PART	-A N-111235				
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)					
Reception Number: 033147 Safety: (V2					
111 0268 200 02 2.75. Insurance: (V					
FIGURE AND THE PROPERTY OF THE					
New Common Carrier Permit Authority, or Transfer of Existing Permit Number	Extension of Common Carrier Permit Authority				
\$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 (Must be filed within 10 months of cancellation) For Commission Use Only: Auth #:					
	Mastercard Livisa Fxpiration 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): JAIRO SOARS	Date: 07/04/11				
Signature:	Title: OWN FR OPFRANC				
CCH	IDEANIE AND MALE AND				
APPLICANT NAME:	WA UNIFIED BUSINESS IDENTIFIER (UBI) # 603-122-127				
JAIRO SOARES	PHONE#: 425 919 288-5				
d/b/a: JAYS TRUCKING OF) FAX #:				
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 29431 PACIFIC Huy SD. A-303					
(City, State, Zip)	98003				
PHYSICAL ADDRESS: (street address, if differen	nt)				

14 -	-	ADDICE		STOCK DISTRIBUTION OR
JAICO SOAMES O	wnse/c	P 29431	PACIFIC HUN	PERCENTAGE OF SHARE
		- <u>-</u>	2001H #-30	3
Complete this section if you	ER OF EL	ENTENTIME E		
Complete this section if you holder and permit number to	be transfer	nng an existing pe red. The current r	ermit to a new owner. I	ist name of <u>current</u> permit below to authorize the transfer
of the permit number.	·		sommerfolder must sigt	r below to authorize the transfer
NAME ON PERMIT:			PERA	IT NUMBER:_
			7 11 (1)	III NOMBEK:
Signature of current permi	t holder			Date
		CE FEGURE	IENTS THE ATER	. Date
V				
The applicant WILL NOT HAUL hazardous	The a	applicant <u>WILL</u> L hazardous	The applicant WI	The applicant WILL
materials in any quantity and WILL only operate	materials	in any quantity	HAUL hazardous materials requiring	HAUL hazardous
vehicles less than 10,000	<u>\$750,000</u>	in Public Liability erty Damage	\$1 million in Public	materials requiring \$5 million in Public Liability
pounds gross weight rating—\$300,000 in Public	Insurance	is required.	Liability and Property Damage Insurance a	and Property Damage
Liability and Property	Safety Fit	and submit the ness Survey—	submit the Safely Fitr	ness mountaince, Complete
Damage Insurance is required. You do not need	1 Section 1		Survey – Sections 1 :	Fitness Survey –
to complete the Safety				Sections 1 and 2.
Fitness Survey.	Q EVENTE		ALCO DE LA CONTRACTOR D	
	NSE#	STATE	andone itali per armes	
	579R	WA	150A/La	VIN#
		VV -21	J'AGKN	55R06005682
operate and that no ana	nd that the	filing of this appl	ication does not in its	elf constitute authority to
hereby declare and affin	ations may n that the ir	' be conducted u	ntil a permit is receiv	elf constitute authority to ed from the Commission. I on is true to the best of my
knowledge and belief			ined in this applicatio	on is true to the best of my
				•
fee	/come			07/04/11
Signa	iture(s)			Date
				·
			•	

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29431 PAICIFIC HWYS APT A-303

WASHINGTON UTILITIES AND TRANSPORTATION

FEDERAL WAY, WA 98003

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/18/2011

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). CONTACT GREG LEWIS PHONE
(A/C, No, Ext): 253 981 3548

E-MAII
ADDRESS: GREG@GLEWISINSURANCE.COM FAX (A/C, No): 206 260 7097 GREG LEWIS INSURANCE AGENCY 21415 114TH PL SE KENT, WA 98031 CUSTOMER ID #: INSURER(S) AFFORDING COVERAGE NAIC # INSURER A: TITAN INSURANCE INSURED JAIRO SOARES INSURER B:

INSURER C:

INSURER D INSURER E

INSURER F **REVISION NUMBER:** CERTIFICATE NUMBER: COVERAGES THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR INSR WVD POLICY EFF POLICY EXP LIMITS TYPE OF INSURANCE POLICY NUMBER GENERAL LIABILITY EACH OCCURRENCE Α DAMAGE TO RENTED PREMISES (Ea occurrence) COMMERCIAL GENERAL LIABILITY MED EXP (Any one person) CLAIMS-MADE OCCUR PERSONAL & ADV INJURY GENERAL AGGREGATE s s GEN'L AGGREGATE LIMIT APPLIES PER PRODUCTS - COMP/OP AGG POLICY COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY 07/18/2011 07/18/2012 \$ 300,000 97002530 (Ea accident) ANY AUTO BODILY INJURY (Per person) ALL OWNED AUTOS BODILY INJURY (Per accident) × SCHEDULED AUTOS PROPERTY DAMAGE (Per accident) HIRED AUTOS NON-OWNED AUTOS s HMBRELLALIAB EACH OCCURRENCE OCCUR **EXCESS LIAB** AGGREGATE CLAIMS-MADE DEDUCTIBLE RETENTION S WC STATU-TORY LIMITS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE (Mandatory In NH)
If yes, describe under E.L. DISEASE - POLICY LIMIT | S SPECIAL PROVISIONS below DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required) CANCELLATION CERTIFICATE HOLDER SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

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