PART A	TV# /////						
WASHINGTON UTILITIES AND TRANSPORTATION COMMISSION 1300 S Evergreen Park Dr SW, PO Box 47250, Olympia, WA 96504-7250 Telephone (360) 664-1222 – Fax (360) 586-118							
Intrastate Common Carrier Operating Authority (9' APPLICATION FOR PERMIT WASH, UT. & TP. COMM  (excluding Household Goods and Common Carrier Brokers)							
FOR OFFICIAL USE ONLY							
Reception Number: 033718 Safety:	Employee:						
	0268 200 02 2.75 - Insurance: ( )(UY \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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 See Only:  Auth #							
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): PATRICIA A. LEWIS	Date: 10/4/2011						
Signature:							
MOTOR CARRIER IDENTIFICATION							
CC#: 0438 US DOT# 10,000	WA UNIFIED BUSINESS IDENTIFIER (HBI)#:						
APPLICANT NAME: PATRICIA A LEWIS	PHONE#: 206-799-2961						
d/b/a: PAL ENVOYO	FAX #:						
BUSINESS (MAILING) ADDRESS: (street address, P.O. Box) 201 UNION AVE SE #151							
(city, state, zip)  RENTON, NA, 98059							
PHYSICAL ADDRESS: (street address, if different)							

TYPE OF BUSINESS STRUCTURE (check individual or complete partnership/corporation information)								
NAME	TITLE		<u>ADDRESS</u>			CK DISTRIBUTION OR RCENTAGE OF SHARE		
TRANSFER OF PERMIT NUMBER								
Complete this section if you are transferring an existing permit to a new owner. List name of <a href="mailto:current">current</a> 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 PERM	RMIT: PERMIT NUMBER:					JMBER:		
Signature of current permit holder  INSURANCE REQUIREMENTS (must check one)  A permit will not be issued until acceptable insurance is received								
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.  MOTOR VEHICLE LIST (Atta		haz req Pul Pro Ins cor 1 a	hazardous materials requiring \$1 million in Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.  hazardous materials requiring \$5 million Public Liability and Property Damage Insurance. You must complete Part C, Sections 1 and 2.					
UNIT#	LICEN		STATE			VIN# 1620221		
1	AED3	260	260 WAShingTON		4538467554	1-2(134		
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.								
Satru	Cúa G Signati	Seu ire(s)	'le's			0/4/20// Date		

## 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 PATRICIA A LEWIS, PAL ENVOY of 201 UNION AVE SE 151, RENTON, WA 98059-0000 a policy or policies of insurance effective from 10/04/2011 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 4th day of October, 2011

Insurance Company File No. CA 08260915

(Policy Number)

(Authorized Company Representative)

MC1633a(08/99)

IRB3539B