

PART - A

TV-11768

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

OCT 04 2011

WASH. UT. & TP. COMM

FOR OFFICIAL USE ONLY

Reception Number: 033710	Safety: <i>OK</i>	Carrier ID#: 6675
111 0268 200 02	Insurance: <i>OK</i>	Employee: <i>Kurt/OK</i>

TYPE OF APPLICATION (check one)

<input checked="" type="checkbox"/> New Common Carrier Permit Authority, or Transfer of Existing Permit Number	<input type="checkbox"/> Extension of Common Carrier Permit Authority
<input checked="" 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 type="checkbox"/> \$100 REINSTATEMENT OF CANCELLED COMMON CARRIER PERMIT (Must be filed within 10 months of cancellation)	

For Commission Use Only
Auth # **VO16880**

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date **06/14**

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): Dawn-Marie Wilt Date: 9/2/11

Signature: Dawn-Marie Wilt Title: owner

MOTOR CARRIER IDENTIFICATION

CC#: 64435	US DOT# <u>Under 10,000 lbs</u>	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603-124-830
APPLICANT NAME: <u>Dawn Wilt</u>		PHONE#: <u>253-249-1048</u>
d/b/a: <u>D3D Delivery</u>	FAX #:	
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) <u>1507 mason st</u> (city, state, zip) <u>Sumner WA 98390</u>		
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)

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION OR PERCENTAGE OF SHARE
Dawn Wilt	owner	1507 mason st	34
Ellen Bulhaupt	owner	1507 mason st	33
Dena wheeling	owner	1507 mason st	33

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 checked="" 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 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.
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EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
1027	[REDACTED]	Washington	4M2DY11W2RDS06428
1017	[REDACTED]	Washington	1J4GZ58S9VC751508

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.

Dawn-Mary Wilt

Signature(s)

9/2/11

Date

