PART – A

TV-111768

WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION

1300 S Evergreen Park Dr SW, PO Box 47250 Olympia, WA 98504-7250

RECEIVED

Telephone (360) 664-1222 - Fax (360) 586-1181

OCT 04 2011

Intrastate Common Carrier Operating Authority

ΔΙ	PPLICATION F	Ope	Tauriy F	tutnority	14/4 -		1 2011	'	
(excluding	Household Goods and	UK I	CRIVII	1	WASH.	lIT e	Tn.	İ	
	FOR OFFICIA		E ONLY	r Brokers)	WASH.	- · · · · · · · · · · · · · · · · · · ·	14 C(DMM	
Reception Number: USS/10	Safety:	<u> </u>	DV FOIAFI			/ 			
111 0268 200 02	Insurance:		1/2	Carrier II		2/5	1.01	\	
TYP	ION I	shool a	Employ	ee:	LW.	1 (V.			
New Common Carrier Permit	E OF APPLICAT					- 1			
Transfer of Existing Perm	it Number	LXIE	ension c	of Common	Carrie	r Pern	nit Au	thority	
The state of the s	·		\$100	GENERAL C	OMMOD	DITIES,	includi	ing	
\$275 GENERAL COMMODITIES ARMORDED CAR SERVICE	ES, including E		\$100	GENERAL (OMMO	DITIES.	includ	ing	
HAZARDOUS MATERIALS	HAZARDOUS MATERIALS				HAZARDOUS MATERIALS GENERAL COMMODITIES, includ HAZARDOUS MATERIALS and ARMOR				
\$275 GENERAL COMMODITI HAZARDOUS MATERIALS AI SERVICE	ES, INCLUDING nd ARMORED CAR			SERVICE					
\$100 REINSTATEMENT OF C	ANCELLED COMMO	ON CAP	DIED DE	DMIT		(h T		60	
(Must be filed within 10 months	of cancellation)) (OA)	WILK FE	ETXIVII I	For Cor	Apriission	yse (Mi	X()	
Check ☐ Money Order ☐ Am	TYPE OF	PAY	MENT	7	1331	V -1-	<i>(V ()</i>		
Check ☐ Money Order ☐ Ame			rcard 🔀.V	′isa	Expira	ition Da	oto A L	1	
			7	T		l l	1000	/7	
CERTIFICATION: I, the undersigned under	non-like for the second					L			
CERTIFICATION: I, the undersigned, under authorized to execute and file this document	penally for false statem on behalf of the applica	ent, cer	tify that the	following inforn	nation is tr	ue and	correct,	that I am	
		ant, and	Date:	ormation on file i	s current	and vali	d.	,	
Name (printed): Dawn-MAR Signature: Dawn-Mana U	CA.		- · 	1/2/11					
100	VIII OLODINA		Title: C	owner-					
CC#: (UUZE US DOT!	DIOR CARRIER	IDEN		The state of the s		1.0			
APPLICANT NAME:	. 1/5	lla	WAUN	HFIED BUSINE	SS IDE	A 2	R (UBI) #:	
Dawn wilt				PHONE#:	Q53-	249-	11149	 7	
D?D Delivery				FAX #:	,		<u>, </u>	<u> </u>	
BUSINESS (MAILING) ADDRES	S:								
(street address, P.O. Box) 15 (city, state, zip)	07 mason	St						•	
6	Λ						······		
Summer WA	98390								
PHYSICAL ADDRESS: (street ac	ddress, if different	:)							

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☐ INDIVIDUAL	PAR	TNERSHIP	COMplete partr	iership/o Ation -	Orporation into	rmafio	OPATION	
	,		(LP, LLP, L	LC)	017112 OF 114	IOOI	ORATION	
NAME	TITL		<u>ADDRESS</u>			STOCK DISTRIBUTION OF		
DAWN WITH		nr	1507 r	MASON	n 57	PER	CENTAGE OF SHARE	
Ellen Bulde	aupt ou	une /	1507	mason	n St		33	
Deria wheels	nq O	waer	1507 RMIT NUMBE	masi	on st		33	
Complete this sec	ction if you a	are transform	ng an aviati	• • •	a new owner. I older must sigr	List nar n below	me of <u>current</u> permit to authorize the transfer	
NAME ON PERM	NT:				DED	41		
					PERN	AII NU	MBER:	
Signature of cur							Date	
	ur (per	NSURANC mitwill not b	E REQUIREI e issued until ac	VIENTS	(must check	one)	200	
The applicant WILL NOT HAUL hazardous materials in any quantity and WILL 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.		The ap NOT HAUL materials in \$750,000 in and Proper Insurance in Complete a Safety Fitne Section 1.	oplicant <u>WILL</u> hazardous any quantity— Public Liability ty Damage s required. and submit the ess Survey—	The applicant WILL HAUL hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance and submit the Safety Fitness Survey – Sections 1 and 2.			The applicant WILL HAUL hazardous materials requiring \$5 million in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey – Sections 1 and 2.	
UNIT#	LICEN	QUIPMEN ISF#	T LIST (Attach STATE	additio	onal list if nece			
1027					Imanua:		/IN#	
1017			Washingto Washingto		M2DY 114 3467525	12RDJ 9 v (^ 7	06428	
L as applicant	understan	d that the fi		1 .				
	and affirm						nstitute authority to m the Commission. I ue to the best of my	
Dans	- Many	wilt ure(s)	,			9/	2/1/	
	Signat	ure(s)				, - , - -	Date	

