

PART A

TV# 110960

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

(excluding Household Goods and Common Carrier Brokers)

VISA

Note OK

FOR OFFICIAL USE ONLY

Reception Number: 032863	Safety: <i>5-26-11 under 10k</i>	Carrier ID#: <i>6482</i>
111 0268 200 02 <i>275-</i>	Insurance: <i>Bin On 5/24/11</i>	Employee: <i>WUE</i>

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 #: *055029*

TYPE OF PAYMENT

Check Money Order Amex

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): Joell Wright Date: 5/24/11

Signature: _____ Title: Owner

MOTOR CARRIER IDENTIFICATION

CC#: <i>64303</i>	US DOT#: <i>under 10k</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <i>603 016 281</i>
APPLICANT NAME: <u>Joell Wright</u>		PHONE#: <u>(360) 593-0932</u>
d/b/a: <u>NO DBA</u>		FAX #:
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>2314 Wishkah Rd</u>		
(city, state, zip) <u>Aberdeen, WA 98520</u>		
PHYSICAL ADDRESS: (street address, if different) <u>^</u>		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

INDIVIDUAL PARTNERSHIP CORPORATION (LP, LLP, LLC)
STATE OF INCORPORATION _____

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Jodi Wright	Courier	2314 Niskakana Rd Aberdeen WA	98520

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

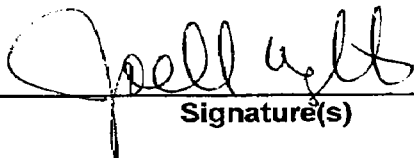
- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part 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. |
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MOTOR VEHICLE LIST (Attach additional pages if necessary)

UNIT#	LICENSE#	STATE	VIN#
	Wright JK317PQ	WA	KLTD166697B753063

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)

5/24/11
Date

6482 pending

PROGRESSIVE

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

Policy number: 07978092-0

Underwritten by:
United Financial Casualty Company
June 7, 2011
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Certificate of Insurance

Certificate Holder WUTC PO BOX 47250 OLYMPIA, WA 98504	Insured JOELL WRIGHT 2314 WISHKAH RD ABERDEEN, WA 98520	Agent PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101
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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: May 10, 2011 Policy Expiration Date: May 10, 2012

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$300,000 Combined Single Limit
Underinsured Motorist Bodily Injury	\$100,000/\$300,000

Description of Location/Vehicles/Special Items

Scheduled autos only

2007 CHEVROLET AVEO/LS KL1TD66697E753063	\$500 Ded
Comprehensive	\$500 Ded
Collision	

Certificate number

15811SKU092

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