

PART A

TV# 111683

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)

VESA

Handwritten signature
10/20/11

FOR OFFICIAL USE ONLY

Reception Number: 033657	Safety: <i>OL</i>	Carrier ID#: 441932
111 0268 200 02 100.00	Insurance: <i>OL</i>	Employed: <i>OL</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 18 months of cancellation)

Fix Corrected in Use Only
Auth # 10319

TYPE OF PAYMENT

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 it is current and valid.

Name (printed): Saul Corrales Date: 9-15-20011

Signature: _____ Title: Truck Driver

MOTOR CARRIER IDENTIFICATION

CC#: <u>6010</u>	US DOT#: <u>14578230</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: <u>602274477130</u>
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APPLICANT NAME: Saul Corrales (509) 932-2433 PHONE#: _____

d/b/a: 9-5-676 FAX #: (509) 932-5670

BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) P.O. Box 953

(city, state, zip) Mahawa WA 99349

PHYSICAL ADDRESS: (street address, if different)
301 3rd St Mahawa WA 99349

TYPE OF BUSINESS STRUCTURE

- INDIVIDUAL
- PARTNERSHIP
- CORPORATION (LP, LLP, LLC)

NAME

TITLE

ADDRESS

STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Saul Trucking
 P.O. Box 953
 Matteson Wa 99349

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:

Saul Corrobes

PERMIT NUMBER:

9-15-11

Date

Signature of current permit holder

INSURANCE REQUIREMENTS (must check one)

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#
110	A914477	WA	4V1WDBRHTNN650197
110		WA	4V1WDBRHT
110-III		WA	1XKADZ9X4VJ736692

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 Car Mission. I hereby declare and affirm that the information contained in this application is true to the best of my knowledge and belief.

Signature(s)

see replacement page

9-15-11

Date

003

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- CORPORATION (LP, LLP, LLC)

NAME

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STOCK DISTRIBUTION OR PERCENTAGE OF SHARE

Saul Trucking
P.O. Box 953

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NAME ON PERMIT: Saul Corrobes

PERMIT NUMBER: _____

Signature of current permit holder _____

9-15-11

Date

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Signature _____

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Signature(s) _____

9-15-11

Date

replacement page

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

Filed with the WASHINGTON UTILITIES & TRANSPORTATION COMMISSION-OPERATIONS DIVISION (hereinafter called Commission) of PO BOX 47250, OLYMPIA, WA 98504

This is to certify, that the United Financial Casualty Company (hereinafter called Company) of PO BOX 94739, CLEVELAND, OH 44101 has issued to SAUL CORRALES, SAUL C TRUCKING of 301 3RD ST, SAUL C TRUCKING, MATTAWA, WA 99349-0000 a policy or policies of insurance effective from 09/07/2011 12:01 A.M. standard time at the address of the insured stated in said policy or policies and continuing until cancelled 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 cancelled without cancellation of the policy to which it is attached. Such cancellation 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 6300 WILSON MILLS, MAYFIELD VILLAGE, OH 44143
this 15th day of September, 2011

Insurance Company File No. CA 08232741
(Policy Number)


(Authorized Company Representative)

MC1633a(08/99)

IRB3539B