contro		
Signature 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.							
Allen	) //// Signatu	gel re(s)			5-	· 8 - // Date	