

REINSTATEMENT

TV-111911

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)

done 11/4/11

VISA

FOR OFFICIAL USE ONLY

Reception Number: 035108	Safety:	Carrier ID#:
111 0268 200 02 100.-	Insurance: Dunder	Employee: 26283

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 #: **085166**

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): **TARA KNUUTTILA** Date: **11/4/2011**

Signature: _____ Title: **ACCOUNTANT**

MOTOR CARRIER IDENTIFICATION

CC#: 64142	US DOT# 2083350	WA UNIFIED BUSINESS IDENTIFIER (UBI) #: 603046377
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APPLICANT NAME: **Bean Hauling Inc.** PHONE#: **360-617-0762**

d/b/a: _____ FAX #: **360-715-0215**

BUSINESS (MAILING) ADDRESS: **Bean Hauling, Inc.
2400 Meridian Street Bld B
Bellingham, WA 98225**

PHYSICAL ADDRESS: (street address, if different)
**3891 Northwest Avenue
Bellingham, WA 98226**

TYPE OF BUSINESS STRUCTURE

(check individual or complete partnership/corporation information)

- INDIVIDUAL
 PARTNERSHIP
 CORPORATION - STATE OF INCORPORATION Washington
 (LP, LLP, LLC)

NAME	TITLE	ADDRESS	STOCK DISTRIBUTION
Chad Chambers	President	3891 Northwest Avenue Bellingham, WA 98226	75%
David Koehler	Vice President	3891 Northwest Avenue Bellingham, WA 98226	12.5%
Douglas Sande	Secretary	3891 Northwest Avenue Bellingham, WA 98226	12.5%

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 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-- <u>\$300,000</u> in Public Liability and Property Damage Insurance is required. You do not need to complete the Safety Fitness Survey. | <input checked="" type="checkbox"/> The applicant <u>WILL NOT HAUL</u> hazardous materials in any quantity -- <u>\$750,000</u> 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 <u>\$1 million</u> 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 <u>\$5 million</u> in Public Liability and Property Damage Insurance. Complete and submit the Safety Fitness Survey - Sections 1 and 2. |
|--|--|---|---|

EQUIPMENT LIST (Attach additional list if necessary)

UNIT#	LICENSE#	STATE	VIN#
TRUCK	B86819P	WA	1GBF4F1295E524148
TROLLER	8242 VX	WA	1T9A550336B540178

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.

Pat Balfour
Signature(s)
Pat Balfour - 360.671.0762

11/04/2011
Date



Fax

To: WA Utilities & Transportation Commission **From:** Pat Balfour
Fax: 360-586-1181 **Pages:** 4
Phone: 360-664-1222 **Date:** 11/4/2011
Re: Bean Hauling Inc, - Reinstatement **CC:**

Urgent **For Review** **Please Comment** **Please Reply** **Please Recycle**

Please process this request for Reinstatement so that we can get our client's vehicle back on the road today.

Additionally, If you could fax or email me a copy of the reinstated permit today, it would be greatly appreciated

Please call me if you have questions or if there's a problem with any of the paperwork. Thanks.

Pat Balfour
pat@unityhr.com

Form E
UNIFORM MOTOR CARRIER BODILY INJURY AND PROPERTY
DAMAGE LIABILITY CERTIFICATE OF INSURANCE
(Executed in Triplicate)

Filed with WASHINGTON Utilities & Transportation Comm (hereinafter called Commission)
(Name of Commission)

This is to certify, that the NORTHLAND INSURANCE COMPANY
(Name of Company)

(hereinafter called Company) of 385 Washington Street, Saint Paul, MN 55102
(Home Office Address of Company)

has issued to BEAN HAULING INC
(Name of Motor Carrier)

of 1855 N BRIDGEVIEW ROAD LYNDEN WA 98264
(Address of Motor Carrier)

a policy or policies of insurance effective from 11/04/2011 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 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 385 Washington Street, Saint Paul, MN 55102 this 4th day of November, 2011
(Address)

Insurance Company File No. WN082863
(Policy Number)


Authorized Company Representative

*insured gave us some
papers of them reinstating
their authority
- see attached
- Alie*