P.002/003



CERTIFICATE OF LIABILITY INSURANCE

10/14/2011

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 AVIEND, 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(les) 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 endorsements).

	cate holder in lieu of such endor		,, ING	, , , , , , , , , , , , , , , , , , ,	CONTACT	-	LADICE		·		
Vem Fonk Insurance Services Inc 23830 Pacific Hwy S Ste 104 Kent, Wa 98032			NAME STELLA BISSELLE								
			(AC, No.); 2000000000000000000000000000000000000								
			ADDRESS	· · · · · · ·	·		- 1	NAIO#			
			INSURER A: ALPHA PROPERTY AND CASUALTY					<u>NAIC#_</u> 7524			
SURED				INSURER.	13	1324					
D & D DELIVERY			INSURER B:								
DAWN MWILT & ELLEN BULDHAUPT				INSURER O:							
1507 Mason St											
Summer, WA 98390					INSURER E :						
OVERAGES CERTIFICATE NUMBER: 00190277					INSURER F: REVISION NUMBER: 1						
NDICA DERTIII EXCLL	S TO CERTIFY THAT THE POUGES ATED. NOTWITHSTANDING ANY RE FICATE MAY BE ISSUED OR MAY PE ISIONS AND CONDITIONS OF SUCH	QUIRI FRIA FOLL	EMEN N, TI- CIES	IT, TERM OR CONDITION C EINSURANCE AFFORDED LIMITS SHOWN MAY HAVE	FANYCO BYTHEF BEENR	NTRACT OF YOU CIES DE EDUCED BY	SCRIBED HE PAID CLAIMS	DUMENT WITH RESPECT TO REIN IS SUBJECT TO ALL T	SWHCH	ITHS	
3	TYPE OF INSURANCE	INER	BUBR WWD	POLICY NUMBER		VINTERNATION	POLICY BXP (MM/DD/YYYY)	UMITE	3		
G#EN	ERAL LIABILITY COMMERCIAL CENERAL LIABILITY				1			EACH OCCUPRENCE DAMAGE TO RENTED PREMISES (BLOCKMINE)	\$ \$		
	CLAIMS-MADE COOLR							MED 64P (Any one person)	\$		
								PERSONAL & ADVINURY	5		
								GENERAL AGGREGATE	\$		
(a	VLAGGRECATE UMIT APPUES PER	1	İ					PRODUCTS - COMP/OP AGG	\$	***************************************	
	POLICY FOR LCC	İ							\$		
AUT	OMOSILE LIABILITY	N	N	CCCICR631974000	0	8/25/2011	08/25/2012	COMBINED SINGLE UMT (Es socident)	œ	•	
	OTUA YMA	'`	'`	000101120101-000	,		~2 . 22.12	BODILY INJURY (Per person)	\$	100.00	
$\vdash \vdash$	ALLOWNED SZ SCHEDULED							BCDILY INJURY (Per accident)	55	300.00	
	NONCOVNED		ł		1			PROPERTY DAMAGE	\$	50.00	
Н	HREDAUTOS AUTOS							(Per accident)	8	50,00	
\Box	UMBRELIALIAB COCUR							EACHCCCURRENCE	8		
\Box	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$		
	DED RETENTIONS	İ			į				\$		
	RICERS COMPENSATION	· •						WCSTATU OTH	<u> </u>		
	POPRETORPARTNER EXECUTIVE TY/N							EL EACHACODENT	\$		
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(Max	ORPHONOF OPERATIONS below			ļ							
(Max	ORIPTION OF OPERATIONS below					٠					

ACORD 25 (2010/05)

PO BOX 47250

OLYMPIA, WA 98504

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AUTHORIZED REPRESENTATIVE

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