

# REINSTATEMENT

TV 111416

## 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)

Mastercard

*[Handwritten Signature]*

#### FOR OFFICIAL USE ONLY

Reception Number: <b>033392</b>	Safety: <i>[Handwritten]</i>	Carrier ID#: <b>6128</b>
111 0268 200 02 <b>100-</b>	Insurance: <i>[Handwritten]</i>	Employee: <i>[Handwritten]</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	

\$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)

For Commission Use Only: Auth #: **801679**

#### TYPE OF PAYMENT

Check  Money Order  Amex  Discover  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): Marge Thysell Date: August 1, 2011

Signature: \_\_\_\_\_ Title: Agent

#### MOTOR CARRIER IDENTIFICATION

CC#: <b>64029</b> <del>TV 110247</del>	US DOT# 2066812 <i>[Handwritten]</i>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603 040 193 <i>[Handwritten]</i>
---	---	---

APPLICANT NAME: JAIME ALMAGUER PHONE#: (509)830-3154

d/b/a: J ALMAGUER TRUCKING FAX #: \_\_\_\_\_

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P O BOX 834 GRANGER, WA 98932  
(city, state, zip)

PHYSICAL ADDRESS: (street address, if different) 412 E 2nd St GRANGER, WA 98932

**TYPE OF BUSINESS STRUCTURE**

(check individual or complete partnership/corporation information)

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

<u>NAME</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>STOCK DISTRIBUTION OR PERCENTAGE OF SHARE</u>
JAIME ALMAGUER	OWNER	P O Box 834, Granger, WA 98932	

**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

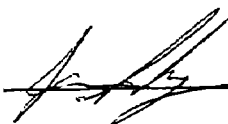
- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> You will not haul hazardous materials in any quantity. You will only operate vehicles with a GVWR of less than 10,000 pounds. You must obtain \$300,000 in Public Liability and Property Damage Insurance. You do not need to complete Part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

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

UNIT#	LICENSE#	STATE	VIN#
		WASHINGTON	1XP 5DB9X 0 XN483913

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)

8/1/11

Date

**Form E**  
**UNIFORM MOTOR CARRIER BODILY INJURY AND**  
**PROPERTY DAMAGE LIABILITY CERTIFICATE OF INSURANCE**

(EXECUTED IN TRIPLICATE)

Filed with WUTC \_\_\_\_\_ (hereinafter called Commission)  
(Name of Commission)

This is to certify, that the ZURICH AMERICAN INSURANCE COMPANY \_\_\_\_\_  
(Name of Company)

(hereinafter called Company) of SCHAUMBURG IL \_\_\_\_\_  
(Home Office Address of Company)

has issued to JAIME ALAMAGUER DBAJ ALMAGUER TRUCKING of PO BOX 834 GRANGER WA 98932  
(Name of Motor Carrier) (Address of Motor Carrier)

a policy or policies of insurance effective from July 21, 2011 12:01 A.M., standard time at the address of the insured stated in said policy or policies and continuing until canceled as provided herein, which by attachment of the Uniform Motor Carrier Bodily Injury and Property Damage Liability Insurance Endorsement, has or have been amended to provide automobile bodily injury and property damage liability insurance covering the obligations imposed upon such motor carrier by the provisions of the motor carrier law of the State in which the Commission has jurisdiction or regulations promulgated in accordance therewith.

Whenever requested, the Company agrees to furnish the Commission a duplicate original of said policy or policies and all endorsements thereon.

This certificate and the endorsement described herein may not be canceled without cancelation of the policy to which it is attached. Such cancelation may be effected by the Company or the insured giving thirty (30) days' notice in writing to the State Commission, such thirty (30) days notice to commence to run from the date notice is actually received in the office of the Commission.

Countersigned at 1333 S RUSTLE RD SPOKANE WA 99224  
(STREET ADDRESS) (CITY) (STATE) (ZIP CODE)

this 3RD day of AUGUST 2011

INS. CO. ID# \_\_\_\_\_

Thomas E Cochran (De)  
(Authorized Company Representative)

Insurance Company File No. PRA-9221283  
(POLICY NUMBER)

PO Box 19150, Spokane WA 99219  
(Address of Authorized Company Representative)