

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 98504-7250

Telephone (360) 694-1222 - Fax (360) 586-1181

State Common Carrier Operating Authority

APPLICATION FOR PERMIT

(excluding Household Goods and Common Carrier Brokers)

Mastercard

requested refund 6/20/11

FOR OFFICIAL USE ONLY

Reception Number: <b>033007</b>	Safety:	Carrier ID#: <b>0499</b>
111 0268 200 02 <b>275.-</b>	Insurance:	Employee:

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> <b>New Common Carrier Permit Authority, or Transfer of Existing Permit Number</b>	<input type="checkbox"/> <b>Extension of Common Carrier Permit Authority</b>
<input checked="" type="checkbox"/> <b>\$275 GENERAL COMMODITIES ONLY</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including ARMORED CAR SERVICE</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, including HAZARDOUS MATERIALS</b>	<input type="checkbox"/> <b>\$100 GENERAL COMMODITIES, including HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>
<input type="checkbox"/> <b>\$275 GENERAL COMMODITIES, INCLUDING HAZARDOUS MATERIALS and ARMORED CAR SERVICE</b>	

W/D PERMIT

8 \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT

(Must be filed within 10 months of cancellation)

TYPE O

Check  Money Order  Amex  SCC  R

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): Sibawaihin Rufayi Date: 06-10-11

Signature: \_\_\_\_\_ Title: Mr.

#035817

MOTOR CARRIER IDENTIFICATION

CC#: <u>04317</u>	US DOT# <u>Under 10,000 lbs.</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>603 065 481</u> <input checked="" type="checkbox"/>
APPLICANT NAME: <u>Sibawaihin Rufayi</u> <input checked="" type="checkbox"/>		PHONE#: <u>310-906-8512</u>
d/b/a:		FAX #: <u>Ø</u>
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>11020 Se Kent Kangley rd</u> <u>x206</u> (city, state, zip) <u>Kent WA 98030</u>		
PHYSICAL ADDRESS: (street address, if different)		

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

Srufayi@yahoo.com → Colleen

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

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Sibaweihin Rufayi, Mr.		11020 Se Kent Kangley Rd X206	
Kent WA 98030			

**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: Sibaweihin Rufayi      PERMIT NUMBER: N/A

See  
 Signature of current permit holder

6-10-11  
 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 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.

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.

You will haul hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 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.

**MOTOR VEHICLE LIST (Attach additional pages if necessary)**

UNIT#	LICENSE#	STATE	VIN#
	B45626N	WA	2G1WN52KXW9150969

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.

See  
 Signature(s)

6-10-11  
 Date

MASTER LICENSE SERVICE  
BUSINESS ENTITY INQUIRY

06/10/2011  
15:01:59

INQR UTL024P1

UBI: 603 065 481 001 0001  
Type: Sole Proprietor

Loc Status: A

Owner Name: SIBAWEIHIN RUFAYI

Firm Name : AFFORDABLE CLEANING

Loc: APT X206

Mail: APT X206

11020 SE KENT KANGLEY RD  
KENT WA 98030 7277

11020 SE KENT KANGLEY RD  
KENT WA 98030 7277

Phone: (206) 327-3450

Registered Tradenames for this UBI? Yes

RFI: No

NSF: No

Location First Activity: 11 01 2010

RFP: No

Withhold: No

Last License Issued: 12 07 2010

Transfer: \_\_\_\_\_ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---

GList ApLst UBIQ Serv TrdU INQA

INQR MMenu