

REINSTATEMENT

TV-111160

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)

RECEIVED

JUN 27 2011

WASH. UT. & TP. COMM

Check #1076

FOR OFFICIAL USE ONLY

Reception Number: 033084	Safety: <i>[Signature]</i>	Carrier ID#: 1548
111 0268 200 02 100.-	Insurance:	Employee: <i>[Signature]</i>

TYPE OF APPLICATION (check one)

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

<input checked="" type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	For Commission Use Only: Auth #:
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TYPE OF PAYMENT

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Money Order	<input type="checkbox"/> Amex	<input type="checkbox"/> Discover	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Visa	Expiration Date
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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): RICK SCHLOSS Date: 6/24/11
 Signature: Rick Schloss Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: <u>628211</u>	US DOT# <u>1786301</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602 723 562</u>
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APPLICANT NAME: <u>RICK SCHLOSS</u>	PHONE#: <u>509 860 0603</u>
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d/b/a:	FAX #:
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BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) PO BOX 1063

(city, state, zip) CHELAN, WA 98816

PHYSICAL ADDRESS: (street address, if different)

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
RICK SCHLOSS	OWNER	PoBox 1063 CHEW WA 98816	

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)

(Permit will not be issued until acceptable insurance is received)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity and <u>WILL</u> only operate vehicles less than 10,000 pounds gross weight rating-- \$300,000 in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- \$750,000 in Public Liability and Property Damage Insurance is required. Complete and submit the Safety Fitness Survey—Section 1. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2. | <input type="checkbox"/> The applicant <u>WILL HAUL</u> hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2. |
|--|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1	B 1166SF	WA	1XP5DR9X9NN 313071

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.

Rick Schloss
Signature(s)

6/24/11
Date



CERTIFICATE OF INSURANCE

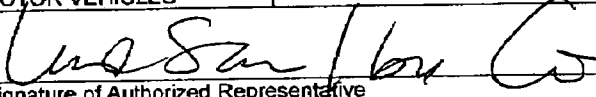
4548
 plnd Actn: Colleen
 sending

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER NAMED BELOW WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 30 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

- This certifies that:
- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois
 - STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois
 - STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS of Dallas, Texas
 - STATE FARM INDEMNITY COMPANY of Bloomington, Illinois, or
 - STATE FARM GUARANTY INSURANCE COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

NAMED INSURED: RICK SCHLOSS								
ADDRESS OF NAMED INSURED: PO BOX 1063, CHELAN, WA 98816								
POLICY NUMBER	47-2479							
EFFECTIVE DATE OF POLICY	07/12/2011							
DESCRIPTION OF VEHICLE (Including VIN)	1992 Peterbuilt 379 Tractor LXP5DR9XNN313071							
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
LIMITS OF LIABILITY								
a. Bodily Injury								
Each Person								
Each Accident								
b. Property Damage								
Each Accident								
c. Bodily Injury & Property Damage								
Single Limit								
Each Accident	\$1,000,000							
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
a. Comprehensive	\$ 1,000	Deductible	\$	Deductible	\$	Deductible	\$	Deductible
b. Collision	\$ 1,000	Deductible	\$	Deductible	\$	Deductible	\$	Deductible
EMPLOYERS NON-OWNED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HIRED CAR LIABILITY COVERAGE	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
FLEET - COVERAGE FOR ALL OWNED AND LICENSED MOTOR VEHICLES	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

 AGENT 47-2794 F503 07/12/2011
 Signature of Authorized Representative Title Agent's Code Number Date

Name and Address of Certificate Holder WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION PO BOX 47250 OLYMPIA, WA 98504-7250	Name and Address of Agent LINDA SASSEEN STATE FARM INSURANCE PO BOX 3143 WENATCHEE, WA 98807
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INTERNAL STATE FARM USE ONLY: Request permanent Certificate of Insurance for liability coverage.